# 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

Open to Public Inspection

, 20

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 1/1/2005

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

, 2005, and ending 12/31/2005

В	Check if	applicable:	Please	C Name of organization				D Emp	D Employer identification number		
	Address	use IRS label or INTERNATIONAL JUGGLERS ASSOCIATION INC					16	16 1111652			
	Name c	hange	print or type.	Number and street (or P.O. bo	x if mail is not delivered to	street ad	dress) Room/suite	E Tele	phone number		
	Initial re	eturn	See	P.O. Box 112550				( 41	5 ) 902-0097		
	Final ret	turn	Specific Instruc-	City or town, state or country,					nting method: Cash Accrual		
<b>/</b>	Amende	ed return	tions.	Carrollton, TX 75011-25	50				Other (specify) Modified cash		
	Applicati	ion pending		ction 501(c)(3) organizations a					ole to section 527 organizations.		
				ists must attach a completed So	chedule A (Form 990 or 9	90-EZ).			urn for affiliates? Yes No		
G	Website	e: ► wwv	w.juggl	e.org			H(c) Are all at		nber of affiliates ►		
J	Organiz	zation type	e (check d	only one) ► ✓ 501(c) ( 3 ) ◀	(insert no.) 4947(a)(1)	or	, , ,		ist. See instructions.)		
			_	organization's gross receipts are			H(d) Is this a s	eparate re	turn filed by an		
			-	return with the IRS; but if the or	-		Organizati	on covered	d by a group ruling? Yes V No		
	sure to	file a comp	olete retur	n. Some states require a comple	te return.		I Group E				
_	Cross	raccinta	Add line	on 6h 9h 9h and 10h ta lina	12 <b>▶ 194,87</b>	'A			if the organization is <b>not</b> required		
	art I			es 6b, 8b, 9b, and 10b to line expenses, and Changes	<u> </u>				(Form 990, 990-EZ, or 990-PF).		
						una De	alances (See ti	ie iristi	detions.)		
	1			gifts, grants, and similar a		1a	1,3	20			
				upport		1b	.,.	0			
			•	ontributions (grants)		1c	7,6	80			
	d	Total (a	dd lings	s 1a through 1c) (cash \$	7.680 noncas			1d	9,000		
	2			e revenue including governr				2	131,986		
	3	_		ues and assessments		-		3	49,539		
	4							- 1	4,349		
	5	Interest on savings and temporary cash investments				5	0				
	6a					6a		0			
	b			penses		6b		0			
	С	c Net rental income or (loss) (subtract line 6b from line 6a)					. 6c	0			
<u>e</u>	7	Other in	nvestme	ent income (describe				) 7	0		
Revenue	8a	Gross a	amount	from sales of assets othe			(B) Other				
₽,		than inv			_	8a		0			
				her basis and sales expenses,	0	8b		0			
			. , .	attach schedule)		8c		0			
	l _	0	•	s) (combine line 8c, column	( ) ( )/			. 8d	0		
	9			nd activities (attach schedule).		jaming, d	check here   L				
	а			(not including \$		9a		0			
	h			reported on line 1a)		9b		0			
				(loss) from special events			a)	90	0		
	10a			inventory, less returns and		10a	α,	0			
				goods sold		10b		0			
			_	loss) from sales of inventory (		act line 1	0b from line 10a)	100	0		
	11	Other re	evenue	(from Part VII, line 103)				. 11	0		
	12	Total re	evenue	(add lines 1d, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	1)		. 12	194,874		
	13	Progran	n servic	ces (from line 44, column (	B))				<del>-</del>		
Expenses	14	Manage	ement a	and general (from line 44, o	column (C))				-		
ber	15							+			
ŭ	_			affiliates (attach schedule)				. 16			
_	17			es (add lines 16 and 44, co					· · · · · · · · · · · · · · · · · · ·		
ets	18	, , , , , , , , , , , , , , , , , , , ,									
Net Assets	19										
Net	20 21			s in net assets or fund bala und balances at end of year			וו	20			
_	4	וזכנ מסט	cio Oi II	una balances at end or year	ווופט וט, וצ	, and 20	<i>.</i> ,	. 21	210,500		

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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.)

			. , , , , , , , , , , , , , , , , , , ,		<u> </u>	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25	Compensation of officers, directors, etc	25	0	0	0	0
26	Other salaries and wages	26	0	0	0	0
27	Pension plan contributions	27	0	0	0	0
28	Other employee benefits	28	0	0	0	0
29	Payroll taxes	29	0	0	0	0
30	Professional fundraising fees	30	0	0	0	0
31	Accounting fees	31	0	0	0	0
32	Legal fees	32	0	0	0	0
33	Supplies	33	2,437	1,142	1,295	0
34	Telephone	34	4,295	187	4,108	0
35	Postage and shipping	35	4,026	3,293	733	0
36	Occupancy	36	0	0	0	0
37	Equipment rental and maintenance	37	4,100	4,100	0	0
38	Printing and publications	38	3,790	3,790	0	0
39	Travel	39	1,155	1,155	0	0
40	Conferences, conventions, and meetings	40	0	0	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	0	0	0	0
43 a	Other expenses not covered above (itemize): See Statement 1	43a	147,051	145,154	1,897	
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	166,854	158,821	8,033	0
.loin	t Costs. Check ▶ ☐ if you are following SOP		,	,	2,230	
	any joint costs from a combined educational campaign		ındraising solicitation	reported in (R) Pro	gram services?	Yes V No
	es," enter (i) the aggregate amount of these joint costs		•		•	
	he amount allocated to Management and general \$	- <del>-</del>		amount allocated		,
	<u> </u>				<u>_</u>	

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#### 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.

Wh	at is the organization's p	rimary exempt purpose? ►	Enhance the art of juggling	Program Service
All of of	organizations must describ clients served, publications	pe their exempt purpose achieves issued, etc. Discuss achiever	vements in a clear and concise manner. State the number ments that are not measurable. (Section 501(c)(3) and (4) at also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See Statement 2			
	(Grants and allocations	\$	) If this amount includes foreign grants, check here <b>\rightarrow</b>	
b				
	/Ot			
	(Grants and allocations	<b>D</b>	) If this amount includes foreign grants, check here	
С				
	(Grants and allocations	\$	) If this amount includes foreign grants, check here ▶ □	
d		·	, 55,	
u				
	(Grants and allocations	\$	) If this amount includes foreign grants, check here	
е	Other program services	(attach schedule)		
	(Grants and allocations	\$	) If this amount includes foreign grants, check here $ ightharpoonup$	
f	Total of Program Servi	ce Expenses (should equal li	ine 44, column (B), Program services) ▶	159,735

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Pa	rt IV	Balance Sheets (See the instructions.	)				
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		<b>(B)</b> End of year
	45 46	Cash—non-interest-bearing Savings and temporary cash investments .			12,475 175,382		5,460 217,707
	1	Accounts receivable	47a 47b	0	823	47c	0
	48a	Pledges receivable	48a	0			
	b 49	Less: allowance for doubtful accounts . Grants receivable	48b		0	48c 49	0
	50	Receivables from officers, directors, truster (attach schedule)			0	50	0
ets	51a	Other notes and loans receivable (attach schedule)	51a				
Assets		Less: allowance for doubtful accounts .	51b		1,849	51c 52	2,201
	52	Inventories for sale or use			975	53	2,201
	53 54	Prepaid expenses and deferred charges . Investments—securities (attach schedule) .			0	54	0
		Investments—securities (attach schedule) .  Investments—land, buildings, and equipment: basis	. <b>,</b>  55a			04	•
	b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)			0		0
		Land, buildings, and equipment: basis .	57a				
		Less: accumulated depreciation (attach					
		schedule)	57b	0		57c	0
	58	Other assets (describe >		)	0	58	0
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	191,504	59	225,368
	60	Accounts payable and accrued expenses .			1,016		10,827
	61	Grants payable			0	61	0
	62	Deferred revenue			0	62	0
ties	63	Loans from officers, directors, trustees, and	-		0	60	0
abilities	C4-	schedule)			0	63 64a	0
Lia		Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s				64b	0
	65	Other liabilities (describe			0	65	0
	66	Total liabilities. Add lines 60 through 65 .			1,016	66	10,827
S	Orga	anizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74.					
nce	67	Unrestricted				67	
<u>a</u>	68	Temporarily restricted				68 69	
B	69	Permanently restricted				69	
· Fun	Orga	anizations that do not follow SFAS 117, check complete lines 70 through 74.			•		_
3 0	70	Capital stock, trust principal, or current funds			0	70	0
šets	71	Paid-in or capital surplus, or land, building, a			190,488	71 72	214,541
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated <b>Total net assets or fund balances</b> (add line 70 through 72;		· ·	130,400	12	214,041
Z		column (A) <b>must</b> equal line 19; column (B) <b>m</b>	ust e	qual line 21)	190,488	73	214,541
	74	Total liabilities and net assets/fund balance			191,504		225,368

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Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	nents With Re	venue pe	r Return	(See the
а	Total reve	enue, gains, and other support per audit	ed financial statements			а	
b		included on line <b>a</b> but not on Part I, line					
1		alized gains on investments		b1			
2		services and use of facilities		b2			
3		es of prior year grants		b3			
_							
4		ecify):		b4			
		had there each had		DT		b	
		<b>b1</b> through <b>b4</b>				C	
c		line <b>b</b> from line <b>a</b>					
d		included on Part I, line 12, but not on lin		44			
1		nt expenses not included on Part I, line		d1		-	
2	, ,	ecify):					
				d2		-	
•		d1 and d2				d	
е	rt IV-B	enue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au	ditad Einanaial Statar	nonto With Ex	noncoo	e Dotur	n
		enses and losses per audited financial s				a	···
a b	-	included on line <b>a</b> but not on Part I, line				<u> </u>	
b		,		b1			
1		services and use of facilities		b2		-	
2		adjustments reported on Part I, line 20		b3			
3		eported on Part I, line 20				-	
4		ecify):					
				b4			
		<b>b1</b> through <b>b4</b>				b	
С		line <b>b</b> from line <b>a</b>				С	
d		included on Part I, line 17, but not on li					
1	Investme	nt expenses not included on Part I, line	6b	d1		-	
2	Other (sp	ecify):					
				d2			
_		d1 and d2				d	
e Po		penses (Part I, line 17). Add lines c and				е	
rai		Current Officers, Directors, Trustees or key employee at any time during the year					r, director, trustee,
		or key employee at any time during the year	di even ii they were not t	(C) Compensation			(E) Expense account
		(A) Name and address	Title and average hours per	(If not paid, enter	r benefit pla	ins & deferred	and other allowances
	<u> </u>		week devoted to position	-0)	compen	sation plans	
See	Statemen	13					
_				<u> </u>			<u> </u>
				1			

and check whether it is ☐ exempt **or** ☐ nonexempt

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

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

0

81b

Pai	t VI Other Information (continued)		Yes	No
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?	82a		~
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.)	83a	<b>V</b>	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	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 0			
	Gross income from other sources. (Do not net amounts due or paid to other			
b	sources against amounts due or received from them.)			
00				
88	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	88		~
802	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	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		<b>/</b>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	C	)	
91a	The books are in care of ▶ John S. McMichael  Located at ▶ 1118 Cotswold Lane, West Chester, PA  ZIP + 4 ▶ 19380			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		~
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		~
C	If "Yes," enter the name of the foreign country		1	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here			<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92	· ·		

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Part						f	hu oost	on F10 F10 or F14	<b>(E)</b>
		er gross amounts unless otherwise	Unrelated b	usine				on 512, 513, or 514	<b>(E)</b> Related or
indicate			(A) Business code		<b>(B)</b> Amount	Exclusion	n code	<b>(D)</b> Amount	exempt function income
		ogram service revenue:  nnual Convention							104,160
a		erchandise Sales							27,826
b									21,020
C	_								
d	_								
e f	Mc	edicare/Medicaid payments							
		es and contracts from government agenci	I						
94		embership dues and assessments							49,539
95		erest on savings and temporary cash investmen				14	,	4,349	,
96		vidends and interest from securities						,	
97		et rental income or (loss) from real estate:							
		bt-financed property							
		t debt-financed property							
98		t rental income or (loss) from personal proper							
99		her investment income	-						
100	Gai	n or (loss) from sales of assets other than invent	ory						
101	Ne	t income or (loss) from special events .							
102	Gr	oss profit or (loss) from sales of inventory	/						
103	Otl	her revenue: a							
b									
С									
d									
е									4404 =0=
		btotal (add columns (B), (D), and (E)) .			0			4,349	\$181,525
		tal (add line 104, columns (B), (D), and (E						. •	185,874
_		e 105 plus line 1d, Part I, should equal th				/	) 4l-	- itt	
Part \									
Line I	No.	Explain how each activity for which inco of the organization's exempt purposes (						nportantly to the	accomplishment
		See Statement 4							
		occ otatement 4							
Part	ΙX	Information Regarding Taxable Su	bsidiaries and Di	isrea	arded Enti	ti <b>es</b> (See	e the i	nstructions.)	
		(A)	(B)		(C)		-	(D)	_ (E)
	Na	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of a	ctivities		Total income	End-of-year assets
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%						3,000
			%						
			%						
			%						
Part :	X	Information Regarding Transfers As	sociated with Pers	sonal	Benefit Co	ntracts	(See th	ne instructions.)	
(a)	Did	the organization, during the year, receive any funds	directly or indirectly, to	o pav	premiums on a	a personal	benefit	contract?	☐ Yes 🗹 No
		the organization, during the year, pay p							☐ Yes ☑ No
		f "Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form 4			•	•			
		Under penalties of perjury, I declare that I have exar							
Please		and belief, it is true, correct, and complete. Declara	ation of preparer (other	tnan c	officer) is based	on all int	ormatioi	n of which preparer	nas any knowledge.
Sign									
Here		Signature of officer					Da	ate	
. 1616		David Davis, Chairman							
		Type or print name and title.							
Paid		Preparer's			Date	Check if self-	_	Preparer's SSN or	PTIN (See Gen. Inst. W
Prepare	r's	signature				employe	ed ▶	<u> </u>	
Use Only		Firm's name (or yours if self-employed),					EIN	<b>&gt;</b> :	
	-	address and ZIP + 4					Phone	no. ▶ ( )	

### **SCHEDULE A**

(Form 990 or 990-EZ)

## **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.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization			Employer identificat	tion number
<b>INTERNATIONAL JUGGLERS ASSOCIATION IN</b>		16   1111652		
Compensation of the Five Higher (See page 1 of the instructions. Li				nd Trustees
(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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . ▶				
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List				
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services ▶				
Part II-B Compensation of the Five Highe (List each contractor who perform firms. If there are none, enter "Nor	ed services other than p	rofessional serv		lividuals or
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of other contractors receiving over \$50,000 for other services				

Pa	rt III	Statements About Activities (See page 2 of the instructions.)	Yes	No				
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   \$\bigsim \frac{1}{2}  \text{(Must equal amounts on line 38, to VI-A, or line i of Part VI-B.)}	1	•				
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other panizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.						
2	suk wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)						
а	Sal	e, exchange, or leasing of property?	а	~				
b			b	<b>V</b>				
С	Fur	Thorning or goods, sorvices, or identities	С	<b>'</b>				
d	Pay	yment of compensation (or payment of reimbarcoment of expenses if more than \$1,000).	d	<b>/</b>				
е		insici of any part of its income of assets:	е	~				
3a		a determine that recipionts quality to receive payments.	а	~				
b		you have a dodich 400(b) annuty plan for your omproyects.	b	V				
С		ing the year, and the eigenization receive a contribution of qualified real property interest and section 176(i).	С	~				
4a		I you maintain any separate account for participating donors where donors have the right to provide advice on		<b>/</b>				
b			a b	V				
			<u> </u>					
	rt I\							
The	orga	inization is not a private foundation because it is: (Please check only ONE applicable box.)						
5	Ц	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6	Н	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8 9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state ▶	's name	, city,				
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the <b>Support Schedule</b> in Part IV-A.)	170(b)(1	)(A)(iv).				
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from the general part of its support from a governmental unit or from a gover	ublic. S	ection				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)						
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipt from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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 supports described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 50 the box that describes the type of supporting organization:   Provide the following information about the supported organizations. (See page 6 of the instructions.)						
		(b) Line nu	mher					
		(a) Name(s) of supported organization(s) from all						
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruction	s.)					

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. (a) 2004 Calendar year (or fiscal year beginning in) **(b)** 2003 (c) 2002 (d) 2001 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 7,278 1.808 4,232 6,648 19,966 Membership fees received . . . . . 16 53,471 47,474 61,421 51,520 213,886 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 . 157,164 173.328 208.448 210,209 749.149 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 1,215 2,046 5,332 1,918 10,511 income from unrelated business activities not included in line 18. 0 0 0 0 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . . . . . . . . . . 0 0 0 0 0 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . \_ . . . . 0 0 0 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 0 0 0 0 0 Total of lines 15 through 22 . . . . . 219.831 223.825 276.147 273,709 993.512 Line 23 minus line 17 . . . . . . . . 24 63,500 62,667 50,497 67,699 244,363 Enter 1% of line 23 . . \_ . . . . . 25 2,198 2,238 2.761 2,737 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26b 26c Add: Amounts from column (e) for lines: 18 \_\_\_\_\_\_ 19 \_\_\_\_\_ \_\_\_\_\_\_ 26b \_\_\_\_\_ . . . . . 26d 22 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) % 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: 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: (2004) **0** (2003) **0** (2002) **0** (2001) **0** Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ \_\_\_ 16 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_ . . . . 27c 983.001 and line 27b total . \_\_\_\_\_ . . 27d 0 d Add: Line 27a total. 983,001 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f 99 Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . . ▶ 27g %

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)),

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

%

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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,	00		
	programs, and scholarships?	30		
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	31		
	that makes the policy known to all parts of the general community it serves?	31		
	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		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
b	basis?	32b		
С	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?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
33	boes the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
·	Employment of labelty of administrative staff.			
d	Scholarships or other financial assistance?	33d		
_				
е	Educational policies?	33e		
f	Use of facilities?	33f		
~	Athletic programs?	33g		
g	Athletic programs?	Jog		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	if you answered Tes to any of the above, please explain. (if you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
D	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	in you anomored the station one or by process explain doing an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

Pai	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					uctions.)	
Chec	k ▶ a ☐ if the organization belongs to an affilia					ted control"	provisions apply.
	Limits on Lobbyir (The term "expenditures" mear					(a) ated group totals	(b) To be completed for ALL electing organizations
		<u> </u>		36			organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis		,				
38	Total lobbying expenditures (add lines 36 and 3	• •		—			
39	Other exempt purpose expenditures						
40	Total exempt purpose expenditures (add lines				)		
41	Lobbying nontaxable amount. Enter the amount						
		bbying nontaxa	•				
	Not over \$500,000 20% o	of the amount on	line 40	)			
	Over \$500,000 but not over \$1,000,000 . \$100,0	000 plus 15% of th	he excess over \$5	500,000			
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of th	e excess over \$1,0	000,000 } 41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	e excess over \$1,5	500,000			
		0,000					
42	Grassroots nontaxable amount (enter 25% of li				_		
43	Subtract line 42 from line 36. Enter -0- if line 4.						
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38	44	·		
	Caution: If there is an amount on either line 43	or line 44, you n	must file Form 47	20.			
	4-Year Ave	eraging Period	d Under Secti	on 501(h)			
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to d	omplete all of t		columns be	elow.
		Lob	bying Expenditu	res During 4-Y	ear Ave	eraging Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2005	2004	2003	- :	2002	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pai	t VI-B Lobbying Activity by Nonelectifor reporting only by organization			Part VI-A) (Se	e page	11 of the	e instructions.)
	ng the year, did the organization attempt to influ				any	Yes No	Amount
atter	npt to influence public opinion on a legislative m	natter or referend	um, through the	use of:	-		
а						V	
b	Paid staff or management (Include compensation	on in expenses re	eported on lines	<b>c</b> through <b>h.</b> ).		V	
С	Media advertisements					- V	
d	Mailings to members, legislators, or the public				1	V	
e	Publications, or published or broadcast stateme						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, governments demonstrations, compared conventions		_	-			
h i	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines <b>c</b> through		res, or any other				0
•	If "Yes" to any of the above, also attach a state				 na activit	ies	

Ochicadic 71 (i oi	111 330 01 330 12/ 2003			rage <b>U</b>
Part VII	Information Regarding Transfers To and Transactions and	Relationships	With	Noncharitable
	Exempt Organizations (See page 12 of the instructions.)			

51					following with any other organization de on 527, relating to political organizations		l in se	ection
2		. ,		to a noncharitable exempt orga		.	Yes	No
а		•				51a(i)		~
	(ii)	Other assets				a(ii)		~
h	٠,	er transactions:				,		
~			es of assets with a	noncharitable exempt organizat	ion	b(i)		
		_		itable exempt organization		b(ii)		~
				ner assets		b(iii)		<b>/</b>
						b(iv)		<b>/</b>
						b(v)		~
		_		ship or fundraising solicitations		b(vi)		~
•						С		~
c d					. Column (b) should always show the fair r		valuo	of the
u	goo	ds, other assets, or	r services given by	the reporting organization. If the	ne organization received less than fair m s, other assets, or services received:	arket v	alue i	n any
	a) e no.	(b) Amount involved	Name of nonc	(c) charitable exempt organization	(d) Description of transfers, transactions, and sha	aring arra	ıngeme	ents
								,
	des	•	01(c) of the Code (	other than section 501(c)(3)) or in	e or more tax-exempt organizations n section 527? ▶	Yes	<b>✓</b>	No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship			

Statement 1

INTERNATIONAL JUGGLERS ASSOCIATION INC 16-1111652

Form: 990 Page: 2 Part: II Question: 43

#### Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing	
Misc Festival Expenses	\$77,165.00	\$77,165.00	\$0.00	\$0.00	
Video/DVD expenses	\$12,414.00	\$12,414.00	\$0.00	\$0.00	
misc	\$1,897.00	\$0.00	\$1,897.00	\$0.00	
Magazine professional services	\$55,575.00	\$55,575.00	\$0.00	\$0.00	
Total:	\$147,051.00	\$145,154.00	\$1,897.00	\$0.00	

#### Statement 2

## INTERNATIONAL JUGGLERS ASSOCIATION INC 16-1111652

Form: 990 Page: 3 Part: III Question:

#### **Program Services**

Achievement			Pgm. Svc. Exp.	
	uggling and allows for participation	annual convention which increases in the championships, workshops,	\$104,160.00	
	s, General/Other: Communication to ember roster, listings of local affiliate		\$55,575.00	
encouragement of participation in V (2500 members)	orld Juggling Day.			
Grants and Allocations:	\$0.00			
		Total:	\$159,735.00	

#### Statement 3

Form: 990 Page: 5 Part: V Question:

#### Officers, Directors, Trustees, and Key Employees

### 2811 East Avalon Phoenix, AZ 85016 United States  Chairman  Chairman  4 \$0.00 \$0.00 \$1  Floor Box 204 Point Roberts, WA 98281 United States  Board Member  4 \$0.00 \$0.00 \$1  ### 207 Ist Ave N W Seattle, WA 98107 United States  Joyce Howard 1563 Leeds Ct NE Marietta, GA 30062 United States  Board Member  4 \$0.00 \$0.00 \$1  ### 200 \$1  ###	Name and Address	Title	Hrs	Comp.	Benefits	Expenses
PO Box 204 Point Roberts, WA 98281 United States    Fund Furst	2811 East Avalon Phoenix, AZ 85016	Chairman	4	\$0.00	\$0.00	\$0.00
### 4207 1st Ave N W Seattle, WA 98107 United States    Joyce Howard	PO Box 204 Point Roberts, WA 98281	Chairman	4	\$0.00	\$0.00	\$0.00
1563 Leeds Ct NE       Marietta, GA 30062         United States       Jerry Martin       Board Member       4       \$0.00       \$0.00       \$         7336 Lyndale Ave South Richfield, MN 55423       United States       4       \$0.00       \$0.00       \$         Andrew Conway 289 Surrey St San Francisco, CA 94131       Board Member       4       \$0.00       \$0.00       \$         Bob Neuman 1610 Lieschen Ct Arlington, TX 76012       Board Member       4       \$0.00       \$0.00       \$         Kim Laird 90 Stock St Nesquehoning, PA 18240       Board Member       4       \$0.00       \$0.00       \$         Jim Maxwell 4211 Caswell Ave - Apt A Austin, TX 78751-3276       Board Member       4       \$0.00       \$0.00       \$	4207 1st Ave N W Seattle, WA 98107	Board Member	4	\$0.00	\$0.00	\$0.00
7336 Lyndale Ave South Richfield, MN 55423 United States  Andrew Conway 289 Surrey St San Francisco, CA 94131 United States  Bob Neuman 1610 Lieschen Ct Arlington, TX 76012 United States  Board Member 4 \$0.00 \$0.00 \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	1563 Leeds Ct NE Marietta, GA 30062	Board Member	4	\$0.00	\$0.00	\$0.00
289 Surrey St San Francisco, CA 94131 United States  Bob Neuman 1610 Lieschen Ct Arlington, TX 76012 United States  Kim Laird 90 Stock St Nesquehoning, PA 18240 United States  Board Member 4 \$0.00 \$	7336 Lyndale Ave South Richfield, MN 55423	Board Member	4	\$0.00	\$0.00	\$0.00
1610 Lieschen Ct Arlington, TX 76012 United States  Kim Laird 90 Stock St Nesquehoning, PA 18240 United States  Board Member 4 \$0.00 \$0.00 \$1  United States  Jim Maxwell 4 \$0.00 \$0.00 \$1  Austin, TX 78751-3276	289 Surrey St San Francisco, CA 94131	Board Member	4	\$0.00	\$0.00	\$0.00
90 Stock St Nesquehoning, PA 18240 United States  Jim Maxwell 4 \$0.00 \$0.00 \$4211 Caswell Ave - Apt A Austin, TX 78751-3276	1610 Lieschen Ct Arlington, TX 76012	Board Member	4	\$0.00	\$0.00	\$0.00
4211 Caswell Ave - Apt A Austin, TX 78751-3276	90 Stock St Nesquehoning, PA 18240	Board Member	4	\$0.00	\$0.00	\$0.00
	4211 Caswell Ave - Apt A Austin, TX 78751-3276	Board Member	4	\$0.00	\$0.00	\$0.00
TOTALS \$0.00 \$0.00 \$	TOTALS			\$0.00	\$0.00	\$0.00

# Statement 4 Form: 990 Page: 8 Part: VIII

Question:

## INTERNATIONAL JUGGLERS ASSOCIATION INC 16-1111652

#### **Relationship of Activities**

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes			
94	In exchange for dues, members receive JUGGLE magazine, reduced fees for other juggling related materials, and access to the annual convention.			
93 a	Enhance the art of juggling through participation at the organizations annual convention			
93 b	Enhance the art of juggling by providing video of annual convention, other juggling-related material, and juggling publication			