

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** 01/01, **2009, and ending** 12/31, 20 **09**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**INTERNATIONAL JUGGLERS ASSOCIATION INC**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO Box 7307**

City or town, state or country, and ZIP + 4  
**Austin, TX 78713**

**D Employer identification number**  
**16-111652**

**E Telephone number**  
**651-434-8743**

**F Group Exemption Number** ▶

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

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ [www.juggle.org](http://www.juggle.org)

**J Tax-exempt status** (check only one) —  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **192,492**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21							
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .																<b>30,391</b>																		
	<b>2</b> Program service revenue including government fees and contracts . . . . .																<b>111,983</b>																		
	<b>3</b> Membership dues and assessments . . . . .																<b>38,175</b>																		
	<b>4</b> Investment income . . . . .																<b>789</b>																		
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .						<b>0</b>																												
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						<b>0</b>																												
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .								<b>0</b>																										
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																																		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .									<b>0</b>																									
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .									<b>0</b>																									
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .																																		
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .									<b>11,154</b>																									
<b>b</b> Less: cost of goods sold . . . . .									<b>18,995</b>																										
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																	<b>-7,841</b>																		
<b>8</b> Other revenue (describe ▶ _____ )																	<b>0</b>																		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶																	<b>173,497</b>																		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .																<b>11,206</b>																		
	<b>11</b> Benefits paid to or for members . . . . .																<b>0</b>																		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .																<b>0</b>																		
	<b>13</b> Professional fees and other payments to independent contractors . . . . .																	<b>10,000</b>																	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .																	<b>0</b>																	
	<b>15</b> Printing, publications, postage, and shipping . . . . .																	<b>62,861</b>																	
	<b>16</b> Other expenses (describe ▶ <u>See Statement 2</u> )																	<b>90,805</b>																	
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶																	<b>174,872</b>																		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																<b>-1,375</b>																		
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																<b>183,212</b>																		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>See Statement 3</u> . . . . .																<b>2</b>																		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶																	<b>181,839</b>																	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .		<b>179,061</b>	<b>172,170</b>
<b>23</b> Land and buildings . . . . .		<b>0</b>	<b>0</b>
<b>24</b> Other assets (describe ▶ <u>See Statement 4</u> )		<b>11,898</b>	<b>15,585</b>
<b>25 Total assets</b> . . . . .		<b>190,959</b>	<b>187,755</b>
<b>26 Total liabilities</b> (describe ▶ <u>See Statement 5</u> )		<b>7,747</b>	<b>5,916</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		<b>183,212</b>	<b>181,839</b>

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>Enhance the art of juggling</b>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	<b>Arts, Culture &amp; Humanities Programs, General/Other: Production of the annual convention which increases members awareness of the art of juggling and allows for participation in the championships, workshops, and games and to attend juggling-related shows. (504 attendees)</b>		
	(Grants \$ <b>\$0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>\$78,848</b>
<b>29</b>	<b>Arts, Culture &amp; Humanities Programs, General/Other: Communication to and between members via the quarterly magazine (JUGGLE), member roster, listings of local affiliated juggling club meetings, and encouragement of participation in World Juggling Day. (Approx 1400 members)</b>		
	(Grants \$ <b>\$0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>\$60,647</b>
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>139,495</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)				
(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	(e) Expense account and other allowances
<b>See Statement 6</b>				

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42a</b>	The organization's books are in care of ▶ <b>Kevin McBeth</b> Telephone no. ▶ <b>651-434-8743</b> Located at ▶ <b>1590 Parkwood Dr No 313, Woodbury, MN 55125</b> ZIP + 4 ▶ <b>55125</b>		
<b>b</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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- |  |            | Yes | No                                  |
|--|------------|-----|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  |     | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |     | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |     | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |     |                                     |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
<b>None</b>				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None</b>		

**d** Total number of other independent contractors each receiving over \$100,000 . . ▶ \_\_\_\_\_

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

▶ _____ Signature of officer	_____ Date
▶ <b>Kevin McBeth, Treasurer</b> Type or print name and title	

▶ _____ Preparer's signature	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions)
▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶ _____	Phone no. ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> <b>INTERNATIONAL JUGGLERS ASSOCIATION INC</b>	<b>Employer identification number</b> <b>16   1111652</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
    - (ii) A family member of a person described in (i) above? . . . . .
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
  - h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	58,539	66,211	64,929	55,580	68,566	313,825
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	131,986	123,530	135,893	99,405	123,137	613,951
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	190,525	189,741	200,822	154,985	191,703	927,776
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						927,776

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	190,525	189,741	200,822	154,985	191,703	927,776
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,349	8,012	8,013	5,092	789	26,255
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	4,349	8,012	8,013	5,092	789	26,255
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	194,874	197,753	208,835	160,077	192,492	954,031

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	97.25 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	97.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.75 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	18	2.79 %

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶





**Statement 1 : General Explanations**

**Statement 2 : Other Expenses Schedule**

**Statement 3 : Other Changes In Net Assets Schedule**

**Statement 4 : Other Assets**

**Statement 5 : Liabilities Schedule**

**Statement 6 : Officers, Directors, Trustees and Key Employees Compensation**

Statement 1  
Form: 990-EZ  
Page: 1  
Line Number:

INTERNATIONAL JUGGLERS ASSOCIATION INC  
16-1111652

**General Explanations**

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<b>Reference</b>	<b>Explanation</b>
Form 990-EZ, Part V, Line 35	

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Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Other Expenses Schedule

Description	Amount
Festival Expenses	\$78,848
Depreciation	\$391
Insurance	\$2,389
Bank Charges	\$3,318
Office Supplies	\$863
Telephone	\$2,332
Other	\$2,664
<b>Total:</b>	<b>\$90,805</b>

Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

**Other Changes In Net Assets Schedule**

<b>Description</b>	<b>Amount</b>
Rounding	\$2
<b>Total:</b>	<b>\$2</b>

**Statement 4**

Form: 990-EZ

Page: 1

Line Number: Part II Line 24

**INTERNATIONAL JUGGLERS ASSOCIATION INC**

**16-1111652**

**Other Assets**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Accounts Receivable	\$156	\$4,106
Prepaid Expenses	\$6,042	\$2,936
Inventory	\$2,269	\$5,202
Archives	\$2,650	\$2,950
Computer & Scanner	\$781	\$391
<b>Total:</b>	<b>\$11,898</b>	<b>\$15,585</b>

**Statement 5**

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

**INTERNATIONAL JUGGLERS ASSOCIATION INC**

**16-1111652**

**Liabilities Schedule**

<b>Description</b>	<b>BOY Amount</b>	<b>EOY Amount</b>
Accounts Payable	\$2,575	\$1,828
Deferred Revenue	\$5,172	\$4,088
<b>Total:</b>	<b>\$7,747</b>	<b>\$5,916</b>

**Statement 6**

Form: 990-EZ

Page: 2

Line Number: Part IV

**INTERNATIONAL JUGGLERS ASSOCIATION INC**

16-1111652

**Officers, Directors, Trustees and Key Employees Compensation**

<b>Name and address</b>	<b>Title and Hours</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Expense</b>
Kim Laird 90 Stock St Nesquehoning, PA 18240	Board Chair/2010 Fest Team leader 12.00	\$0		
Kevin McBeth 1590 Parkwood Dr 313 Woodbury, MN 55125	Board Member/Store Manager/Treasurer 9.00	\$0		
Thom Wall 4861 Kings Ridge Blvd Boulder, CO 80301	Board Member/Vendir Discount Program Coordinator 4.00	\$0		
Kevin Axtell 21063 Crystal Falls Dr Sonora, CA 95307	Board Member 5.00	\$0		
Ken Farris 206 Paradise Dr Savannah, GA 31046	Board Member 2.00	\$0		
Richard Kennison 3751 Olsney Dr St Charles, MO 63303	Board Member 4.00	\$0		
Anthony Shave 838 Radclyffe St Bethlehem, PA 18017	Board Member 5.00	\$0		
Chuck Hawley 1251 Stonewood Court Annapolis, MD 21409	Board Member/Chair for 1st half of year 8.00	\$0		
Martin Frost 555 Ferdinand Ave Half Moon Bay, CA 94019	Communications Director 9.00	\$0		
Don Lewis 3850 Old Orchard Ave Montreal, Quebec H4A 3B1 Canada	e-Newsletter Editor 4.00	\$0		
David Landowne 6926 SW 62nd Ct Miami, FL 33143	Webmaster 5.00	\$0		
Mike Sullivan 4421 Cypress Mill Rd Kissimmee, FL 34746	Future Festival Site Director/Festival Registrar 8.00	\$0		
Marilyn Sullivan 4421 Cypress Mill Rd Kissimmee, FL 34746	Chief Teller/Memberships Director 1.00	\$0		
Jim Maxwell 4211 Caswell Ave - Apt A Austin, TX 78751-3276	Memberships Director 5.00	\$0		
Alan Howard 3315 E Russell Rd Las Vegas, NV 89120	Archives Director 2.00	\$0		
Sandy Brown 1624 Prestwick Dr	Store Distributor 10.00	\$0		

**Statement 6**

**INTERNATIONAL JUGGLERS ASSOCIATION INC**

Lawrence, KS 66047

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Greg Phillips 536 Magnolia Dr Kingston, Ontario K7K 7H6 Canada	Roster Wrangler/Affiliates Director 1.00	\$0		
Braidy Brown 1197 Cornell Ave Binghamton, NY 13901	Asst Archives Director 1.00	\$0		
Stephanie Gardiner-Walsh 2650 Nantucket Dr Winston Salem, NC 27103	Secondary Store Distributor 1.00	\$0		
Scott Slesnik 2671 Radford St NW N Canton, OH 44720	Magazine Liaison 1.00	\$0		
<b>Total:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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