

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 1/1/2007, and ending 12/31/2007

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - 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 1111652

E Telephone number
(570) 778-7629

F Accounting method: Cash Accrual
 Other (specify) ▶

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

- H and I are not applicable to section 527 organizations.**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶
- M** Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **www.juggle.org**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **223,785**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a		23,984	
	b Direct public support (not included on line 1a)	1b		0	
	c Indirect public support (not included on line 1a)	1c		0	
	d Government contributions (grants) (not included on line 1a)	1d		0	
	e Total (add lines 1a through 1d) (cash \$ 23,984 noncash \$ 0)	1e			23,984
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			110,690
	3 Membership dues and assessments	3			42,226
	4 Interest on savings and temporary cash investments	4			8,012
	5 Dividends and interest from securities	5			0
	6a Gross rents	6a		0	
	b Less: rental expenses	6b		0	
c Net rental income or (loss). Subtract line 6b from line 6a	6c			0	
7 Other investment income (describe ▶)	7			0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	0	8a	0		
	0	8b	0		
	0	8c	0		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		0		
b Less: direct expenses other than fundraising expenses	9b		0		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			0	
10a Gross sales of inventory, less returns and allowances Stmt 1	10a		38,873		
	b Less: cost of goods sold	10b	32,148		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		6,725	
11 Other revenue (from Part VII, line 103)	11			0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			191,637	
Expenses	13 Program services (from line 44, column (B))	13		173,246	
	14 Management and general (from line 44, column (C))	14		7,380	
	15 Fundraising (from line 44, column (D))	15		0	
	16 Payments to affiliates (attach schedule)	16		0	
	17 Total expenses. Add lines 16 and 44, column (A)	17			180,626
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		11,011	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		215,269	
	20 Other changes in net assets or fund balances (attach explanation)	20		0	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			226,280

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	27 0	0	0	0
28	Employee benefits not included on lines 25a – 27	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 1,455	512	943	0
34	Telephone	34 2,460	300	2,160	0
35	Postage and shipping	35 4,737	3,921	816	0
36	Occupancy	36 24,800	24,800	0	0
37	Equipment rental and maintenance	37 0	0	0	0
38	Printing and publications	38 60,159	60,159	0	0
39	Travel	39 12,900	12,900	0	0
40	Conferences, conventions, and meetings	40 0	0	0	0
41	Interest	41 5,986	4,525	1,461	0
42	Depreciation, depletion, etc. (attach schedule)	42 331	331	0	0
43	Other expenses not covered above (itemize):				
a	See Statement 3	43a 67,798	65,798	2,000	
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 180,626	173,246	7,380	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part 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.

<p>What is the organization's primary exempt purpose? ► Enhance the art of juggling</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a See Statement 4</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ►</p>	<p>173,246</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	33,131	45	-4,003
	46 Savings and temporary cash investments	174,582	46	216,766
	47a Accounts receivable	47a 6,586		
	b Less: allowance for doubtful accounts	47b 0	7,914	47c 6,586
	48a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		0	49 0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b 0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		7,193	52 5,737
	53 Prepaid expenses and deferred charges		0	53 0
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b 0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57a Land, buildings, and equipment: basis	57a 995		
b Less: accumulated depreciation (attach schedule) Stmt 5	57b 664	663	57c 331	
58 Other assets, including program-related investments (describe ►)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		223,483	59 225,417	
Liabilities	60 Accounts payable and accrued expenses	5,315	60	-5,315
	61 Grants payable	0	61	0
	62 Deferred revenue	2,899	62	4,452
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe ►)		0	65 0
	66 Total liabilities. Add lines 60 through 65		8,214	66 -863
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds	215,269	72	226,280
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		215,269	73 226,280	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		223,483	74 225,417	

Part VI Other Information (continued)

Form with rows 82a-91b containing questions about donated services, public inspection requirements, dues, lobbying, and foreign accounts. Includes checkboxes for Yes/No and input fields for amounts and names.

Part VI Other Information (continued) Yes No

- c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶
- 92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Annual Festival					109,646
b Auction					1,044
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					42,226
95 Interest on savings and temporary cash investments	900001	8,012			
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05	6,725	
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		8,012		6,725	152,916
105 Total (add line 104, columns (B), (D), and (E)) ▶					167,653

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 7

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

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

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

- (a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

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

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

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

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

108 Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here

Signature of officer: Kim Laird, Treasurer Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization INTERNATIONAL JUGGLERS ASSOCIATION INC	Employer identification number 16 : 1111652
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(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 ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	<input checked="" type="checkbox"/>
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
a Sale, exchange, or leasing of property?	2a	<input checked="" type="checkbox"/>
b Lending of money or other extension of credit?	2b	<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities?	2c	<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/>
e Transfer of any part of its income or assets?	2e	<input checked="" type="checkbox"/>
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	<input checked="" type="checkbox"/>
b Did the organization have a section 403(b) annuity plan for its employees?	3b	<input checked="" type="checkbox"/>
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<input checked="" type="checkbox"/>
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<input checked="" type="checkbox"/>
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	<input checked="" type="checkbox"/>
b Did the organization make any taxable distributions under section 4966?	4b	<input checked="" type="checkbox"/>
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	<input checked="" type="checkbox"/>
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	23,985	9,000	7,278	1,808	42,071
16 Membership fees received	42,226	49,539	53,471	47,474	192,710
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	123,530	131,986	157,164	173,328	586,008
18 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	8,012	4,349	1,918	1,215	15,494
19 Net 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	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	197,753	194,874	219,831	223,825	836,283
24 Line 23 minus line 17	74,223	62,888	62,667	50,497	250,275
25 Enter 1% of line 23	1,978	1,949	2,198	2,238	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0 (2005) _____ 0 (2004) _____ 0 (2003) _____ 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0 (2005) _____ 0 (2004) _____ 0 (2003) _____ 0					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c 820,789
d Add: Line 27a total _____ and line 27b total _____ ▶					27d 0
e Public support (line 27c total minus line 27d total) ▶					27e 820,789
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f 836,283
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g 98 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 2 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
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.		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	41	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) 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					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	0

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

Statement 1

Form: 990

Page: 1

Part: I

Question: 10

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
DVDs, T-Shirts, etc.	\$38,873.00	\$32,148.00	\$6,725.00
Total:	\$38,873.00	\$32,148.00	\$6,725.00

Statement 2

Form: 990

Page: 2

Part: II

Question: 42

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Depreciation and Depletion

Asset	Current Deprec.
Computer	\$331.00
Total	\$331.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 43

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Merchandise	\$32,748.00	\$32,748.00	\$0.00	\$0.00
Food	\$17,700.00	\$17,700.00	\$0.00	\$0.00
Awards	\$8,850.00	\$8,850.00	\$0.00	\$0.00
Marketing	\$3,756.00	\$3,756.00	\$0.00	\$0.00
Insurance	\$2,694.00	\$694.00	\$2,000.00	\$0.00
Professional Services	\$2,050.00	\$2,050.00	\$0.00	\$0.00
Total:	\$67,798.00	\$65,798.00	\$2,000.00	\$0.00

Statement 4

Form: 990

Page: 3

Part: III

Question:

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Program Services

Achievement	Pgm. Svc. Exp.
Arts, Culture & 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. (0 attendees)	\$96,829.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Arts, Culture & Humanities Programs, General/Other: Communication to and between members via the bi-monthly magazine (JUGGLE), member roster, listings of local affiliated juggling club meetings, and encouragement of participation in World Juggling Day. (0 members)	\$76,417.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$173,246.00

Statement 5

Form: 990

Page: 4

Part: IV

Question: 57

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
computer	\$995.00	\$664.00	\$331.00
Total:	\$995.00	\$664.00	\$331.00

Statement 6

Form: 990

Page: 5

Part: V

Question:

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Officers, Directors, Trustees, and Key Employees

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Alan Howard Title: Archives Director Addr 1: 3315 E Russell Rd Addr 2: CSZ: Las Vegas, NV 89120 Country: United States	1	\$0.00	\$0.00	\$0.00
Braidy Brown Title: Asst Archives Director Addr 1: 1197 Cornell Ave Addr 2: CSZ: Binghamton, NY 13901 Country: United States	1	\$0.00	\$0.00	\$0.00
Chan Wilson Title: Assistant Webmaster Addr 1: 2410 East Mifflin St Addr 2: CSZ: Madison, WI 53704 Country: United States	2	\$0.00	\$0.00	\$0.00
David Landowne Title: Webmaster Addr 1: 6926 SW 62nd Ct Addr 2: CSZ: Miami, FL 33143 Country: United States	8	\$0.00	\$0.00	\$0.00
Don Lewis Title: Director/Chair/e-Newsletter Editor Addr 1: 3850 Old Orchard Ave Addr 2: CSZ: Montreal, Quebec H4A 3B1 Country: Canada	15	\$0.00	\$0.00	\$0.00
Greg Phillips Title: Roster Wrangler/Canadian Representative Addr 1: 536 Magnolia Dr Addr 2: CSZ: Kingston, Ontario K7K 7H6 Country: Canada	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Holly Greeley Title: Treasurer Addr 1: 88 Long Plain Rd Addr 2: CSZ: S Deerfield, MA 01373 Country: United States	20	\$0.00	\$0.00	\$0.00
Jerry Martin Title: Director/Affiliates Director Addr 1: 7336 Lyndale Ave South Addr 2: CSZ: Richfield, MN 55423 Country: United States	12	\$0.00	\$0.00	\$0.00
Jim Maxwell Title: Director/Memberships Director Addr 1: 4211 Caswell Ave - Apt A Addr 2: CSZ: Austin, TX 78751-3276 Country: United States	12	\$0.00	\$0.00	\$0.00
John Satriano Title: Director/Video Coordinator Addr 1: 82 Elfman Dr Addr 2: CSZ: Doyletown, PA 18901 Country: United States	15	\$0.00	\$0.00	\$0.00
Kim Laird Title: Board Member Addr 1: 90 Stock St Addr 2: CSZ: Nesquehoning, PA 18240 Country: United States	12	\$0.00	\$0.00	\$0.00
Martin Frost Title: Communications Director Addr 1: 555 Ferdinand Ave Addr 2: CSZ: Half Moon Bay, CA 94019 Country: United States	12	\$0.00	\$0.00	\$0.00
Mini Mansell Title: European Representative Addr 1: Wearview Cottage Addr 2: CSZ: Hamsterly, Durham DL 13 3PF	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United Kingdom (England, N. Ireland, Scotland,				
Sandy Brown	15	\$0.00	\$0.00	\$0.00
Title: Director/Store Distributor				
Addr 1: 1624 Prestwick Dr				
Addr 2:				
CSZ: Lawrence, KS 66047				
Country: United States				
Scott Seltzer	2	\$0.00	\$0.00	\$0.00
Title: Store Manager				
Addr 1: Moshav Tarum 24				
Addr 2:				
CSZ: Dn Shimshon, Isreal ?				
Country: Israel				
Scott Slesnik	1	\$0.00	\$0.00	\$0.00
Title: Magazine Liaison				
Addr 1: 2671 Radford St NW				
Addr 2:				
CSZ: N Canton, OH 44720				
Country: United States				
Steven Ragatz	1	\$0.00	\$0.00	\$0.00
Title: Mentor Program Liaison				
Addr 1: 6755 Carmola Dr				
Addr 2:				
CSZ: Bloomington, IN 47404				
Country: United States				
Todd Strong	8	\$0.00	\$0.00	\$0.00
Title: Future Festival Site Coordinator				
Addr 1: PO Box 204				
Addr 2:				
CSZ: Point Roberts, WA 98281				
Country: United States				
Will Penman	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 1324 Lockbreeze Way				
Addr 2:				
CSZ: Orlando, FL 32828				
Country: United States				
Chuck Hawley	3	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 1251 Stonewood Court				
Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Annapolis, MD 21409 Country: United States				
Will Murray	5	\$0.00	\$0.00	\$0.00
Title: Membership Director Addr 1: PO Box 7307 Addr 2: CSZ: Austin, TX 78713 Country: United States				
Rhonda Murray	5	\$0.00	\$0.00	\$0.00
Title: Membership Director Addr 1: PO Box 7307 Addr 2: CSZ: Austin, TX 78713 Country: United States				
Steve Rahn	1	\$0.00	\$0.00	\$0.00
Title: Chief Teller Addr 1: 834 Lebanon Street Addr 2: CSZ: Aurora, IL 60505 Country: United States				
TOTALS		\$0.00	\$0.00	\$0.00

Statement 7

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	membership
93 b	auction for archives
93 a	annual festival

Statement 8

Form: 990

Page: None

Part: None

Question: None

INTERNATIONAL JUGGLERS ASSOCIATION INC

16-1111652

Reasonable Cause Explanation

Reasonable Cause Explanation

Form 8868 was filed prior to the May 15th, 2008 990 due date and an extension was granted making this form 990 due by August 18, 2008.