

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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 Nov 1, 2007, and ending Oct 31, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: American Botanical Council. D Employer Identification Number: 74-2518542. E Telephone number: (512) 926-4900. F Accounting method: Cash, Accrual.

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

G Web site: www.herbalgram.org

J Organization type (check only one): 501(c) 3 (insert no) 4947(a)(1) or 527

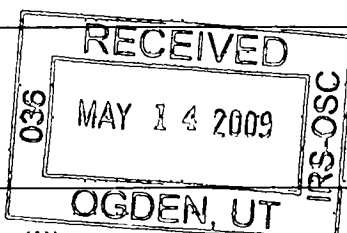
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,820,462.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes items like Contributions, Program service revenue, Gross rents, Special events, and Total revenue/expenses.



Handwritten numbers: 917-21 and 23

SCANNED JUN 10 2009

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 *instructions*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) (non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) (non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A See L-25a Stmt	25a	135,888.	102,864.	7,129.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	603,356.	482,344.	95,383.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	83,880.	66,314.	11,694.
29 Payroll taxes	29	58,322.	45,491.	8,748.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	20,801.	16,433.	2,912.
34 Telephone	34	38,116.	30,112.	5,336.
35 Postage and shipping	35	58,800.	52,188.	4,408.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	42,415.	33,508.	5,938.
42 Depreciation, depletion, etc (attach schedule)	42	109,522.	86,522.	15,333.
43 Other expenses not covered above (itemize)				
a Contractual services	43a	231,627.	182,985.	32,428.
b Advertising & Promotion	43b	145,886.	145,886.	0.
c Bad debt	43c	115,200.	101,700.	0.
d Outside services	43d	40,900.	40,900.	0.
e Insurance	43e	23,624.	18,663.	3,307.
f Repairs & maintenance	43f	14,681.	11,598.	2,055.
g See Other Expenses Stmt	43g	23,443.	18,521.	3,284.
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,746,461.	1,436,029.	197,955.

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

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	16,324.	45	10,512.
	46	Savings and temporary cash investments	32,728.	46	45,781.
	47 a	Accounts receivable	47 a 61,261.		
	b	Less allowance for doubtful accounts	47 b 11,968.	71,684.	47 c 49,293.
	48 a	Pledges receivable	48 a 466,094.		
	b	Less allowance for doubtful accounts	48 b 34,505.	286,235.	48 c 431,589.
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts	51 b		51 c
	52	Inventories for sale or use		42,079.	52 38,258.
	53	Prepaid expenses and deferred charges			53
	54 a	Investments – publicly-traded securities			54 a
	b	Investments – other securities (attach sch)			54 b
55 a	Investments – land, buildings, & equipment basis				
b	Less accumulated depreciation (attach schedule)			55 c	
56	Investments – other (attach schedule)			56	
57 a	Land, buildings, and equipment basis	57 a 1,162,787.			
b	Less accumulated depreciation (attach schedule) L-57 Stmt	57 b 377,656.	746,274.	57 c 785,131.	
58	Other assets, including program-related investments (describe ▶ _____)			58	
59	Total assets (must equal line 74) Add lines 45 through 58		1,195,324.	59 1,360,564.	
LIABILITIES	60	Accounts payable and accrued expenses		60 91,801.	91,323.
	61	Grants payable		61	
	62	Deferred revenue			62 40,000.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64 a	Tax-exempt bond liabilities (attach schedule)			64 a
	b	Mortgages and other notes payable (attach schedule)		400,071.	64 b 583,545.
	65	Other liabilities (describe ▶ <u>Interest rate swap</u> _____)			65 23,831.
	66	Total liabilities. Add lines 60 through 65		491,872.	66 738,699.
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		67 696,127.	616,205.
	68	Temporarily restricted		68 7,325.	5,660.
	69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		703,452.	73 621,865.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,195,324.	74 1,360,564.

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	1,688,705.
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	1,688,705.
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	1,688,705.

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

a	Total expenses and losses per audited financial statements		a	1,746,461.
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	1,746,461.
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	1,746,461.

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
Mark Blumenthal P.O. Box 144345 Austin, TX 78714	Executive Director 60.00	127,741.	4,915.	35.
Steven Foster P.O. Box 57 Brixey, MO 65618	Board President 3.00	3,197.	0.	0.
Peggy Brevoort P.O. Box 1200 Kapa'au, HI 96755	Board Vice-President 3.00	0.	0.	0.
Neil Blomquist 4392 Belmont Drive Sebastopol, CA 95472	Treasurer 3.00	0.	0.	0.
Michael J. Balick, PhD 200th Street & Southern Blvd Bronx, NY 10458-5125	Trustee 3.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			
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?		
85 a	501(c)(4), (5), or (6) 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?	N/A	
	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		
c	Dues, assessments, and similar amounts from members	N/A	
85 c			
d	Section 162(e) lobbying and political expenditures	N/A	
85 d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 g			
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	
85 h			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a		N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86 b			
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a		N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87 b			
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 a			
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
88 b			
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
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 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			
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
89 g			
90 a	List the states with which a copy of this return is filed <input type="text" value="-----"/>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		17
90 b			
91 a	The books are in care of <input type="text" value="Cecelia Thompson"/> Telephone number <input type="text" value="(512) 926-4900"/> Located at <input type="text" value="6200 Manor Road"/> <input type="text" value="Austin"/> TX ZIP + 4 <input type="text" value="78723"/>		
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 <input type="text" value="-----"/>		X
91 b			

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? 91 c Yes No

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

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 Services					65,431.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					1,280,128.
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
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					35,473.
103 Other revenue					
a					
b Miscellaneous					21,050.
c Content licensing					92,775.
d Safety labeling					4,000.
e					
104 Subtotal (add columns (B), (D), and (E))					1,498,857.
105 Total (add line 104, columns (B), (D), and (E))					1,498,857.

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)
All	American Botanical Council was developed to organize and implement programs on herbs and medical programs for charitable scientific literary and educational purposes. All funds received are used to meet organizational needs to provide programs.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C)	(D)	(E)
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay

b Did the organization, during the year, pay premiums, directly or indirectly

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	
Yes	No

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

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

Yes	No
-----	----

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

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

Yes	No
-----	----

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: Mark Blumensath Date: May 8, 2009

Type or print name and title: EXECUTOR DIRECTOR

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 05/05/09 Check if self employed: Preparer's SSN or PTIN (See General Instruction X): 74-2902112

Firm's name (or yours if self-employed), address, and ZIP + 4: Montemayor Hill & Company, P.C.
3001 South Lamar Boulevard, Suite 320
Austin TX 78704 EIN: 74-2902112 Phone no: (512) 442-0380

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization: American Botanical Council Employer identification number: 74-2518542

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
<u>C. Thompson</u> <u>PO Box 144345,</u> <u>Austin, TX 78714</u>	<u>Finance Coordinator</u> <u>40.00</u>	<u>56,637.</u>	<u>4,915.</u>	<u>35.</u>

Total number of other employees paid over \$50,000 ▶	<u>None</u>			

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
<u>Eric J. Valdez & Associates, LLC</u> <u>3301 Accomac,</u> <u>Austin, TX 78748</u>	<u>IT/Web Design Consulting</u>	<u>111,898.</u>
<u>Branch-Smith Printing</u> <u>120 St. Louis, Ft.</u> <u>Worth, TX 76104</u>	<u>Magazine Printing</u>	<u>79,475.</u>
<u>Corsair USA, LLC</u> <u>3301 Accomac</u> <u>Austin TX 78748</u>	<u>Web Application Service</u>	<u>115,000.</u>

Total number of others receiving over \$50,000 for professional services ▶	<u>None</u>	

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
<u>None</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	<u>None</u>	

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)
- 11 a 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)
- 11 b 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					▶

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

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	182,526.	120,666.	142,277.	109,769.	555,238.
16 Membership fees received	1,143,107.	1,009,944.	903,956.	892,185.	3,949,192.
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	165,937.	129,835.	85,945.	286,145.	667,862.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975			0.	0.	0.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See L-22 Stmt.	86,233.	119,074.	163,579.	180,271.	549,157.
23 Total of lines 15 through 22	1,577,803.	1,379,519.	1,295,757.	1,468,370.	5,721,449.
24 Line 23 minus line 17	1,411,866.	1,249,684.	1,209,812.	1,182,225.	5,053,587.
25 Enter 1% of line 23	15,778.	13,795.	12,958.	14,684.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	101,072.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	5,053,587.
d Add Amounts from column (e) for lines	18 0. 19 _____	26d	549,157.
	22 549,157. 26b 0.	26e	4,504,430.
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	89.13 %

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	(2006) _____ (2005) _____ (2004) _____ (2003) _____	
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	(2006) _____ (2005) _____ (2004) _____ (2003) _____		
c Add Amounts from column (e) for lines	15 _____ 16 _____	27c	_____
	17 _____ 20 _____ 21 _____	27d	_____
d Add Line 27a total _____ and line 27b total _____		27e	_____
e Public support (line 27c total minus line 27d total)		27e	_____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f	_____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	_____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	_____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	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) ----- -----	32d		
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33g		
	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	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	34b		
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	35		

Name as Shown on Return American Botanical Council	Employer Identification No 74-2518542
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Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Mark Blumenthal	<input type="checkbox"/>	127,741.	95,806.	6,387.	25,548.
Steven Foster	<input type="checkbox"/>	3,197.	3,197.	0.	0.
Peggy Brevoort	<input type="checkbox"/>	0.			
Neil Blomquist	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		130,938.	99,003.	6,387.	25,548.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Mark Blumenthal	<input type="checkbox"/>	4,915.	3,834.	737.	344.
Steven Foster	<input type="checkbox"/>	0.			
Peggy Brevoort	<input type="checkbox"/>	0.			
Neil Blomquist	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		4,915.	3,834.	737.	344.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Mark Blumenthal	<input type="checkbox"/>	35.	27.	5.	3.
Steven Foster	<input type="checkbox"/>	0.			
Peggy Brevoort	<input type="checkbox"/>	0.			
Neil Blomquist	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		35.	27.	5.	3.
Total to Part II, Line 25a		135,888.	102,864.	7,129.	25,895.

Additional Information

Statement 1

American Botanical Council was created to provide the public with responsible information on herbs and medicinal plants.

Additional Information

Statement 2

American Botanical Council (ABC) is a nonprofit, member-supported organization whose mission is to provide education using science-based and traditional information to promote responsible use of herbal medicine - serving the public, researchers, educators, healthcare professionals, industry, and media.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Bank & CC Fees	13,569.	10,719.	1,900.	950.
Miscellaneous	9,874.	7,802.	1,384.	688.
Total	23,443.	18,521.	3,284.	1,638.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(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	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> James A. Duke, Ph.D. 8210 Murphy Road Fulton, MD 20759-9706	Member Emeritus 3.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Norman Farnsworth, PhD 833 South Wood Street Chicago, IL 60612	Trustee 3.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Fred Kronenberg, PhD 630 West 168th Street, Box 75 New York, NY 10032	Secretary 3.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Morris Shriftman 45 Gable Ct. San Rafael, CA 94903-5211	Trustee 3.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> John Weeks 3345 59th Ave. SW Seattle, WA 98116	Trustee 3.00	0.	0.	0.

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
HerbalGram	97,345.	0.	97,345.
Retail	69,885.	0.	69,885.
Cost of sales	0.	131,757.	-131,757.
Total	167,230.	131,757.	35,473.

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized loss on change in fair value of interest rate swap	-23,831.
Total	-23,831.

Form 990, Part II, Line 25a

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. Balick, PhD	<input type="checkbox"/>	0.			
James A. Duke, Ph.D.	<input type="checkbox"/>	0.			
Norman Farnsworth, PhD	<input type="checkbox"/>	0.			
Fredi Kronenberg, PhD	<input type="checkbox"/>	0.			
Morris Shriftman	<input type="checkbox"/>	0.			
John Weeks	<input type="checkbox"/>	0.			
Total		0.			

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. Balick, PhD	<input type="checkbox"/>	0.			
James A. Duke, Ph.D.	<input type="checkbox"/>	0.			
Norman Farnsworth, PhD	<input type="checkbox"/>	0.			
Fredi Kronenberg, PhD	<input type="checkbox"/>	0.			
Morris Shriftman	<input type="checkbox"/>	0.			
John Weeks	<input type="checkbox"/>	0.			
Total		0.			

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael J. Balick, PhD	<input type="checkbox"/>	0.			
James A. Duke, Ph.D.	<input type="checkbox"/>	0.			
Norman Farnsworth, PhD	<input type="checkbox"/>	0.			

Form 990, Part II Line 25a

Continued

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Fredi Kronenberg, PhD	<input type="checkbox"/>	0.			
Morris Shriftman	<input type="checkbox"/>	0.			
John Weeks	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	102,900.	0.	102,900.
Buildings	565,547.	0.	565,547.
Machinery and equipment	167,911.	0.	167,911.
Furniture	28,268.	0.	28,268.
Website development costs	298,161.	0.	298,161.
Accumulated depreciation	0.	377,656.	-377,656.
Total	<u>1,162,787.</u>	<u>377,656.</u>	<u>785,131.</u>

Schedule A, Part IV-A, Line 22

Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Miscellaneous	41,775.	38,580.	44,785.	64,071.	189,211.
Content licensing	38,458.	71,994.	99,044.	78,200.	287,696.
Safety labeling	6,000.	8,500.	19,750.	38,000.	72,250.
Bad debt recovery	0.	0.			0.
Total	<u>86,233.</u>	<u>119,074.</u>	<u>163,579.</u>	<u>180,271.</u>	<u>549,157.</u>

11/4/09
2/2/09



OMB No. 1545-1709

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► 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 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 American Botanical Council	Employer identification number 74 2518542
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 144345	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Austin, Tx 78714-4345	

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

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

• The books are in the care of ► **Cecelia Thompson at the American Botanical Council**

Telephone No. ► (**512**) **926-4900** FAX No. ► (**512**) **926-2345**

- 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 **June 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20.....or
- tax year beginning **Nov 1**, 20**07**, and ending **Oct 31**, 20**08**.

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.