

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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: **ADVOCATES FOR SCHOOL CHOICE, INC.**  
 Please use IRS label or print or type See Specific Instructions  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1660 L STREET, NW, SUITE 1000**  
 City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20036**

**D** Employer identification number: **33-0627955**

**E** Telephone number: **202-280-1990**

**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).

**G** Website: **WWW.ADVOCATESFORSCHOOLCHOICE.ORG**

**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.

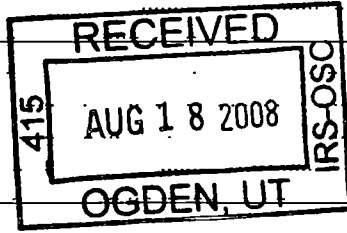
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,501,009.**

**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**

**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**

		1a		1b		1c		1d		1e		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:											
	<b>a</b> Contributions to donor advised funds											
	<b>b</b> Direct public support (not included on line 1a)				1,397,204.							
	<b>c</b> Indirect public support (not included on line 1a)											
	<b>d</b> Government contributions (grants) (not included on line 1a)											
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>1,372,350.</u> noncash \$ <u>24,854.</u> )										1,397,204.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)											
	<b>3</b> Membership dues and assessments											
	<b>4</b> Interest on savings and temporary cash investments										1,113.	
	<b>5</b> Dividends and interest from securities										77,943.	
Revenue	<b>6 a</b> Gross rents											
	<b>b</b> Less: rental expenses											
	<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a											
	<b>7</b> Other investment income (describe _____)											
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities										
			24,749.	8a								
		<b>b</b> Less: cost or other basis and sales expenses	24,854.	8b								
		<b>c</b> Gain or (loss) (attach schedule)	-105.	8c								
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b>										-105.	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)										
<b>b</b> Less: direct expenses other than fundraising expenses												
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a												
<b>10 a</b> Gross sales of inventory, less returns and allowances												
	<b>b</b> Less: cost of goods sold											
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
<b>11</b> Other revenue (from Part VII, line 103)												
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											1,476,155.	
Expenses	<b>13</b> Program services (from line 44, column (B))										3,043,554.	
	<b>14</b> Management and general (from line 44, column (C))										113,642.	
	<b>15</b> Fundraising (from line 44, column (D))										105,604.	
	<b>16</b> Payments to affiliates (attach schedule)											
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)											3,262,800.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12											-1,786,645.	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										3,912,418.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)										0.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20											2,125,773.



SCANNED AUG 28 2008

**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.

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 \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>2,298,250</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	2,298,250.	2,298,250.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	74,564.	33,702.	33,446.	7,416.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	116,799.	74,825.	19,488.	22,486.
27 Pension plan contributions not included on lines 25a, b, and c	1,867.	1,257.	234.	376.
28 Employee benefits not included on lines 25a - 27	6,181.	3,830.	1,230.	1,121.
29 Payroll taxes	12,970.	7,390.	3,538.	2,042.
30 Professional fundraising fees				
31 Accounting fees	13,456.		13,456.	
32 Legal fees	14,944.	4,700.	10,244.	
33 Supplies	5,415.	3,084.	1,478.	853.
34 Telephone	5,470.	3,117.	1,492.	861.
35 Postage and shipping	2,995.	1,706.	818.	471.
36 Occupancy	20,913.	11,915.	5,705.	3,293.
37 Equipment rental and maintenance	4,822.	2,747.	1,316.	759.
38 Printing and publications	15,565.	7,437.	3,564.	4,564.
39 Travel	81,925.	63,685.	11,564.	6,676.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	586,664.	525,909.	6,069.	54,686.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,262,800.	3,043,554.	113,642.	105,604.

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

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	<b>Program Service Expenses</b> (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.)	
<b>a MADE DIRECT GRANTS TO NONPROFIT ORGANIZATIONS WITHIN SELECT STATES THROUGHOUT THE COUNTRY AND SUPPORTED EFFORTS TO PASS LEGISLATION ENACTING NEW SCHOOL CHOICE PROGRAMS AND PROTECTING AND EXPANDING CURRENT PROGRAMS.</b>	
(Grants and allocations \$ 2,298,250.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,043,554.
<b>b</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>3,043,554.</b> Form 990 (2007)

**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	682,571.	45 390,171.
	46 Savings and temporary cash investments	2,055,276.	46 1,567,827.
	47 a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 664,254.	48c
	b Less allowance for doubtful accounts	48b	
	49 Grants receivable		49 3,000.
	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	51c
	b Less allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 17,862.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55 a Investments - land, buildings, and equipment basis	55a	55c	
b Less accumulated depreciation	55b		
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a	57c	
b Less accumulated depreciation	57b		
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 5 )		58 0.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		59 4,099,389.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	36,971.	60 2,646.
	61 Grants payable		61
	62 Deferred revenue		62
	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 ▶ CONTRIBUTIONS PAYABLE )		65 150,000.
66 <b>Total liabilities.</b> Add lines 60 through 65		66 186,971.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,556,918.	67 1,461,519.
	68 Temporarily restricted	1,355,500.	68 664,254.
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73 3,912,418.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		74 4,099,389.	





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? 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)	82a	X
82b <u>N/A</u>		
83 a 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?	83a	X
83b <u>N/A</u>		
84 a 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?	84a	X
84b <u>X</u>		
85 a 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	85a	X
85b <u>X</u>		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	86a	N/A
86b <u>N/A</u>		
87 501(c)(12) organizations Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87a	N/A
87b <u>N/A</u>		
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 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	88a	X
88b <u>X</u>		
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 c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u> e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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?	89a	X
89b <u>X</u>		
89c <u>0.</u>		
89d <u>0.</u>		
89e <u>X</u>		
89f <u>X</u>		
89g <u>X</u>		
90 a List the states with which a copy of this return is filed <u>AZ, CA, DC</u> b Number of employees employed in the pay period that includes March 12, 2007	90b	18
91 a The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>202-280-1990</u> Located at <u>1660 L STREET, NW, SUITE 1000, WASHINGTON, DC</u> ZIP + 4 <u>20036</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  Yes  No  
 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  Yes  No

**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					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,113.	
96 Dividends and interest from securities			14	77,943.	
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			18	-105.	
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.		78,951.	0.
105 Total (add line 104, columns (B), (D), and (E))					78,951.

*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).
▼	

**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

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

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

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

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?

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: *Charles R. Hokanson, Jr.* 8/12/08  
 Signature of officer Date  
 Type or print name and title: *Charles R. Hokanson, Jr., President*

Paid Preparer's Use Only: Preparer's signature: *James B. Allman* Date: 8/11/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CLIFTON GUNDERSON LLP**  
**11710 BELTSVILLE DRIVE, SUITE 300**  
**CALVERTON, MARYLAND 20705** EIN: Phone no.: **301-931-2050**

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICALLY TRADED STOCK	24,749.	24,854.	0.	-105.
TO FORM 990, PART I, LINE 8	24,749.	24,854.	0.	-105.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICE AND PROFESSIONAL FEES	183,679.	125,429.	4,480.	53,770.
WEBSITE EXPENSE	170.	170.		
INSURANCE	2,870.	1,634.	784.	452.
LICENSES AND FEES	3,087.	1,818.	805.	464.
DIRECT PROGRAM EXPENSE	370,653.	370,653.		
TAXES	20,131.	20,131.		
DUES AND SUBSCRIPTIONS	6,074.	6,074.		
TOTAL TO FM 990, LN 43	586,664.	525,909.	6,069.	54,686.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GENERAL SUPPORT CHILDREN'S EDUCATION COUNCIL OF MISSOURI 912 E. BROADWAY, SUITE 207 COLUMBIA, MO 65201	30,000.
GENERAL SUPPORT DC CHILDREN FIRST 1825 K STREET, SUITE 1080 WASHINGTON, DC 20006	583,000.
GENERAL SUPPORT EDUCATION REFORM NOW 24 W. 46TH STREET NEW YORK, NY 10036	250.
GENERAL SUPPORT IOWA ADVOCATES FOR CHOICE IN EDUCATION PO BOX 12219 DES MOINES, IA 50312	65,000.
GENERAL SUPPORT LOUISIANA CHILDREN'S EDUCATION ADVOCATES 9330 PECUE LANE, SUITE A BATON ROUGE, LA 70809	275,000.
GENERAL SUPPORT PARENTS FOR CHOICE IN EDUCATION 124 SOUTH 400 EAST SALT LAKE CITY, UT 84111	750,000.
MEDIA AND OUTREACH TEXANS FOR SCHOOL CHOICE PO BOX 684862 AUSTIN, TX 78768	150,000.
GENERAL SUPPORT RHODE ISLAND SCHOLARSHIP ADVOCATES 184 BROAD STREET PROVIDENCE, RI 29031	35,000.
GENERAL SUPPORT REACH ALLIANCE PO BOX 1283 HARRISBURG, PA 17108	60,000.

ADVOCATES FOR SCHOOL CHOICE, INC.

33-0627955

GENERAL SUPPORT  
PARENTS FOR CHOICE IN EDUCATION POLITICAL ISSUES COMMITTEE  
124 SOUTH 400 EAST  
SALT LAKE CITY, UT 84111

350,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

2,298,250.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

SUPPORT SCHOOL CHOICE PROGRAMS AND PROMOTE PASSAGE OF SCHOOL CHOICE  
LEGISLATION

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM ALLIANCE FOR SCHOOL CHOICE, INC.		15,305.
TOTAL TO FORM 990, PART IV, LINE 58		15,305.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES R. HOKANSON, JR. 1660 L STREET NW, SUITE 1000 WASHINGTON, DC 20036	PRESIDENT (NEW - PART YEAR ) 8.00	34,534.	699.	0.
JENNIFER MILLER 1660 L STREET NW, SUITE 1000 WASHINGTON, DC 20036	CFO & TREASURER (NEW-PART YEAR) 3.00	4,456.	204.	0.
ALEX CRANBERG 1775 SHERMAN ST DENVER, CO 80203	DIRECTOR 1.00	0.	0.	0.
WILLIAM OBERNDORF 591 REDWOOD HIGHWAY, #3215 MILL VALLEY, CA 94941	CHAIRMAN 1.00	0.	0.	0.
BETSY DEVOS 126 OTTAWA STREET, SUITE 400 GRAND RAPIDS, MI 49503	DIRECTOR 1.00	0.	0.	0.
HOWARD FULLER 750 N. 18TH STREET, SUITE 130 MILWAUKEE, WI 53233	DIRECTOR 1.00	0.	0.	0.
JOHN KIRTLEY 337 S. PLANT AVENUE TAMPA, FL 33606	VICE-CHAIRMAN & SECRETARY 1.00	0.	0.	0.
STEVE SCHUCK 2 N. CASCADE AVENUE, SUITE 1280 COLORADO SPRINGS, CO 80903	DIRECTOR 1.00	0.	0.	0.
BRIAN W. JONES 975 F ST NW WASHINGTON, DC 20004	DIRECTOR 1.00	0.	0.	0.
CLINT BOLICK 500 E COLORADO ROAD PHOENIX, AZ 85004	PRESIDENT (PRIOR - PART YEAR) 2.00	6,330.	709.	0.
KATHERINE KRUEGER 1747 E. NORTHERN AVE PHOENIX, AZ 85020	CFO & TREASURER (PRIOR - PART YEAR) 7.00	26,202.	1,430.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		71,522.	3,042.	0.

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 7

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
CHARLES HOKANSON	139,742.	2,795.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ALLIANCE FOR SCHOOL CHOICE, INC.		52-2111508	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
COMMON MANAGEMENT			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JENNIFER MILLER	48,492.	2,345.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ALLIANCE FOR SCHOOL CHOICE, INC.		52-2111508	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
COMMON MANAGEMENT			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
CLINT BOLICK	95,817.	11,110.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ALLIANCE FOR SCHOOL CHOICE, INC.		52-2111508	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
COMMON MANAGEMENT			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
KATHERINE KRUEGER	124,166.	6,980.	
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
ALLIANCE FOR SCHOOL CHOICE, INC.		52-2111508	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
COMMON MANAGEMENT			

- 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).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
<b>Type or print</b>  <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization <b>ADVOCATES FOR SCHOOL CHOICE, INC.</b>	Employer identification number : <b>33-0627955</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1660 L STREET, NW, SUITE 1000</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

**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  **THE ORGANIZATION**  
 Telephone No.  **202-280-1990**      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, 2008.**
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED 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.	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	<b>Balance Due.</b> 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	\$ <b>N/A</b>

**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  *James Bellman* Title  *CPA* Date  *8/4/08*