

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 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CERTIFIED AUTOMOTIVE PARTS ASSOCIATION. D Employer identification number: 52-1555372. E Telephone number: (202) 737-2212. F Accounting method: Cash [X] Accrual [ ] Other (specify) [ ]

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes [ ] No [X]

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Group Exemption Number

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

G Website: WWW.CAPACERTIFIED.ORG

J Organization type (check only one) [X] 501(c) ( 6 ) (insert no) 4947(a)(1) or 527

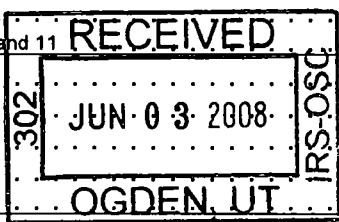
K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 9,489,944.

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

SCANNED JUL 09 2008

Table with 21 rows and 3 columns: Description, Sub-description, Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 9,489,944. Total expenses: 7,330,246. Net assets at end of year: 8,484,495.



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

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 and employees, 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 [ ] 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? **SEE STATEMENT 4**  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a TESTING AND CERTIFICATION PROGRAM**  
**FOR AFTERMARKET AUTOMOTIVE PARTS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**b**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**c**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**d**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**e Other program services (attach schedule)**  
(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . .

**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 . . . . .	7,049,760.	46	9,544,549.
	47a Accounts receivable . . . . .	21.	47a	
	b Less allowance for doubtful accounts . . . . .		47b	85,975.
	47c		47c	21.
	48a Pledges receivable . . . . .		48a	
	b Less allowance for doubtful accounts . . . . .		48b	
	48c		48c	
	49 Grants receivable . . . . .		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) . . . . .		51a	
	b Less allowance for doubtful accounts . . . . .		51b	
	51c		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	25,701.	53	20,799.
	54a Investments - publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54a	
	b Investments - other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments - land, buildings, and equipment basis . . . . .		55a	
	b Less accumulated depreciation (attach schedule) . . . . .		55b	
55c		55c		
56 Investments - other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment basis (STMT 5) . . . . .	32,083.	57a		
b Less accumulated depreciation (attach schedule) . . . . .	20,624.	57b		
57c	12,506.	57c	11,459.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 6 )	17,999.	58	23,375.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	7,191,941.	59	9,600,203.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	663,505.	60	645,147.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7 )	203,639.	65	470,561.
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	867,144.	66	1,115,708.	
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</b>			
	67 Unrestricted . . . . .	6,324,797.	67	8,484,495.
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	6,324,797.	73	8,484,495.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	7,191,941.	74	9,600,203.





Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b 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) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members 85d Section 162(e) lobbying and political expenditures 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h 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? 86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 87b 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a 88b 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 89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A 89b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b 89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A 89d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A 89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e 89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f 89g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g 90a List the states with which a copy of this return is filed 90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions ) 90b 91a The books are in care of MR. JACK GILLIS Telephone no 202-737-2212 Located at 1518 K STREET NW, WASHINGTON, DC ZIP + 4 20005 91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b 91c If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

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 ▶ \_\_\_\_\_  
 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) Exclusion code	(D) Amount	
93 Program service revenue					
a CERTIFICATION SEAL					5,765,583.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . . . .					3,294,792.
95 Interest on savings and temporary cash investments .			14	429,569.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				429,569.	9,060,375.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					9,489,944.

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)
▼	STMT 10

**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
	%			
	%			
	%			
	%			

**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	-----			
<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

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	-----			
<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?

Yes	No
	N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *John A. Gillis* Date: 5-27-08

Type or print name and title: JOHN A. GILLIS, EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: *John A. Gillis CPA* Date: 5-12-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCANLAN & LEO, LTD.  
1110 JORIE BOULEVARD, SUITE 204  
OAK BROOK, IL 60523

Preparer's SSN or PTIN (See Gen Inst X): P00099345  
EIN: 36-2758343  
Phone no: 630-990-1110

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION	AMOUNT
A&L ASSET MANAGEMENT	429,569.
TOTAL	429,569.

**Description of Property**  
GENERAL DEPRECIATION

**DEPRECIATION**

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FILE CABINET	06/30/1996	426.	100.000			426.	428.	428.	SL		10.000				
FILE CABINET	07/09/1999	381.	100.000			381.	285.	323.	SL		10.000				38.
COMPUTER EQUIPMENT	07/31/2002	2,231.	100.000			2,231.	1,674.	2,046.	SL		6.000				372.
COMPUTER EQUIPMENT	08/14/2004	2,407.	100.000			2,407.	922.	1,323.	SL		6.000				401.
COMPUTER EQUIPMENT	06/30/2006	6,684.	100.000			6,684.	557.	1,671.	SL		6.000				1,114.
COMPUTER EQUIPMENT	06/30/2000	2,489.	100.000			2,489.	2,489.	2,489.	SL		6.000				
COMPUTER EQUIPMENT	06/30/2001	824.	100.000			824.	754.	823.	SL		6.000				69.
COMPUTER HARDWARE	06/30/1998	2,847.	100.000			2,847.	2,847.	2,847.	SL		6.000				
COMPUTER HARDWARE	06/30/1999	2,775.	100.000			2,775.	2,774.	2,774.	SL		6.000				
COMPUTER EQUIPMENT	06/30/2003	8,386.	100.000			8,386.	4,214.	5,612.	SL		6.000				1,398.
COMPUTER EQUIPMENT	06/30/2007	2,633.	100.000			2,633.		288.	SL		6.000				288.
Less Retired Assets															
<b>Subtotals</b>		32,083.				32,083.	16,944.	20,624.							3,680.

**AMORTIZATION**

Asset description	Date placed in service	Cost or basis	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets						
<b>Subtotals</b>		32,083.	16,944.			3,680.
<b>TOTALS</b>		32,083.	20,624.			3,680.

\*Assets Retired  
JSA  
7X9024 1 000

FORM 990, PART II - OTHER EXPENSES  
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DESCRIPTION -----	TOTAL -----
PUBLIC RELATIONS & ADVERTISING	652,548.
ADMINISTRATIVE FEES	236,200.
BANK FEES	6,047.
CONSULTING SERVICES	15,940.
INSURANCE	103,590.
TAXES	21,024.
TESTING AND CERTIFICATION PROGRAM FOR AFTERMARKET AUTOMOTIVE PARTS	5,888,452.
TOTALS	6,923,801.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
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TO PROMOTE PRICE AND QUALITY COMPETITION IN THE  
AFTERMARKET AUTOMOTIVE CRASH PARTS MARKET AND TO ENHANCE  
THE USE OF THE HIGHEST QUALITY AFTERMARKET AUTOMOTIVE  
CRASH PARTS

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FILE CABINET	SL	426.			426.	428.			428.
FILE CABINET	SL	381.			381.	285.	38.		323.
COMPUTER EQUIPMENT	SL	2,231.			2,231.	1,674.	372.		2,046.
COMPUTER EQUIPMENT	SL	2,407.			2,407.	922.	401.		1,323.
COMPUTER EQUIPMENT	SL	6,684.			6,684.	557.	1,114.		1,671.
COMPUTER EQUIPMENT	SL	2,489.			2,489.	2,489.			2,489.
COMPUTER EQUIPMENT	SL	824.			824.	754.	69.		823.
COMPUTER HARDWARE	SL	2,847.			2,847.	2,847.			2,847.
COMPUTER HARDWARE	SL	2,775.			2,775.	2,774.			2,774.
COMPUTER EQUIPMENT	SL	8,386.			8,386.	4,214.	1,398.		5,612.
COMPUTER EQUIPMENT	SL		2,633.		2,633.		288.		288.
TOTALS		29,450.			32,083.	16,944.			20,624.

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
SEAL SUPPLIES	23,375.
TOTALS	----- 23,375. =====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION  
-----

ENDING  
BOOK VALUE  
-----

UNEARNED REVENUE

470,561.

TOTALS

-----  
470,561.  
=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRIAN O'CONNOR LIBERTY MUTUAL INSURANCE CO. 175 BERKELEY STREET BOSTON, MA 02117	DIRECTOR	NONE	NONE	NONE
BILL DALY ALLSTATE INSURANCE 2775 SANDERS ROAD SUITE B-7 NORTHBROOK, IL 60062	DIRECTOR	NONE	NONE	NONE
ROBERT ANDERSON ANDERSON'S AUTOMOTIVE SERVICE 4120 COLORADO AVE. SHEFFIELD LAKE, OH 44054	PRESIDENT/DIRECTOR	NONE	NONE	NONE
JACKIE GILLAN ADVOCATES FOR HIGHWAY & AUTO SAFETY 750 FIRST ST. NE SUITE 901 WASHINGTON DC, 20002	DIRECTOR	NONE	NONE	NONE
MAUREEN WILLETT STATE FARM INSURANCE COMPANY ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	DIRECTOR	NONE	NONE	NONE
MIKE WEST SOUTHTOWNE AUTO REBUILD 14864 TUKWILA INT'L BLVD TUKWILA, WA 98168	DIRECTOR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JIM SMITH ACTION CRASH PARTS 2040 SOUTH HAMILTON ROAD COLUMBUS, OH 43232	DIRECTOR	NONE	NONE	NONE
JACK GILLIS C/O JACK GILLIS & ASSOCIATES CERTIFIED AUTOMOTIVE PARTS ASSOC. 1518 K STREET, NW SUITE 306 WASHINGTON DC, 20005	EXECUTIVE DIRECTOR	207,870.	NONE	NONE
CARL HARTMAN KEYSTONE AUTOMOTIVE INDUSTRIES 433 CROFTON SE GRAND RAPIDS, MI 49507	DIRECTOR	NONE	NONE	NONE
RICHARD ROSENTHAL USAA 9800 FREDRICKSBURG ROAD SAN ANTONIO, TX 78288	DIRECTOR	NONE	NONE	NONE
GRAND TOTALS		207,870.	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES  
 =====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93A	CERTIFICATION SEAL REVENUE - THE SALE OF CERTIFICATION
93A	SEALS SUPPORTS THE CAPA TESTING AND CERTIFICATION PROGRAM,
93A	WHICH IMPROVES THE QUALITY OF AFTERMARKET AUTOMOTIVE PARTS.
94	MEMBERSHIP DUES AND ASSESSMENTS - MEMBERSHIP DUES AND
94	ASSESSMENTS HELP TO ESTABLISH AND MAINTAIN THE CAPA
94	TESTING AND CERTIFICATION PROGRAM FOR AFTERMARKET
94	AUTOMOTIVE PARTS; THE TESTING AND CERTIFICATION PROGRAM
94	IMPROVES THE QUALITY OF AFTERMARKET AUTO PARTS.

# 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).

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>CERTIFIED AUTOMOTIVE PARTS ASSOCIATION</b>	Employer identification number <b>52-1555372</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1518 K STREET N.W.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

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

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

• The books are in the care of ▶ MR. JACK GILLIS

Telephone No ▶ 202 737-2212 FAX No ▶ \_\_\_\_\_

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2007 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</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.	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

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