# Form 990

Department of the Treasury Internal Revenue Service

# **'Return of Organization Exempt From Income Tax**

Under section 501(c) of the internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

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

A F	or the	e 1 <u>999 cal</u> e	endar year, OR tax year period	beginning	, 1	1999, and ending	1	
В	Check if: Change address	of use IRS	C Name of organization	-			D Employe	er identification number
	initial	label or print or	INTERNATIONAL JUG	GLERS ASSOCIA	TION		16-1	111652
	return Final	type.	Number and street (or P.O. box if			Room/suite	E Telepho	
	return	Sea						
	Amende return	a opening	PO BOX 218					)
	(require		City or town, state or country, and 2	IP + 4			F Check▶	If exemption application
	state reportin	g)	MONTAGUE. MA 0135					is pending
G Ty	pe of c	organization	Exempt under section	501(c) ( 3 ) <b>∢</b> (insert	number) OR	section 4	947(а)(1) п	onexempt charitable trus
			exempt organizations and 4947(a)(1) no					
H (a	) is th	is a group	return filed for affiliates?	Yes X	I	ither box in H is ch		<del>-</del>
				4		up exemption numb		
•	-	-	ne number of affiliates for which this i			ounting method:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Accrual
_			irn filed by an organization covered by a group ru			Other (specify)		<u></u>
		_	if the organization's gross receipts					
			orm 990 Package in the mail, it sho					
			nay be used by organizations with gr					
Par	$\overline{}$		xpenses, and Changes in Net		s (See Spe	citic instructions	on page 15	).)
	1 1		ons, gifts, grants, and similar amount	1 -	_	550		
	1 .		lic support	<u>-</u>	<del></del>	552.		
	c		iblic support					
	d		i lines 1a through 1c) (attach sched		<u></u> -			
	"	(cash \$	noncasi		,		1 d	552.
	2		ervice revenue including governmen				2	212,487.
	3			is loca and admiracia (noin)			3	62,662.
	4		savings and temporary cash investr				4	4,902,
	5		•				5	<u> </u>
	6 a		S		ľ			
	b		ol expenses					·
23	,		income or (loss) (subtract line 6b fro		<u></u>		6c	
June 14 2000	7		stment income (describe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠٠٠٠٠٠٠	7	
<u>=</u>	1		ount from sales of assets other	(A) Securities	(B)	) Other		<del></del>
<u>≂</u> §	-		tory	8	<del></del>	<u> </u>	1001	
===	b		or other basis and sales expenses	8				
_			ss) (attach schedule)	8	<del></del>			
7	d	Net gain o	r (loss) (combine line 8c, columns (A)				8d	
SCANINEL	9		ents and activities (attach schedule)					
2	а	•	enue (not including \$	of				
రె		contributio	ns reported on line 1a)		a			
ഗ	b		t expenses other than fundralsing ex		b			
	С	Net income	e or (loss) from special events (subti	act line 9b from line 9a)			9 c	
	10a	Gross sale	s of inventory, less returns and allowa	inces 10	a			
	Ь	Less: cost	of goods sold	10	ь			
	C		it or (loss) from sales of inventory (a		ne 10b from li	ine 10a) , , , , , ,	10c	
	11	Other reve	nue (from Part VII, line 103)				11	
	12	Total rev	enue (add lines 1d, 2, 3, 4, 5, 6c, 7	8d 9c 10c and 11)			12	280,603.
s	13	Program s	ervices (from line 44, column (B)) ent and general (from line 44, column		Sales and Sales		13	141,762,
Expenses	14	Manageme	ent and general (from line 44, column	(C))	ElyFn		14	<u>71,400.</u>
Per	15	Cunulaisin	g (nom line 44, column (D)) , , , ,				15	
Ă	16	Payments	to affiliates (attach schedule) enses (add lines 16 and 44, columi	······································	o :: · · ·	181	16	<del></del>
<u></u>	17	Total exp	enses (add lines 16 and 44, columi	1 (A))	<u>a 5000 -</u>	101	17	213,162.
set.	18	Excess or	(deficit) for the year (subtract line 17	from line (12)		{ <b>2</b> }	18	67,441,
As	19	Net assets	or fund balances at beginning of ye	ar (from line 73, column (A)		·	19	<u>170,475.</u>
Net Assets	20	Other char	nges in net assets or fund balances	attach explanation)	And the Contract of the Contra	<u></u>	20	
	21		or fund balances at end of year (col				21	237,916.
10 2.00			work Reduction Act Notice, sec 5562 05/09/2000 14				7 51	Form 990 (1999)

Part | Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

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
<del></del>		<del></del>	<del> </del>		<u> </u>
22 Grants and allocations (attach schedul	· I I				
(cash \$ noncash \$	_) 22				
23 Specific assistance to individuals (attach schedule		<u> </u>			
Benefits paid to or for members (attach schedule)					
25 Compensation of officers, directors, et		43,000.	25,000.	18,000.	
6 Other salaries and wages			<u> </u>	<del></del>	<u> </u>
7 Pension plan contributions				· <del></del>	<u> </u>
28 Other employee benefits		<del> </del>		_ <del></del>	
.9 Payroll taxes		<u>3,654</u> .	2,095.	<u> </u>	<u> </u>
30 Professional fundraising fees					<u> </u>
31 Accounting fees	31				
32 Legal fees	32_	<u> </u>		<del></del>	
33 Supplies	33	2,888.	668,	2,220.	
4 Telephone	34	13,694.	5,206.	<u> </u>	<u> </u>
5 Postage and shipping		13,398.	4,717.	8,681,	
6 Occupancy	36				<u> </u>
7 Equipment rental and maintenance					
8 Printing and publications		11,815.	7,700.	4,115.	
9 Travel		34,438.	33,121.	1,317.	
O Conferences, conventions, and meetings .					
1 Interest					
2 Depreciation, depletion, etc. (attach schedule)					
3 Other expenses (itemize): a STMT 1	43a	90,275.	63,255.	27,020.	
b	43b				
G	43c	<del></del>			
d	43d				
e	43e				
4 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		212 162	141 762	71 400	
eporting of Joint Costs Did you report ducational campaign and fundraising soli "Yes," enter (i) the aggregate amount of these i) the amount allocated to Management and g	citation' joint cos	?	• • • • • • • • • • • •	ted to Program services	
Part III Statement of Program S					
What is the organization's primary exempt purpo		- Addonnantine	its (acc openie ii	istructions on pag	Program Service
All organizations must describe their exempt of clients served, publications issued, etc. Discrepantations and 4947(a)(1) nonexempt chari	purpos scuss a	ichlevements that are r	not measurable. (Section	501(c)(3) and (4)	Expenses (Required for 501(o)(3) an (4) orgs., and 4947(a)(1) trusts; but optional for others.)
ANNUAL CONVENTION - M	MBE	RS ATTEND CO	NFERENCES TO	INCREASE	
AWARENESS OF JUGGLING			ROVIDED WITH		
ACCOMMODATIONS AND SMA					
			nd allocations \$	\	141,762
					<u> </u>
				•	
1					
			nd allocations \$	<u> </u>	
		<del></del>	<del></del>		<del></del>
			nd allocations \$		
		<del></del>		<del></del>	
			nd allocations \$	<del></del>	
Other program services (attach schedul	e)		nd,allocations\$	<u> </u>	<del></del>
Total of Program Service Expenses (s	nould e	qual line 44, column (	B), Program services)		141,762
0 1.000				<del></del>	Form 990 (1999)

16-1111652

# Part IV Balance Sheets (See Specific Instructions on page 22.)

rait	Paralice Sheets (See Specific instructions on page 22.)			
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
45	Cash - non-interest-bearing	9,841.	45	27,930
46	Savings and temporary cash investments	136,053.	46	181,154
	Accounts receivable			
þ	Less: allowance for doubtful accounts	<del></del>	47c	<del></del> _
	Pledges receivable			
	Less: allowance for doubtful accounts	<del></del>	48c	
49	Grants receivable	<del> </del>	49	
50	Receivables from officers, directors, trustees, and key employees		= 0	
F1.	(attach schedule)	· · - · · · · · · · · · · · · · · · · ·	50	
ola	' I I			
2 6	schedule)		51c	
Assets 25		23,930.		28,181
53	Prepaid expenses and deferred charges	1,505.	_	1,505
54	Investments - securities (attach schedule)	1,505.	54	
	Investments - land, buildings, and			<del></del>
	equipment: basis55a			
b	Less: accumulated depreciation (attach			
	schedule) 55b		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach			
1	schedule)		57c	<del></del>
58	Other assets (describe ►)		58	
			1 1	
59	Total assets (add lines 45 through 58) (must equal line 74)	<u>171,329.</u>	59	238,770
60	Accounts payable and accrued expenses	854	60	854
61 62	Grants payable		61	
	Loans from officers, directors, trustees, and key employees (attach	<del></del>		<del></del>
63 64a	schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	<del></del>
	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ►	<del></del> -	85	
	· · · · · · · · · · · · · · · · · · ·			
66	Total liabilities (add lines 60 through 65)	854.	66	854.
Org	anizations that follow SFAS 117, check here ▶ and complete lines			
	67 through 69 and lines 73 and 74.			
ผู 67	Unrestricted	·	67	
88	Temporarily restricted		68	
69	Permanently restricted		69	_ <del></del>
67 68 69 Orga	nizations that do not follow SFAS 117, check here ▶ 🗶 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	
71 72 73	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines			
Š	70 through 72; column (A) must equal line 19 and column (B) must			
1	equal line 21)	170,475.		<u>237,916</u> .
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	<u>171,329,</u>	74	<u>238,770.</u>

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.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes X No If "Yes," attach schedule - see Specific Instructions on page 25.

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Form	990 (1999) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	52	F	⊒ag <b>e 5</b>
Par	t VI Other Information (See Specific Instructions on page 25.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	. 76		X
77 '	Were any changes made in the organizing or governing documents but not reported to the IRS?	. 77		X
	If "Yes," attach a conformed copy of the changes.			
78 a '	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 78a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	, 78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	. 79	******	X
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common			
1	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	. 80a		X.
þ	If "Yes," enter the name of the organization 🕨	—		
	and check whether it is exempt OR nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the	833.00		0000
	Instructions for line 81			
	Did the organization file Form 1120-POL for this year?	, <u>81b</u>		_X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			Į
	or at substantially less than fair rental value?	. 82a	Page Co.	X
	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 for reporting in			
	Part III.)			2000
	Did the organization comply with the public inspection requirements for returns and exemption applications?			_X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<del></del>	<u> </u>
	Did the organization solicit any contributions or gifts that were not tax deductible?	. 84a	generali.	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions	2000		18.580.000.
	or gifts were not tax deductible?		N/	
	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?		<del></del>	X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85b	Garage Garage	X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a walver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	. 85g	N	λ 7 Δ
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			***
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	. 85h	N	λ
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			Mo
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A			
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
	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			ł
3	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
\$	section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
C	during the year or did it become aware.of an excess benefit transaction from a prior year? If "Yes," attach			
á	a statement explaining each transaction 🚎 👙 🛒	. 89b		<u> </u>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			<del></del>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed  MASSACHUSETTS			
bΪ	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)			
1 1	The books are in care of ▶ RICHARD DINGMAN Telephone no. ▶ 413-		401	
	Located at ▶ <u>PO_BOX_218_, MONTAGUE_, MA</u> ZIP+4 ▶ <u>0135</u>	-		<del>- , -</del> ,
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			ـــا ٠
2	and enter the amount of tax-exempt interest received or accrued during the tax year		NO	)NE

Form **990** (1999)

Enter acces d'accepte union difference					4 (E)
Enter gross amounts unless otherwise	(A)	elated business in (B)		y section 512, 513, or 514 (D)	Related or
93 Program service revenue:	Business code	Amoun	t (C) Exclusion code	Amount	exempt function income
		<del></del>		<del> </del>	187,234.
a ANNUAL CONVENTION	-	<del> </del> -	<del></del>	<del> </del>	974.
b PERIODICAL INCOME c MERCHANDISE SALES	-	<del> </del>		<del></del>	24,279.
		<del> </del>		<del> </del>	24,219.
d	-	<del>                                     </del>	<del></del>	<del> </del>	<del> </del>
4 Madiagra/Nadiaglel agreemb	-	<del> </del>	<del></del>	<del> </del>	<del> </del>
f Medicare/Medicald payments				<del> </del>	<del>                                     </del>
94 Membership dues and assessments					62,662.
·		<del> </del>	<del> </del>	<del>  · </del>	4,902.
<ul><li>95 Interest on savings and temporary cash investments</li><li>96 Dividends and Interest from securities .</li></ul>		<del>  -</del>			4,902.
		er and a section of the	dan maara ( din kanahari liiti naara	**************************************	<u> </u>
a debt-financed property		<del> </del>	<del></del>	<del> </del>	<del> </del>
b not debt-financed property		<del> </del>			<del> </del>
98 Net rental income or (loss) from personal property .		<del> </del>	<del></del>	<del></del>	<del> </del>
99 Other Investment Income					<del></del>
100 Gain or (loss) from sales of assets other than inventor 101 Net income or (loss) from special events	· ———		<del></del>	<del></del>	<del> </del>
		<del> </del> -	<del> -</del>	<del> </del>	<del> </del>
		<del>                                     </del>		<u> </u>	<del> </del>
	l l	<del>                                     </del>			<del> </del>
		<del></del>		<del></del>	<del>                                     </del>
d	-	<del></del>	<del></del>		<del> </del>
d	-	<del> </del>			<del> </del>
Subtotal (add columns (B), (D), and (E)) .				<del></del>	280,051.
105 Total (add line 104, columns (B), (D), and (E)).	· [	: <u></u>			280,051,
Note: Line 105 plus line 1d, Part I, should equa				······ • <u> </u>	
Part VIII Relationship of Activitie			of Exempt Purpo	ses (See Specific Inc	structions on page 30.)
Line No. Explain how each activity for wh					
of the organization's exempt pur		•			
93 ENHANCE THE ART				<u></u>	
94 ENHANCE THE ART					
95 ENHANCE THE ART					
	<u> </u>			<del></del>	<del></del>
			·		
			<del></del>	<del></del>	
			<u> </u>		
Part IX Information Regarding Ta	axable Subs	idiaries and F	isregarded Entiti	es (See Specific Inst	ructions on page 30 )
(A)		(B)	(C)		(E)
Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature of activities	(D) Total income	End-of-year assets
portray stilly. Vi diglegaroed gridly		%	<del></del>		<del>                                     </del>
	<del></del>	%	<del></del>		<del>                                     </del>
		%	<del></del>		
		%			<u> </u>
			including accompanying	schedules and statements, an	ed to the hest of my knowledge

eparer (other than officer) is based on all information of which preparer has any knowledge.

| 5/14/00 | Richard Dinumal Sec/TREMS.

# (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)

Department of the Treasury Internal Revenue Service ▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

INTERNATIONAL	.זווממו דים אפט	20012011		16-111-1652
Part I Compensation of the Five H				
(See page 1 of the instructions.	List each one. If there	e 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	<ul> <li>(d) Contributions to employee benefit plans deferred compensation</li> </ul>	
NONE				
NONE		·		
		ļ. <u>.</u>	ļ	
•		·		
~				
· · ·		<u> </u>		<u> </u>
• •				
			ļ	<u> </u>
			-	
			<del> </del>	
		00	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2000 - 1 Connect Conne
Total number of other employees paid over				
Part   Compensation of the Five Hi	ghest Paid Indepe	ndent Contract	ors for Profession	onal Services
(See page 1 of the instructions.	<u>List each one (wheth</u>	<u>er individuals or fi</u>	rms). If there are r	none, enter "None.")
(a) Name and address of each independent contracto	r paid more than \$50,000	(б) Тург	e of service	(c) Compensation
NONE	·			•
	<u> </u>		- :	
			-	
		}	·	
			·	
<del></del>	<del></del>			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		{		
Total number of others receiving over \$50,000 for				
professional services	<b>P</b> 1	Marie Control Control Control Control		

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 ins	tructions for convertin	ng from the accrual to	the cash method of	accounting.	
Çale	ndar year (or fiscal year beginning in) · · · · · · 🕨	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Glfts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)	5,387.	3,885.	236,	209.	9,717
16	Membership fees received	62,524.	66,641.	61,557.	65,169.	255,891
	Gross receipts from admissions,	<u> </u>	00,041,			<u> </u>
11	•					
	merchandise sold or services performed, or					
	furnishing of facilities in any activity that is					
	not a business unrelated to the organization's			400 000		
	charitable, etc., purpose	137,052.	<u>309,270.</u>	<u>138,955.</u>	215,057.	<u>800,334.</u>
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and	ł				
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	6.438.	6,163,	5,409.	5,330.	23,340.
19	Net Income from unrelated business	<b>-</b> ,				
	activitles not included in line 18					
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on		İ			•
	its behalf					
21	The value of services or facilities furnished to		<del>-, ,</del>	<del></del> -	<del></del>	<del></del>
41						
	the organization by a governmental unit					
	without charge. Do not include the value of			ĺ		_
	services or facilities generally furnished to the		·	1		•
	public without charge			<del></del> -		
22	Other income. Attach a schedule. Do not	[				
	include gain or (loss) from sale of capital assets		<u></u>	<u> </u>		
<u>23</u>	Total of lines 15 through 22	211,401.	<u> 385,959.</u>	206,157.		<u>1,089,282.</u>
24	Line 23 minus line 17	<u>74,349.</u>	<u>76,689.</u>	<u>67,202.</u>	<u>70,708.</u>	288,948.
25	Enter 1% of line 23	2,114.	<u>3,860.</u>	<u>       2,062.</u>	2,858.	
26	Organizations described in lines 10 or 11: a	Enter 2% of amount i	in column (e), line 24	NOT. APPLI	CABLE. > 26a	
ь	Attach a list (which is not open to public inspection)	) showing the name	of and amount conti	ributed by each	000000 830000	
	person (other than a governmental unit or publicly s	upported organizatio	n) whose total gifts fo	or 1995 through		
	1998 exceeded the amount shown in line 26a, Enter	the sum of all these	excess amounts		≥ 266	
c	Total support for section 509(a)(1) test: Enter line 24,	, column (e)			▶ 26c	2002000-0
	Add: Amounts from column (e) for lines: 18				00.000.000 de	
						2.2224646222.86364722200206
e	Public support (line 26c minus line 26d total)					<del> </del>
	Public support percentage (line 26e (numerator) di					%
	Organizations described on line 12: a For amount					
	person," attach a list to show the name of, and total					
	•	amounts received iti	each year from, each	i oisquaimeo persor	). Enter the sum	
	of such amounts for each year: (1998)NONE(1997)	NONE	/400es	MONE	(4005)	MONE
						NONE
0	For any amount included in line 17 that was received	•				
	received for each year, that was more than the large	• •	•			
	organizations described in lines 5 through 11, as we					•
	and the larger amount described in (1) or (2), enter the		-		and the second s	
	(1998)NQNE (1997)	None	<b>_ (</b> 1996) <b></b> _	NONE	(1995)	NQNE
C	Add: Amounts from column (e) for lines: 15  17 800,334, 20  Add: Line 27a total NONE a	<u>9,717.</u> 16	<u>255,89</u>	<u>l .</u>		
	17 <u>800,334,</u> 20	21			▶ 27c	<u>1,065,942.</u>
d	Add: Line 27a total NONE a	and line 27b total	NOI	<u>NE</u>	▶ 27d	NONE
е	Public support (line 27c total minus line 27d total) •	• • • • • • • • •			▶ 27e	L,065,942.
f	Total support for section 509(a)(2) test: Enter amou	nt on line 23, column	(e)	▶ 271 1,08	39,282.	
g	Public support percentage (line 27e (numerator) o					97.8573 %
h	Investment income percentage (line 18, column (					2,1427 %
28	Unusual Grants: For an organization described in line	e 10, 11, or 12 that ı	eceived any unusual	grants during 1995	through 1998,	
	attach a list (which is not open to public inspection)					
	grant, and a brief description of the nature of the gra	ant. Do no <u>t</u> include th	tese grants in line 15.	. (See page 4 of the ir	istructions.)	

Part V Pr

Private School Questionnaire (See page 4 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	[		<u> </u>
	other governing instrument, or in a resolution of its governing body?	29	2020 CO.	
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,			
	and and and algorithms?	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			
	that makes the policy known to all parts of the general community it serves?	31	on mean au	
	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?	<u>32a</u>		<u> </u>
	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	JED		
	with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	000000000000000000000000000000000000000	
	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:			
a	Students' rights or privileges?	33a		<u> </u>
Ŀ	Admissions policies?	33b		
•	Administration policies:	_335		<b></b> -
c	Employment of faculty or administrative staff?	33c		
	1. Och slagstiles and the officer data and statement			
¢	Scholarships or other financial assistance?	33 <u>d</u>		
е	Educational policies?	33e		
f	Use of facilities?	33f		
	Athletic programs?	33g		
g	Athletic programs?	Joy		
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.)			
	·			
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		
	n you anomaled too to omicliota of by prodoc expiding an audotica statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	v.0350506	. 10.000	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	ļ	

		<b>.</b> .					
			cting Public Charitie	· · ·	he instructi	<u>16-111</u> ons.)	1652 Page <b>5</b>
			eligible organization		68)	NC	T APPLICABLE
	· —		s to an affiliated group				
<u>n</u> ر			and "limited control" p	provisions apply.		a)	(b)
		imits on Lobbying	g Expenditures s amounts paid or incu	d )	Affiliate	d group als	To be completed for ALL electing
_	<del></del>	<del></del>	<u></u>	<del></del>	<del> </del>	· <del></del>	organizations
	Total lobbying expend	•			ļ		<del> </del>
37	Total lobbying expend				<del>                                     </del>		<del> </del>
38 39	Total lobbying expending Other exempt purpose	=			<del> </del> -		<del> </del>
10	Total exempt purpose				<del></del>		<del></del>
41	Lobbying nontaxable a						
	If the amount on line		bbying nontaxable an	N.CV-C 0			
	Not over \$500,000	20% of	the amount on line 40				
	Over \$500,000 but not over						
	Över \$1,000,000 but not ov				2		
	Over \$1,500,000 but not ov			locis(h.)			
	Over \$17,000,000 Grassroots nontaxable						
	Subtract line 42 from I				<del></del>		<u> </u>
	Subtract line 41 from I			· · · · · · · <del> </del>	<del> </del>		
_							
	Caution: If there is an						
	· · · · · · · · · · · · · · · · · · ·		Averaging Period				- b to - l
	(Some organization		ction 501(h) election		•		
	<del> </del>	See the in	structions for lines				ons.)
			Lobbying Expendi	tures During 4-Yea	r Averagin	g Period	·
	Calendar year (or fiscal	1 445 Fe Fe	(b)	(c)	1	d)	(e)
	/ear beginning in) ▶	1999	1998	1997	19	96	Total
15	Lobbying nontaxable amount						
, <u>, , , , , , , , , , , , , , , , , , </u>	Lobbying ceiling amount						<u> </u>
16	(150% of line 45(e))						
				. <del>-</del> -			
17	Total loboying expenditures		<u> </u>	<del></del>	<u> </u>		<del></del>
_	Grassroots nontaxable				ĺ		
18	amount · · · · · ·						
9	Grassroots ceiling amount (150% of line 48(e))						·
	Grassroots lobbying	<u> </u>	<u> </u>	<u> </u>			
0	expenditures						
aı		<u>-</u> -	ing Public Charities				
			tions that did not cor			of the ins	tructions.)
	ng the year, did the organ	· ·		· · · · · · · · · · · · · · · · · · ·	у	Yes No	Amount
	mpt to influence public opi Volunteers		ter or referendum, through	n ine use of:			
a			sation in expenses repo	orted on lines a throug	 h h )	X_	
	Paid Start or managem						sansansan kantalah dalah kecabat dalah keraban berbasa berbasa berbasa berbasa berbasa berbasa berbasa berbasa
	•		·			T T	•
þ	Media advertisements					X	·
b	•		ic				
b d e f	Media advertisements Mailings to members, Publications, or publish Grants to other organiz	egislators, or the publed or broadcast state tations for lobbying pu	ic			Х	
b d e f g	Media advertisements Mailings to members, Publications, or publish	legislators, or the publ ned or broadcast state zations for lobbying pu slators, their staffs, g	ic ments rposes overnment officials, or	a legislative body		X X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

I Total lobbying expenditures (add lines c through h) . . . . . . . . .

ţı .

Par	t VII		Transfers To and Transactions an See page 8 of the instructions.)	d Relationships With Noncharitable
51	Did the re			owing with any other organization described in section
				n 527, relating to political organizations?
		•	ation to a noncharitable exempt organiz	
		•		
				· · · · · · · · · · · · · · · · · · ·
b		nsactions:		
			vith a noncharitable exempt organization	
			ncharitable exempt organization	
			or other assets	
			mbership or fundraising solicitations	
			ng lists, other assets, or paid employee	
			" complete the following schedule. Column the reporting organization. If the organization	(b) should always show the fair market value of the
		• • •	the reporting organization. If the organization is the goods, other	•
	(a)	(b)	(c)	assets, of services federald.
	.ine no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangements
	11101	THIO WITE HIT OF	Traine of Manage Granige organization	Bessing an ingree of managements
				· · · · · · · · · · · · · · · · · · ·
	· · ··			<u> </u>
_		<del></del>		<u></u>
			<del></del>	<del></del>
	<del></del>			
		<del></del>		<del></del>
		<del></del>		<del></del>
	describe		tly affiliated with, or related to, one or ode (other than section 501(c)(3)) or ir edule:  (b)	
	Nar	me of organization	Type of organization	Description of relationship
				<del></del>
		<del></del>		<del></del>
		<del></del>	<del></del>	<del></del>
		<del></del>	<del></del>	<del></del>
	-			<del></del>
	<del></del>			
	. <u></u>			
			•	

FORM 990, PART II - OTHER EXPENSES

PROGRAM MANAGEMENT TOTAL SERVICES AND GENERAL	30,951. 11,940. 19,011. 7,187. 3,398. 3,789. 3,581. 2,866. 715. 3,133. 243. 4,473. 4,473. 3,598. 3,598. 22,324. 22,324. 4,953. 6,165. 6,165.	90,275. 63,255. 27,020.
DESCRIPTION	PROFESSIONAL SERVICES INSURANCE BANK CHARGES MISCELLANEOUS VIDEO EXPENSES ADVERTISING AND PROMOTIONS CHAMPIONSHIPS EQUIPMENT RENTAL FACILITY MERCHANDISE FOR RESALE THEATRE COMMISSIONS	TOTALS

STATEMENT

# FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	
PERRY RUBENFELD 30 TANOAK PARK DR. WINNIPEG, MANITOBA, CANADA R2V 2W5	LIASON 10 HRS/WK		
ART JENNINGS 122 COVINA SAN ANTONIO, TX 78218	ARCHIVES DIRECTOR 5 HRS/WK		1
SAM KILBOURN 584 MAIN STREET SOUTH PORTLAND, ME 04106	FESTIVAL LIASON 20 HRS/WK		÷
BUD MARKOWITZ 3115 EARLMAR DRIVE LOS ANGELES, CA 90064	SPONS/PROJ DIRECTOR 5 HRS/WK	i	
NORMAN SCHNEIDERMAN PO BOX 382 STN M HALIFAX, NS, CANADA B3J 2P8	CAO 15 HRS/WK		
RICHARD DINGMAN PO BOX 122 MONTAGUE, MA 01351	SEC/TREAS 45 HRS/WK	18,000.	·
VIRGINIA ROSE BOX 122 MONTAGUE, MA 01351	FEST COORD 40 HRS/WK	25,000.	
BRAIDY BROWN 1197 CORNELL AVE BINGHAMTON, NY 13901	CHAIRMAN 20 HRS/WK		

1 (1) 1 (2) 1 (3)

STATEMENT

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

COMPENSATION DEVOTED TO POSITION TITLE AND TIME

WALTER SZEEZIL

MEMB/AFFIL DIRECTOR

MILDWOOD, ILLINOIS 33061 COVE ROAD

60030

5 HRS/WK

43,000. 

GRAND TOTALS

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1.7 1.7 1.8 1.9 1.9

9SPSLN 2.000

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STATEMENT

1999

INTERNATIONAL JUGGLERS ASSOCIATION

DEPRECIATION							!							-
Asset description	Date placed in	Unadjusted Cost	Bus.	179 exp. reduction in basis	TC reduction in basis	Basis for	Salvage value	Accumulated	₩.	- Air	ACRS	MA Cu	Current-year 179	Current-year
FURIS & FIXT.	06/30/1983	313.	100.000			313.		313.	12	- Lo		1	221242	
COMPUTER	07/01/1984	4, 723.	100.000			4,723.		4,723.	SI	5.000	9	-		
IMENATOÖE	07/01/1989	3,576.	100.000			3,576.		3,576.	SI	HY 5.000	5		 	 
COMPUTER EQUIP	04/08/1991	400.	100.000			400.		400.	200DB	ΗX	LC)	_		
COMPUTER EQUIP.	02/01/1992	325.	100.000			325.		325.	200DB	ЖH	5			
										-				
						•								
										-				
										-	+	+		
										+	+		1	
										+	+	+-		
										<u> </u>	-	-		<u> </u>
Less: Retired Assets														
Subtotals		9,337.				9,337.		9,337.						
Listed Property										ļ				
										7	-	$\dashv$		
									+			+		ļ
Less: Retired Assets														
Subtotals								   						
TOTALS		9,337.	8.000			9,337.		9,337						
AMORTIZATION														
Asset description	Date placed in service	Cost or basis						Accumulated amortization	<del>8</del> 0	Life				Current-year amortization
										8 832				
									•					
0 : 1								i						

\*Assets Retired JSA 9X9024 1.000 4ME03E 5562 05/09/2000 14:37:43 79.06.01 18000