

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)

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 2006 calendar year, or tax year beginning _____, **2006, and ending** _____

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

C Please use IRS label or print or type. See specific instructions.
ARTIST BLACKSMITH'S ASSOCIATION OF NORTH AMERICA
 PO BOX 3425
 KNOXVILLE, TN 37927-3425

D Employer Identification Number
58-1270027

E Telephone number
907-262-9123

F Accounting method Cash Accrual
 Other (specify) _____

G Web site: WWW.ABANA.ORG

J Organization type (check only one) 501(c) 3 (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 **329,564.**

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates _____
H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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	29,567.		
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 \$ 29,567. noncash \$ _____)	1e		29,567.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		67,326.	
3	Membership dues and assessments	3		220,334.	
4	Interest on savings and temporary cash investments	4		7,936.	
5	Dividends and interest from securities	5		865.	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe SEE STATEMENT 1)	7		-2,031.	
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 STATEMENT 2)	1,429.	8b		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	-1,429.	8c		
8d				-1,429.	
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	5,036.		
b	Less cost of goods sold	10b	5,525.		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		-489.	
11	Other revenue (from Part VII, line 103)	11		531.	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		322,610.	
13	Program services (from line 44, column (B))	13		267,306.	
14	Management and general (from line 44, column (C))	14		104,155.	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 14, column (A)	17		371,461.	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-48,851.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		305,736.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		2.	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		256,887.	

SCANNED NOV 20 2007

RECEIVED
NOV 20 2007
TODDEN, J

5 p

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-22b, 23-24, 25a-25c, 26-28, 29-31, 32-34, 35-37, 38-41, 42-43, 44 Total functional expenses.

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 [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

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? ▶ <u>SEE STATEMENT 7</u> 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) organizations and 4947(a)(1) trusts, but optional for others.)
<p>a <u>PRODUCTION OF TRADE MAGAZINES-HAMMER'S BLOW AND ANVIL'S RING. PROVIDES MEMBERS WITH TECHNICAL SUPPORT AND EDUCATIONAL ARTICLES AND RESOURCE REFERENCES.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	211,018.
<p>b <u>PROVIDES RENTAL OF AUDIO/VISUAL MATERIALS, INTEREST ACCESS AND LINKS, PROJECT PLANS AND EXAMPLES FOR THE EDUCATIONAL SUPPORT OF ASPIRING BLACKSMITHS.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	11,238.
<p>c <u>GRANTS AND SCHOLARSHIPS TO ASSIST IN THE EDUCATION OF ASPIRING ARTISTIC AND TECHNICAL BLACKSMITHS.</u></p> <p>(Grants and allocations \$ 3,200.) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/></p>	3,200.
<p>d <u>PROVIDED RELIEF FUNDS FOR BLACKSMITHS TO BEGIN BLACKSMITHING AFTER CATASTROPIC LOSSES.</u></p> <p>(Grants and allocations \$ 39,378.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	41,850.
<p>e Other program services. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	267,306.

BAA

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	13,875.	45	12,905.
	46 Savings and temporary cash investments	40,374.	46	2,297.
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	411.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	24,482.	52	25,336.
	53 Prepaid expenses and deferred charges	59,773.	53	41,522.
	54a Investments – publicly-traded securities		54a	
	b Investments – other securities (attach sch)	201,824.	54b	169,097.
55a Investments – land, buildings, & equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	40,845.			
b Less accumulated depreciation (attach schedule) STATEMENT 8	12,550.	29,101.	57c	28,295.
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58	369,429.	59	279,863.	
LIABILITIES	60 Accounts payable and accrued expenses		60	850.
	61 Grants payable		61	
	62 Deferred revenue	63,300.	62	21,535.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 9 _____)	393.	65	591.
	66 Total liabilities. Add lines 60 through 65	63,693.	66	22,976.
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	136,070.	67	97,765.
	68 Temporarily restricted	21,657.	68	8,113.
	69 Permanently restricted	148,009.	69	151,009.
	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)	305,736.	73	256,887.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	369,429.	74	279,863.

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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		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?		X
82 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)		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 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
84 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) organizations Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders		N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		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		X
88 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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89 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		X
89 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>		
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed <u>NONE</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		0
91 a	The books are in care of <u>LAMBE, TUTER & WAGNER CPAS</u> Telephone number <u>907-262-9123</u> Located at <u>189 S BINKLEY STREET SUITE 201, SOLDOTNA AK</u> ZIP + 4 <u>99669</u>		
91 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></u>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

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) Exclusion code	(D) Amount	
93 Program service revenue					
a ADVERTISING INCOME	511120	54,169.			
b CONFERENCE NET INCOME					11,991.
c LIBRARY RENTAL					1,166.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					220,334.
95 Interest on savings & temporary cash invmnts			14	7,936.	
96 Dividends & interest from securities			14	865.	
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 pers prop					
99 Other investment income			18	-2,031.	
100 Gain or (loss) from sales of assets other than inventory			18	-1,429.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	-489.			
103 Other revenue					
a					
b OTHER INCOME					531.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		53,680.		5,341.	234,022.
105 Total (add line 104, columns (B), (D), and (E))					293,043.

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)
93C	PROVIDES MEMBERS WITH TECHNICAL AND AUDIO/VIDEO EDUCATIONAL MATERIALS
94	SUPPORTS MEMBER SERVICES AND PRINT RESOURCES
103B	FUNDS RECEIVED INCIDENTAL TO CURRENT EXEMPT FUNCTIONS.
93B	EXCESS FUNDS FROM 2006 CONFERENCE AT YEAR END

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

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

Yes	No
	X

	(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
	X

	(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
	X

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

▶ William L. Hightower Signature of officer 11/5/07 Date

▶ William L. Hightower, Asst Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature	▶ <u>GEORGE W. STEIN, CPA</u>	Date	<u>11/2/07</u>	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)	<u>P00544611</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	<u>LAMBE, TUTER, WAGNER CPA'S, APC</u> <u>189 S. BINKLEY STE 201</u> <u>SOLDOTNA, AK 99669</u>			EIN	<u>▶ 92-0115580</u>		
		Phone no	<u>▶ (907) 262-9123</u>				

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **ARTIST BLACKSMITH'S ASSOCIATION OF NORTH AMERICA** Employer identification number **58-1270027**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 12		226,492.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 13	X	
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

BAA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	24,620.	165.	220.	3,949.	28,954.
16 Membership fees received	208,645.	212,042.	221,215.	214,097.	855,999.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	65,132.	57,570.	54,492.	195,862.	373,056.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,068.	7,821.	6,829.	4,348.	26,066.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 14	135.	180.	433.		748.
23 Total of lines 15 through 22	305,600.	277,778.	283,189.	418,256.	1,284,823.
24 Line 23 minus line 17	240,468.	220,208.	228,697.	222,394.	911,767.
25 Enter 1% of line 23	3,056.	2,778.	2,832.	4,183.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ 0. (2004) _____ 0. (2003) _____ 0. (2002) _____ 0.					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c 1,258,009.
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,258,009.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 1,284,823.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.91 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.03 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5769)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		The lobbying nontaxable amount is –
Over \$500,000 but not over \$1,000,000		20% of the amount on line 40
Over \$1,000,000 but not over \$1,500,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,500,000 but not over \$17,000,000		\$175,000 plus 10% of the excess over \$1,000,000
Over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
\$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public.
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

2006

FEDERAL STATEMENTS

PAGE 1

ARTIST BLACKSMITH'S ASSOCIATION OF NORTH
AMERICA

58-1270027

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

UNREALIZED GAINS/(LOSSES)

	\$	-2,031.
TOTAL	\$	<u>-2,031.</u>

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	0.
COST OR OTHER BASIS:	1,429.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,429.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,429.STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

RETAIL SALES	\$	5,036.
GROSS SALES	\$	5,036.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	5,036.
LESS COST OF GOODS SOLD		5,525.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>-489.</u>

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING	\$	2.
TOTAL	\$	<u>2.</u>

STATEMENT 5
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	DONATION
DONEE'S NAME:	NORTHWEST OHIO BLACKSMITHS TOLEDO, OH 43613
RELATIONSHIP OF DONEE:	NONE

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	ONTARIO BLACKSMITHS HAMILTON, ONTARIO CANADA	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		300.
CLASS OF ACTIVITY:	EDUCATION GRANT	
DONEE'S NAME:	ROBERT NOELKE JACKSONVILLE, FL 33205	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,100.
CLASS OF ACTIVITY:	COLLABORATION GRANT	
DONEE'S NAME:	DARYL RICHARDSON SASKATOON, SK, CANADA	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		1,500.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	BUDDY LEONARD COVINGTON, LA 70433	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		2,500.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	CRAIG CAMPBELL PASS CHRISTIAN, MS 39571	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		5,500.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	DARRYL A. REEVES DONALDSONVILLE, LA 70346	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		4,878.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	DAVE MUDGE BOGALUSA, LA 70427	
RELATIONSHIP OF DONEE:	DIRECTOR	
AMOUNT GIVEN:		8,500.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	GARY L. FORD MOSS POINT, MS 39562	
RELATIONSHIP OF DONEE:	NONE	
AMOUNT GIVEN:		2,500.
CLASS OF ACTIVITY:	DISASTER RELIEF	
DONEE'S NAME:	JOE STRAIN MANDEVILLE, LA 70471	
RELATIONSHIP OF DONEE:	NONE	

ARTIST BLACKSMITH'S ASSOCIATION OF NORTH
AMERICA

58-1270027

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONSCASH GRANTS AND ALLOCATIONS

AMOUNT GIVEN:		\$	8,500.
CLASS OF ACTIVITY:	DISASTER RELIEF		
DONEE'S NAME:	JOHN ARGUS, JR. LACOMBE, LA 70445		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			2,500.
CLASS OF ACTIVITY:	DISASTER RELIEF		
DONEE'S NAME:	RANDY OSTENDORF COVINGTON, LA 70435		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			2,000.
CLASS OF ACTIVITY:	DISASTER RELIEF		
DONEE'S NAME:	REEN STANHOUSE RAMROD KEY, FL 33042		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			2,500.
TOTAL GRANTS AND ALLOCATIONS			\$ 42,578.

STATEMENT 6
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	10,692.		10,692.	
CENTRAL OFFICE	56,764.		56,764.	
COPIER	2,402.		2,402.	
ELECTION	4,133.		4,133.	
INSURANCE	3,797.		3,797.	
MEMBER SERVICES	4,443.	4,443.		
NET INVESTMENT EXPENSES	3,902.		3,902.	
PROGRAM SERVICE EDUCATION	6,130.	6,130.		
RELIEF FUND EXPENSES	2,472.	2,472.		
TOTAL	\$ 94,735.	\$ 13,045.	\$ 81,690.	\$ 0.

STATEMENT 7
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S PURPOSE IS TO MAINTAIN AND IMPROVE COMMUNICATIONS AMONG BLACKSMITHS, TO ENCOURAGE HIGHER STANDARDS OF CRAFTSMANSHIP, TO ENCOURAGE AND FACILITATE TRAINING PROGRAMS AND TO PROVIDE PUBLIC AWARENESS OF THE ART OF BLACKSMITHING.

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 40,845.	\$ 12,550.	\$ 28,295.
TOTAL	<u>\$ 40,845.</u>	<u>\$ 12,550.</u>	<u>\$ 28,295.</u>

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DUE TO OTHER ENTITIES	\$ 591.
TOTAL	<u>\$ 591.</u>

STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELIZABETH BRIM PENLAND, NC 28765	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
MAEGAN CROWLEY DOLORES, CO 81323	DIRECTOR 2	0.	0.	0.
JAMES VISTE DETROIT, MI 48202	DIRECTOR 2	0.	0.	0.
BOB JACOBY JACKSONVILLE, FL 32223	DIRECTOR 2	0.	0.	0.
JERRY KAGELE SPOKANE, WA 99203	SECRETARY 4	0.	0.	0.
DON KEMPER RIDGEFIELD, WA 98642	PRESIDENT 4	0.	0.	0.
ERIK LANDER SUTTER CREEK, CA 95685	DIRECTOR 2	0.	0.	0.

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SCOTT LANKTON ANN ARBOR, MI 48103	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
MURRAY LOWE ONTARIO, CANADA,	DIRECTOR 2	0.	0.	0.
DAVE MUDGE BOGALUSA, LA 70427	2ND VICE PRESID 4	0.	0.	0.
DAN NAUMAN KEWASKUM, WI 53040	DIRECTOR 2	0.	0.	0.
ERIC RYSER MANHATTAN, KS 66502	DIRECTOR 2	0.	0.	0.
DOROTHY STIEGLER SUTTER CREEK, CA 95685	TREASURER 4	0.	0.	0.
CHRIS WINTERSTEIN BAKERSVILLE, NC 28705	DIRECTOR 2	0.	0.	0.
CLARE YELLIN BRYN MAWR, PA 19010	1ST VICE PRES 4	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 11
FORM 990, PART VI, LINE 76
ACTIVITIES NOT PREVIOUSLY REPORTED TO THE IRS

FOR A SPECIFIC PERIOD OF TIME BETWEEN SEPTEMBER 2005 AND MARCH 2006, A RELIEF FUND WAS ESTABLISHED FOR THE PURPOSE OF AIDING BLACKSMITHS WHOSE BUSINESSES WERE DESTROYED BY HURRICANES KATRINA AND RITA. A COMMITTEE REVIEWED REQUESTS FOR ASSISTANCE WITH AN FORMALIZED LIST OF CRITERIA THAT VERIFIED ACTUAL LOSS, FINANCIAL LOSS, AND NEED FOR ASSISTANCE. ALL FUNDS WERE DISTRIBUTED AND THE RELIEF FUND WAS CLOSED OUT BY 7/17/06.

**STATEMENT 12
SCHEDULE A, PART II-A
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS**

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
LEEANN MITCHELL ARTS INC 1880 OLD SALEM RD WATKINSVILLE, GA 30677	CENTRAL OFFICE ADMIN	56,764.
SEBASTIAN PUBLISHING PO BOX 1849/6690 WENTWORTH SPR ROAD GEORGETOWN, CA 95634	PUBLISHER	169,728.
TOTAL \$		<u>226,492.</u>

**STATEMENT 13
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

ANY CHARITABLE CONTRIBUTIONS, GRANTS AND SCHOLARSHIPS ARE MADE ONLY AFTER COMMITTEE INVESTIGATION TO DETERMINE THAT THE RECIPIENT QUALIFIES PER IRC SECTION 170(C) (1) AND (2) AND MEETS THE QUALIFICATIONS OUTLINED IN THE ORGANIZATION'S BYLAWS.

**STATEMENT 14
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2005</u>	<u>(B) 2004</u>	<u>(C) 2003</u>	<u>(D) 2002</u>	<u>(E) TOTAL</u>
	\$ 135.	\$ 180.	\$ 433.	\$ 0.	\$ 748.
TOTAL	<u>\$ 135.</u>	<u>\$ 180.</u>	<u>\$ 433.</u>	<u>\$ 0.</u>	<u>\$ 748.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization ARTIST BLACKSMITH'S ASSOCIATION OF NORTH AMERICA	Employer identification number 58-1270027
	Number, street and room or suite number. If a P.O. box, see instructions. P.O. BOX 816	
	City, town or post office. For a foreign address, see instructions. FARMINGTON, GA 30638-0816	state ZIP code

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 (section 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 ▶ LAMBE, TUTER & WAGNER CPA'S

Telephone No ▶ 907-262-9123 FAX No ▶ 907-262-3855

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

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 2007, to file the exempt organization return for the organization named above.
The extension is for the organization's return for

- ▶ calendar year 2006 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 12-2006)

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ARTIST BLACKSMITH'S ASSOCIATION OF NORTH AMERICA	Employer identification number 58-1270027
	Number, street and room or suite number If a P O box, see instructions P.O. BOX 816	For IRS use only
	City town or post office, state, and ZIP code For a foreign address, see instructions FARMINGTON, GA 30638-0816	

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

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

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

- The books are in care of **LAMBE, TUTER & WAGNER CPA'S**
Telephone No **907-262-9123** FAX No **907-262-3855**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **11/15**, 20 **07**
- 5 For calendar year **2006**, or other tax year beginning _____, 20____, and ending _____, 20____
- 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 **NON-PROFIT ENTITY IS AWAITING THIRD PARTY INFORMATION IN ORDER TO PREPARE AN ACCURATE AND COMPLETE TAX 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 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 instrs	8c \$

Signature and Verification

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

Signature **Jamie M. Tuter** Title **CPA** Date **8/14/07**

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 filed return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name LAMBE, TUTER, WAGNER CPA'S, APC
	Number and street (include suite, room, or apartment number) or a P O. box number 189 S. BINKLEY STE 201
	City or town, province or state, and country (including postal or ZIP code) SOLDOTNA, AK 99669