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Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

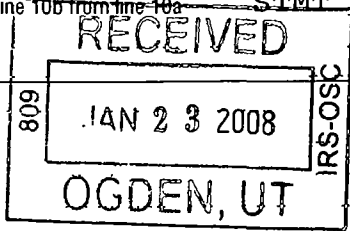
The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLOGGERPOWER.ORG</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>5758 GEARY BLVD., PMB #303</b> City or town, state or country, and ZIP + 4 <b>SAN FRANCISCO, CA 94121</b>	<b>D</b> Employer identification number <b>20-4465717</b>
		<b>E</b> Telephone number <b>415-287-0569</b>
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)</p>		<p><b>F</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p>
<p><b>G</b> Website <b>WWW.NETROOTSNATION.ORG</b></p>		<p><b>H</b> and <b>I</b> are not applicable to section 527 organizations</p>
<p><b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <b>N/A</b> <b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>K</b> Check here <input type="checkbox"/> 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</p>		<p><b>I</b> Group Exemption Number <b>N/A</b></p>
<p><b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 <b>729,042.</b></p>		<p><b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)</p>

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>95,664.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>95,664.</b> noncash \$ _____)	<b>1e</b>			<b>95,664.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>615,692.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b> Less cost or other basis and sales expenses				
	<b>8c</b> Gain or (loss) (attach schedule)				
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>				
<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 \$ <b>10,142.</b> of contributions reported on line 1b)	<b>9a</b>		<b>10,453.</b>		
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		<b>10,453.</b>		
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			<b>0.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		<b>7,233.</b>		
	<b>b</b> Less cost of goods sold	<b>10b</b>	<b>1,680.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			<b>5,553.</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>716,909.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>572,567.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>60,674.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>11,885.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<b>645,126.</b>
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>			<b>71,783.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>27,765.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			<b>99,548.</b>	



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

Form 990 (2006)

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24

**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
<b>22a</b> 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"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	57,009.	48,458.	8,551.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes	5,138.	4,367.	771.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	11,990.	3,597.	8,393.	
<b>32</b> Legal fees	41,619.	20,810.	20,809.	
<b>33</b> Supplies				
<b>34</b> Telephone	711.			711.
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	58,918.	58,918.		
<b>38</b> Printing and publications	33,709.	32,565.	1,144.	
<b>39</b> Travel	83,532.	64,409.	14,342.	4,781.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)				
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> SEE STATEMENT 3	352,500.	339,443.	6,664.	6,393.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	645,126.	572,567.	60,674.	11,885.

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 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>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.)</p>	
<p><b>a</b> SEE STATEMENT 4</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	572,567.
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	572,567.

**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	34,765.	45	80,205.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	19,343.
	53 Prepaid expenses and deferred charges		53	
	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			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58	0.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		34,765.	59	99,548.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	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 <input type="checkbox"/> <b>LOANS PAYABLE</b> )		7,000.	65
66 <b>Total liabilities.</b> Add lines 60 through 65		7,000.	66	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	27,765.	72	99,548.
	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)	27,765.	73	99,548.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	34,765.	74	99,548.

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
REGINA COOPER 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	EXECUTIVE DIRECTOR 40.00	50,009.	0.	0.
JONATHAN SHIFFMAN 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	DIRECTOR 5.00	0.	0.	0.
STEVE STEARNS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	TREASURER-RESIGNED 10.00	0.	0.	0.
MATT STOLLER 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	DIRECTOR 1.00	0.	0.	0.
RAVEN BROOKS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	TREASURER/DIRECTOR OF FINANCE 20.00	0.	0.	0.
CAROLYN DULCHINOS 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	SECRETARY 20.00	7,000.	0.	0.
NOLAN TREADWAY 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	DIRECTOR 20.00	0.	0.	0.
MARY RICKLES 5758 GEARY BLVD., PMB #303 SAN FRANCISCO, CA 94121	DIRECTOR 20.00	0.	0.	0.

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

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

N/A

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization **NETROOTS ARTS AND EDUCATION INITIATIVE**

and check whether it is  exempt or  nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

81a 0.

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued)
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?
82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b X
83c X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85a X
85b X
85c N/A
85d N/A
85e N/A
85f N/A
85g N/A
85h N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12
86a N/A
86b N/A
87 501(c)(12) organizations Enter. a Gross income from members or shareholders
87a N/A
87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88a X
88b X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A
89b X
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
89e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? X
89f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? X
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? X
90 a List the states with which a copy of this return is filed CA
90b 2
91 a The books are in care of RAVEN BROOKS Telephone no 415-287-0569
Located at 5758 GEARY BLVD., PMB 303, SAN FRANCISCO, CA ZIP + 4 94121
89b X
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    
 If "Yes," enter the name of the foreign country N/A

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

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADVERTISING			07		8,550.
b CONVENTION REGISTRATION			07		354,168.
c EXHIBITORS			07		41,675.
d SPONSORSHIPS			07		205,500.
e MERCHANDISE SALES			07		5,799.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
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			07	5,553.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		5,553.	615,692.
105 Total (add line 104, columns (B), (D), and (E))					621,245.

**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)
▼	SEE STATEMENT 6

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

**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.

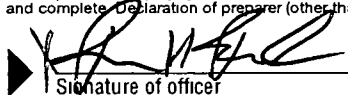
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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	Yes	No
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:  Signature of officer Date: 1/16/08

Type or print name and title: Raven H. Brooks, Treasurer

Paid Preparer's Use Only: Preparer's signature: HENRY C. LEVY Date: 01/02/08 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: HENRY C. LEVY & CO., CPAS, PROF. CORP.  
5940 COLLEGE AVENUE  
OAKLAND, CA 94618 EIN: \_\_\_\_\_ Phone no: 510-652-1000

MA

FORM 990

## SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	20,595.	10,142.	10,453.	10,453.	0.
TO FM 990, PART I, LINE 9	20,595.	10,142.	10,453.	10,453.	0.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	7,233	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		7,233
4. COST OF GOODS SOLD (LINE 13) . . . . .	1,680	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		5,553

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	0	
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	21,023	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		21,023
12. INVENTORY AT END OF YEAR . . . . .	19,343	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		1,680

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTORS	85,460.	85,460.	0.	0.
INSURANCE	1,965.	740.	1,225.	0.
TECHNOLOGY & INTERNET	29,622.	25,302.	4,320.	0.
STORAGE	588.	0.	588.	0.
CATERING	184,392.	184,392.	0.	0.
MARKETING	3,068.	3,068.	0.	0.
MISCELLANEOUS	772.	726.	46.	0.
REGISTRATION				
MATERIALS	12,539.	12,539.	0.	0.
SECURITY	12,397.	12,397.	0.	0.
ADVERTISING	9,704.	9,219.	485.	0.
FUNDRAISING EXPENSES	6,393.		0.	6,393.
ORGANIZATION				
SPONSORSHIPS	5,600.	5,600.	0.	0.
TOTAL TO FM 990, LN 43	352,500.	339,443.	6,664.	6,393.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

THE NETROOTS NATION CONVENTION: AN ANNUAL CONVENTION GATHERING PEOPLE FROM ALL WALKS OF LIFE WHO BELONG TO THE NETROOTS, THE US-BASED (BUT GLOBALLY FOCUSED AND INCLUSIVE) NON-PARTISAN GRASSROOTS COMMUNITY THAT USES THE INTERNET AND BLOGS AS PRIMARY TOOLS FOR EXPRESSING VIEWPOINTS; BUILDING CONSENSUS; ACTING TO CHANGE THE STATUS QUO; MOBILIZING HUGE NUMBERS OF PEOPLE AND INFORMING EACH OTHER AND THE WORLD ABOUT CURRENT EVENTS, GRASSROOTS ACTIONS, NETWORKS, MEETINGS AND POLICY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		572,567.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5 PART III

EXPLANATION

THE SPECIFIC AND PRIMARY PURPOSE OF THIS CORPORATION IS TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)4 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW (THE "CODE"), AND WITHIN THE MEANING OF SECTION 2370F OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO PROMOTE ACTIVISM TOWARD A PROGRESSIVE POLICY AGENDA.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ADVERTISING, CONVENTION REGISTRATION, EXHIBITORS, GENERAL FUNDRAISING,
93B	PRODUCT SALES, AND SPONSORSHIP INCOME IS INCOME THAT IS ALL GENERATED
93C	AT THE ORGANIZATION'S ANNUAL NETROOTS NATION CONVENTION, WHICH IS THE
93D	SOLE PROGRAM OF THIS ORGANIZATION. THE CONVENTION IS HELD IN ORDER
93E	TO FURTHER THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION: TO PROMOTE
93F	ACTIVISM TOWARD A PROGRESSIVE POLICY AGENDA.