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Department of the Treasu Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung penefit trust or private foundation) ▶ 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 January 1 , 2007, and ending December 31 , 20 07 C Name of organization D Employer identification number B Check if applicable Girdwood Forest Fair, Inc. 31 1717045 Address change print or Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change PO Box 455 (907) 727-6774 Initial return City or town, state or country, and ZIP + 4 Termination Instruc Girdwood, AK 99587 Other (specify) > Amended raturn H and I are not applicable to section 527 organizations Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable Application pending trusta must attach a completed Schedulo A (Form 990 or 990-EZ) H(b) If "Yes," enter number of affiliates ▶. Website: ► www.girdwoodforestfair.com 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 Check here \blacktriangleright 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 organization covered by a group ruling? Yes V No to file a return, be sure to file a complete return Group Exemption Number ▶ n/a Check ▶ ☑ If the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF) Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received a Contributions to donor advised funds 1a 1b 0 **b** Direct public support (not included on line 1a) 0 1c c Indirect public support (not included on line 1a) . 0 d Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$______0 noncash \$_____ 1e 0 Program service revenue including government fees and contracts (from Part VII, line 93) 0 3 Membership dues and assessments . . . 0 4 Interest on savings and temporary cash investments 0 5 Dividends and interest from securities 0 6a 6a Gross rents 6b 0 Less rental expenses 6c 0 Net rental income or (loss). Subtract line 6b from line 6a 0 Other investment income (describe > 0 (A) Securities 8a Gross amount from sales of assets other 0 8a 0 than inventory 0 8b 0 b Less cost or other basis and sales expenses 0 8c 0 Gain or (loss) (attach schedule) . . . Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here. Gross revenue (not including \$ contributions reported on line 1b) 95355 b Less direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtractine 9b from line 9a 9с 23957 10a Gross sales of inventory, less returns and allowances MAY 108 2014 b Less: cost of goods sold 10b Gross profit or (loss) from sales of inventory (attach schedue) 10c 0 Other revenue (from Part VII, line 103) . 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 23957 12 34760 13 Program services (from line 44, column (B)) 14 4936 Management and general mom line 44, column (C))
Fundraising from line 44, column (D)) 15 ayments to affiliates (attach schedule)
otal expenses: Ald lines 16 and 44, column (A) 16 16 17 39696 17 (15739) Excess or (deficit) for the year Subtract line 17 from line 12 NeCassets or which balances at beginning of year (from line 73, column (A)) 18 18 47499 19 19 บริษัต Change under tasets or fund balances (attach explanation) กระหน้าไป Net assets or fund balances at end of year. Combine lines 18, 19, ลูกซี 20 กรุกา 0 20 31760 21 Form 990 (2007)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Par	Statement of All organizations m Functional Expenses organizations and s	ust cor section	nplete column (A) Co 4947(a)(1) nonexempt	lumns (B), (C), and (I chantable trusts but) are required for sec optional for others. (tion 501(c)(3) and (4) See the instructions)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$0 noncash \$)				3. i	
	If this amount includes foreign grants, check here 🕨 🔲	22a	0	0		
22b	Other grants and allocations (attach schedule) (cash \$	22b	34760	34760		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	оо	21. (L. H.	د فالسند
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	o
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	0	0	0	0
34	Telephone	34	70	<u> </u>	70	0
35	Postage and shipping	35	3085	0	3085	0
36	Occupancy	36	768	0	768	0
37	Equipment rental and maintenance	38	0	0	0	0
38	Printing and publications	39	0	0	0	0
39 40	Travel	40	0	0	0	0
41	Conferences, conventions, and meetings	41	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	42	0	0	0	0
43 a	Other expenses not covered above (itemize) Bank Service fees	43a	474	0	474	_ 0
b	Internet Service	43Ь	112	0	112	0
C	NSF check	43c	350		350	
d		43d				
e		43e				
f	***************************************	43f				
9	******	43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	39596	34760	4936	o
Are a If "Y∈	t Costs. Check If you are following SOP ny joint costs from a combined educational campaign is," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$	98-2 and fu	(a) the	n reported in (B) Pro e amount allocated e amount allocated	to Program services	➤ ☐ Yes ☐ No

Fo	m 990 (2007)	Page
0	Statement of Program Service Accomplishments (See the instructions.)	
pa on	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of infi dicular organization. How the public perceives an organization in such cases may be determined by the infor its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, ograms and accomplishments.	mation presented
All of	nat is the organization's primary exempt purpose? Operate a craft fair and give proceeds to local organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a	Operate Arts, Crafts, and Music Festival in Girdwood, providing local artists a venue to show and sell their art in a family-friendly environment, local musicians a venue to express their art, a parade for independence day, all free to the public. This expanse (\$95,385) is placed in line 9b, direct expanses of fundraising	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
U	Provide public meeting space to the community of Girdwood thorugh a lease, maintenance and insurance of Glacier City Hall This expense (\$4,586) is placed in line 44c, functional management or general expenses	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С	Give Grants to local non-profit organizations that promote the arts, education, and appreciation of the outdoors. Provide 'Secret Santa' gifts to families in Girdwood who are in financial need. Provide scholarships for local musicians, artisans, and athletes to pursue their endeavors.	
	(Grants and allocations \$ 34,760) If this amount includes foreign grants, check here ▶ □	34760
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
9	Other program services (attach schedule)	

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Form **990** (2007)

34760

Pe	rt IV	Balance Sheets (See the instructions.	.)				
- 1	lote [.]	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing .			47499	45	31759
	46	Savings and temporary cash investments .			0	46	0
		outlings are remporary outlin to morning.	• •				
	47a	Accounts receivable	47a	0			
		Less allowance for doubtful accounts .	47b	0	0	47c	0
	-	Loos and warre for dopolitic dopolitic .	1000			1	
	482	Pledges receivable	48a	0			
		Less allowance for doubtful accounts	48b	0) o	48c	0
	49	Grants receivable			0	49	0
	1	Receivables from current and former officers	directo	re truetage and			
	302	key employees (attach schedule)			0	50a	0
	h	Receivables from other disqualified persons (_
	_	4958(f)(1)) and persons described in section 495			0	50b	0
Assets	51a	Other notes and loans receivable (attach	-(-)(-)(-)	(,		结形	
	0.0	schedule)	51a	0			
	ь	Less allowance for doubtful accounts .	51b	0	0	51c	0
Ä		Inventories for sale or use			0	52	0
	I -	Prepaid expenses and deferred charges	•		0	53	0
		Investments—publicly-traded securities	. ▶	☐ Cost ☐ FMV	0	54a	0
	b	investments—other securities (attach schedu	ıle) 🕨	☐ Cost ☐ FMV	0	54b	0
	1	Investments—land, buildings, and	•		Í	(A)	
		equipment basis	55a	0	}		
	ь	Less, accumulated depreciation (attach	1 1				
		schedule)	55b	0		55c	0
	56	Investments—other (attach schedule)			0	56	0
	57a	Land, buildings, and equipment basis .	57a	0		BYE V	
	Ь	Less accumulated depreciation (attach				11.24.55.	
		schedule)	57b	0	0	57c	0
	58	Other assets, including program-related inve					
		(describe ▶ .0		58	0		
	59	Total assets (must equal line 74) Add lines	47499	59	31759		
	60	Accounts payable and accrued expenses			0	60 61	0
	61	Grants payable .			0	62	0
	62					102 1300	<u></u>
Liabilities	63	Loans from officers, directors, trustees, and	d key en	nployees (attach	0		o
Ĕ		schedule)			0	64a	0
Ē		Tax-exempt bond liabilities (attach schedule)			0	64b	0
		Mortgages and other notes payable (attach s			0		0
	65	Other liabilities (describe ▶ 0)	<u>~</u>		
	66	Total liabilities. Add lines 60 through 65 .			0	66	0
	1	anizations that follow SFAS 117, check here ▶		d complete lines			
	Oiga	67 through 69 and lines 73 and 74		a complete ines			
ě	67	Unrestricted .				67	
ä	68	Temporarily restricted		•		68	
Bal	69	Permanently restricted .	•			69	
Ď	I	anizations that do not follow SFAS 117, check	here ►	☑ and			
Ē	7.50	complete lines 70 through 74.		<u> </u>		<u> </u>	
or Fund Balances	70	Capital stock, trust principal, or current fund	s, .		0	70	0
ş	71	Paid-in or capital surplus, or land, building, a		pment fund .	0	71	0
Net Assets	72	Retained earnings, endowment, accumulated			0	72	0
Ä	73	Total net assets or fund balances. Add line	es 67 thr	ough 69 or lines			
Ž	}	70 through 72. (Column (A) must equal line				思想	
	 				0	73	0
	74	Total liabilities and net assets/fund balance	s. Add II	nes 66 and 73	47499	74	31759

Pa	Reconciliation of Revenue per Aucunstructions)	lited Financial Staten	nents With Rev	enue per Return	(See the
а	Total revenue, gains, and other support per audi	ted financial statements		a	
b	Amounts included on line a but not on Part I, line		. ,		
1	Net unrealized gains on investments		b1		
2	Donated services and use of facilities		b2		
3	Recoveries of prior year grants		b3		
4	Other (specify)				
•			b4		
	Add lines b1 through b4			ь	
С	Subtract line b from line a			. c	
d	Amounts included on Part I, line 12, but not on li		• •		
1	Investment expenses not included on Part I, line		l d1 i		
2	Other (specify)	· · · · · · · · · · · · · · · · · · ·			
_	Onto Opechy		d2		
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12) Add lines c and d			•	
	Reconciliation of Expenses per Au				
a	Total expenses and losses per audited financial			a	·····
b	Amounts included on line a but not on Part I, line		• •	CALL	·- · · · · · · · · · · · · · · · · · ·
1	Donated services and use of facilities.		b1		
2	· · · · · · · · · · · · · · · · · · ·	• • • • •	b2		
_	Prior year adjustments reported on Part I, line 20		b3	17.5	
3	Losses reported on Part I, line 20				
4	Other (specify).		64	海 斯	
	Add to as het there is het			b	
	Add lines b1 through b4			. 6	
C				1991,789	
d	Amounts included on Part I, line 17, but not on II		العاسا		
1	Investment expenses not included on Part I, line		d1		
2	,, ,,		اما		
			d2	- 120 A C	
_	Add lines d1 and d2		•	. d	
-	Total expenses (Part I, line 17) Add lines c and			. ▶ e	
	Current Officers, Directors, Trustees or key employee at any time during the ye	s, and Key Employees	(List each persoi	n who was an office	r, director, trustee,
	or key employee at any time during the ye				
	(A) Name and address	(B) Title and average hours per	(If not paid, enter	benefit plans & deferred	and other allowances
	VII. 00 B. 100004 A. I.	week devoted to position	-0-)	compensation plans	
\$ J.	Klein, PO Box 100834, Anchorage, AK 99510	Treasurer		_	
		ļ. — — — — — — — — — — — — — — — — — — —		<u>_</u>	0
Les	hine Herfindahl, Box 455, Girdwood, AK 99587	President	_	_	
			0		0
Teri	i Adkins, Box 455, Girdwood, AK 99587	Vice President			
	~		0	<u> </u>	0
			ĺ	!	
		<u> </u>			}
]			
				····	
					
		<u> </u>			Form 990 (2007)
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	t V-A Current Officers, Directors, Trustees				Yes No
	Enter the total number of officers, directors, and transcriptions		- · · · · · ·	6	
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	thest compensated p II-B, related to each	orofessional and other through	other independent family or business	75b ✓
	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization." If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest of Part II-A or II-B, red at are related to the o	ompensated professive compensating series of the compensation of the compensation of the compensation of the compensation of the compensated profession of the compensation of the compens	essional and other ion from any other the instructions for	75c /
A10000000	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I	Received Comper	nsation or Other Ben escribed below) during	efits (If any former the year, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deterred compensation plans	(E) Expense account and other allowances
			-		
Pai	Other Information (See the instruction	ns)			Yes No
76	Did the organization make a change in its activitie detailed statement of each change	es or methods of con		? If "Yes," attach a	76 ✓
77	Were any changes made in the organizing or gov if "Yes," attach a conformed copy of the changes	-	t not reported to	the IRS?	77 /
78a	Did the organization have unrelated business grothis return?	oss income of \$1,000	or more during t	he year covered by	78a 🗸
b	If "Yes," has it filed a tax return on Form 990-T for	•			78b ✓
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	tion during the ye	ear? If "Yes," attach	79 /
80a	Is the organization related (other than by associal common membership, governing bodies, trusted constitution?			<u> </u>	80a 🗸

b If "Yes," enter the name of the organization ▶
and check whether it is □ exempt or □ nonexempt

Form	990 (2007)			F	age 7
Raj	Other Information (continued)			Yes	No
. 82a	Did the organization receive donated services or the use of materials, equipment, or at substantially less than fair rental value?	or facilities at no charge	82a	1075.86	√
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II	82b			
83a	(See instructions in Part III) Did the organization comply with the public inspection requirements for returns and		83a		√
	Did the organization comply with the disclosure requirements relating to quid pro q		83ь		1
	Did the organization solicit any contributions or gifts that were not tax deductible		84a		1
	If "Yes," did the organization include with every solicitation an express statement gifts were not tax deductible?		84b		✓
85a	501(c)(4). (5), or (6) Were substantially all dues nondeductible by members?		85a		/
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h belo received a waiver for proxy tax owed for the pnor year		85b		
C	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d	-		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f		851	85g		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line	· -	00 g		
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to act to its reasonable estimate of dues allocable to nondeductible lobbying and polit following tax year?	tical expenditures for the	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a 0	- New York		
	Gross receipts, included on line 12, for public use of club facilities .	86b 0 87a 0	-183,0934	1	
87	501(c)(12) orgs, Enter, a Gross income from members or shareholders	87a 0			145
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b 0			
88a	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Reg 301 7701-2 and 301 7701-3? If "Yes," complete Part IX.	·	88a		多
b	At any time during the year, did the organization, directly or indirectly, own a comeaning of section 512(b)(13)? If "Yes," complete Part XI	ontrolled entity within the	886		<u>,</u>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during to section 4911 ▶	•			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 ex- during the year or did it become aware of an excess benefit transaction from a pro-		89b		
c	a statement explaining each transaction	• • • • • •			
d	persons during the year under sections 4912, 4955, and 4958 Enter. Amount of tax on line 89c, above, reimbursed by the organization				
	All organizations. At any time during the tax year, was the organization a party to	a prohibited tax shelter	89e		
f	transaction? All organizations Did the organization acquire a direct or indirect interest in any appli	cable insurance contract?	89f		✓
	For supporting organizations and sponsoring organizations maintaining donor supporting organization, or a fund maintained by a sponsoring organization, have at any time during the year?	advised funds. Did the	89g		
90a	List the states with which a copy of this return is filed Alaska				
b	Number of employees employed in the pay period that includes March 12	2, 2007 (See			o
91a		lephone no ▶ (907)	72 3-0834	7-677	4
b	At any time during the calendar year, did the organization have an interest in or a sillover a financial account in a foreign country (such as a bank account, securities a			Yes	No
	account)?		91b	3.310 20M2	1 (84) 11 1
	If "Yes," enter the name of the foreign country ▶				43
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 and Financial Accounts.	, Report of Foreign Bank			

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Part VI. Other Information (continued)		N				т	Yes	No
c At any time dunng the calendar year, of if "Yes," enter the name of the foreign	country 🕨	·				[91c]		<u> </u>
92 Section 4947(a)(1) nonexempt chantable	e trusts fil	ling Form 990 i	in lieu of Form	1041—Check	here		•	▶ _
and enter the amount of tax-exempt in				ax year	▶ 92			0
art VII Analysis of Income-Producii	ng Activ			1	N . 540 640 544	т	<u></u>	
lote: Enter gross amounts unless otherwise		Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	$\frac{1}{1}$ Re	(E) elated	or
ndicated		(A)	(B) Amount	(C) Exclusion code	(D) Amount	exem	npt fun:	ction
93 Program service revenue.	~~	Business code	Autourt	Exclusion code	Amount		ncome	,
a		<u></u>		ļ		· [
b	`			. —		ļ		
¢	<u> ۲۸۰</u>	Σ				 		
d		3,		<u> </u>		├		
• <u>.</u>				.		 		
† Medicare/Medicaid payments /				ļ		 		
g Fees and contracts from government a	gencies			<u> </u>		 		
Membership dues and assessments.	~					 		
Interest on savings and temporary cash inve	éstments			_		ļ		
Dividends and interest from securities			E-VERT C I I SPECIF	C COMPANIES COMPANIES	A TOTAL TOTAL SECTION AND ASSESSMENT OF THE PARTY OF THE	- Berne	<u> विकास का</u>	K.Tha.
Net rental income or (loss) from real e	state			The MANAGE AND THE	THE PARTY	A.C. 164	计划图	, 197 Lr. 4.
a debt-financed property			~	<u> </u>		├ ──		
b not debt-financed property						 		
Net rental income or (loss) from personal p	roperty					 		
99 Other investment income				ļ		↓		
OO Gain or (loss) from sales of assets other than i	nventory					ļ		
O1 Net income or (loss) from special even	its .					<u> </u>		
02 Gross profit or (loss) from sales of inve	entory					<u> </u>		
03 Other revenue a						ļ <u>.</u>		
b		L		ļ <u></u>		<u> </u>		
¢						<u> </u>		
d								
0			·					
94 Subtotal (add columns (B), (D), and (E))	经抽样的证据		所提出的证		<u> </u>		
Total (add line 104, columns (B), (D), a	nd (E))				. ▶			
ote: Line 105 plus line 1e, Part I, should eq	ual the ai	mount on line	12, Part I					
art VIII Relationship of Activities to 1	he Acco	mplishment o	f Exempt Pur	poses (See th	ne instructions)			
Line No. Explain how each activity for which	n income i	s reported in col	umn (E) of Part	VII contributed	importantly to the	accor	n plish	ment
▼ of the organization's exempt purpo	oses (other	than by providi	ng funds for suc	h purposes)				
N/A								
				<u></u>				
								
Part IX: Information Regarding Taxab	le Subsic		regarded Enti	ties (See the	instructions.)	т		
Name, address, and EIN of corporation, partnership, or disregarded entity		(B) rcentage of ership interest	(C) Nature of a	ctivities	(D) Total income	En	(E) d-of-ye assets	ear
one		%						
		%						
		%						
		%						
Part X Information Regarding Transfer	rs Associ		onal Benefit Co	ontracts (See	the instructions)			
(a) Did the organization, during the year, receive any						☐ Ye	-	
(b) Did the organization, during the year, p. Note: If "Yes" to (b), file Form 8870 and F.				a personal be	enefit contract?	Y€	99 Z	No
						r	agn	/0007

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Par	XI.	Information Regarding is a controlling organization	Transfers To and From	Controlled E	ntities. Comp	olete only if the o	rganiz	ation
106		the reporting organization ma	ake any transfers to a con-	trolled entity as		ion 512(b)(13) of	Yes	No ✓
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) Iption of Inster	(D Amount of		fer
а				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
b		(,	}				
С			5~~~					
		Totals						
107	Did 512	I the reporting organization rec 2(b)(13) of the Code? If "Yes,"	ceive any transfers from a	controlled entity	y as defined in ntrolled entity.	section	Yes	No 🗸
(A) Name, address, of each controlled entity		lame, address, of each					D) of transfer	
a								
ь								
С								
		Totals	7					
108		the organization have a bindir ts, royalties, and annuities des	-	_	2006, covering	g the interest,	Yes	No ✓
Pleas	an	nder penatties of Perjury, Jacciare mar! id belief, it is true, correct and complet	have examined this return, including Declaration of preparer (other to	ng accompanying sc han officer) is based	hedules and statem ton all information	ents, and to the best of a of which preparer has a	ny knov ny knov	vledge
Sign Here	A	Signature of Sifficer S J. Klein, Treasurer			Dat 09/04/2008			
Paid	I SIC	Type or print name and title eparer's phature		Date	Check if se'f- employed ▶ □	Preparer's SSN or PTIN (S	iee Gen	Inst X)
Prepare Use On	ily ir s	m's name (or yours sett-employed), ldress and ZIP + 4			EIN Phone n	>		

10/ 108

Form **990** (2007)

Fled 9/1/08

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	MUST be completed by the	ne above organizations and a	ittached to their Fo	rm 990 or 990-EZ	
Name of the organization	Encer Con			Employer identificar	tion number
Part I Compe	nsation of the Five High	est Paid Employees O	ther Than Office	ers, Directors, a	and Trustees
(a) Name and address	age 1 of the instructions. It of each employee pad more \$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
NON	<u></u>				
		•			
T. d. d. d. d.	ployees paid over \$50,000			L	<u></u>
	ployees paid over \$50,000 Pensation of the Five High	est Paid Independent C		Professional Se	rvices
(See pa	ge 2 of the instructions. Lis	t each one (whether indivi	duals or firms). I	f there are none, e	enter "None.")
(a) Name and add	dress of each independent contractor	(b) Type	of service	(c) Compensation	
NO	NE				
					,
					<u> </u>
Total number of others professional services	receiving over \$50,000 for		M3 4 8 10 10 10 10 10 10 10 10 10 10 10 10 10	2-31 304-19-5 - 31 - 31	C 2 41 2 63 (31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(List ea	ensation of the Five High ch contractor who perform there are none, enter "No	ned services other than p	ontractors for professional sen	Other Services	
(a) Name and add	tress of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NO	NE				
Total number of other	contractors receiving over		, ,		<u> </u>
\$50,000 for other servi					. ``

Sche	dula A (Fo	orm 990 or 990-EZ) 2007		Р	age 2
Pä	rtell)	Statements About Activities (See page 2 of the instructions.)	}	Yes	No
1	attemp or incu	the year, has the organization attempted to influence national, state, or local legislation, including any of to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid irred in connection with the lobbying activities \$	1		√
	organi	zations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obying activities.			-
2	substa with a owner	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any initial contributors, trustees, directors, officers, creators, key employees, or members of their families, or my taxable organization with which any such person is affiliated as an officer, director, trustee, majority, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ctions.)	100 C		\$ 2. s
а	Sale, e	exchange, or leasing of property?	2a		V
b	Lendin	g of money or other extension of credit?	2b		· V
С	Furnisi	ning of goods, services, or facilities?	2c		<u>V</u>
d	Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<i>N</i>
9	Transfe	er of any part of its income or assets?	2е		<u>V</u>
За		e organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation the organization determines that recipients qualify to receive payments)	За		$\frac{}{}$
b	Did the	e organization have a section 403(b) annuity plan for its employees?	3b		
С		organization receive or hold an easement for conservation purposes, including easements to preserve open the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		<u> </u>
d	Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	\dashv	
4a		e organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete fand 4g	4a		V
b		organization make any taxable distributions under section 4966?	4b	\dashv	
c	Did the	organization make a distribution to a donor, donor advisor, or related person?	4c		<u>V</u>
d	Enter t	he total number of donor advised funds owned at the end of the tax year		<u>) </u>	
е	Enter t	he aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>) </u>	
f	funds	he total number of separate funds or accounts owned at the end of the tax year (excluding donor advised notluded on line 4d) where donors have the right to provide advice on the distribution or investment of its in such funds or accounts	()	
g	Enter t	ne aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		\mathcal{L}	

-	3010	77 (1 0777 000 07 000 00)					 		
Pa	rt-(\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruc	tions)		
l ce	tify	that the organization is not a privat	te foundation bec	ause it is: (Please check	enly ONE ap	plicable box.)			
5		A church, convention of churches							
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)					
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)((A)(in)				
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1	I)(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	П	A community trust. Section 170(b)(1)(A)(vi). (Also co	mplete the Support Sci	hedule in Parl	t IV-A.)			
12	An organization that normally receives: (1) more than 331/5% of its support from contributions, membership fees, and gross receipts from activities related to its chantable, etc., functions—subject to certain exceptions, and (2) no more than 331/5% 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 control requirements of section 509(a)(3).	olled by any disq Check the box th	ualified persons (other that describes the type o	han foundation from the supporting of the suppor	n managers) a irganization:	and otherwise meets the		
		☐ Type I ☐ Type II	□Туре І	II-Functionally Integrate	ed [Type III-Othe	er		
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	ge 8 of the inst	ructions)		
(a) Name(s) of supported organization(s)			(b) Employer identification number (EIN)	Employer dentification umber (EIN) Conganization (described in lines 5 through 12		d) upported on listed in oporting zation's documents?	(e) Amount of support		
					Yes	No			
						 			
						<u> </u>			
Tota	<u> </u>				 	<u> </u>	·		
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 8 of the	instructions)		

El Commencia de Como d

	Support Schedule (Complete only: You may use the worksheet in the instructions						accounting.	_
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	33	(e) Total	_
15	Gifts, grants, and contributions received (Do	Ó	\circ	-	(h)	ļ	A	
	not include unusual grants. See line 28)		<u> </u>	1 2				_
16	Membership fees received		0	<u> </u>	0		<u> </u>	
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	0	0	0	0		0	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0		0	
19	Net income from unrelated business activities not included in line 18	0	6	0	0		0	
50	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 floss) from sale of capital assets	0	0	0	0		0	
23	Total of lines 15 through 22	0	0_	Q	0		- 0	_
24	Line 23 minus line 17	Ō	0	0	6		0	_
25	Enter 1% of line 23	٥	0		D			
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colur	mn (e), line 24	>	26a		
b	Prepare a list for your records to show the nar governmental unit or publicly supported organic amount shown in line 26a. Do not file this list w	zation) whose tot	al gifts for 2003	through 2006 exce	eded the	26b	0	
C	Total support for section 509(a)(1) test: Enter in	ne 24, column (e	}		▶	26c		
đ	• •				.	26d	0	
	Public support (line 26c minus line 26d total)				>	26e		
	Public support percentage (line 26e (numera			-,		261		%
27	Organizations described on line 12; a For person," prepare a list for your records to show Do not file this list with your return, Enter the	the name of, and	total amounts re	ecelved in each yea	were receiv ar from, eac	ed from th "disc	n a "disqualific qualified persor	ed 1 "
	(2006) (2005)	5	(2004)	$\mathcal D$	(2003)	\mathcal{D}		
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year.	year, that was mo 5 through 11b. as	rson (other than " re than the larger well as individuals	r of (1) the amount s.)Do not file this ti	s"), prepare on line 25 fo st with you	or the y	ear or (2) \$5,00° L. After compute	0. na
	(2006) (2005)	0	(2004)	0	(2003)	\mathcal{O}		
С	Add Amounts from column (e) for lines: 15		16		₽	276	0	_
đ	Add Line 27a total	and line 27b tota	d		>	27d		
e	Public support (line 27c total minus line 27d to	•			₽	27e		_
f	Total support for section 509(a)(2) test: Enter a			▶ 271		-		
g	Public support percentage (line 27e (numera				A leater	27g		<u>%</u>
	Investment income percentage (line 18, colu	· · · · · · · · · · · · · · · · · · ·			<u></u> -	27h		<u>%</u>
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant, Do not f	ch vear, the nam	e of the contrib	utor, the date and	amount o	t the a	d through 200 rant, and a bri	6, ef

Scher	aule À (Form 990 or 990-EZ) 2007		F	age 5		
Pa	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)					
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?	29	Yes	No		
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?	30				
31						
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		 -			
32	Does the organization maintain the following:					
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b				
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d				
ŭ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	1	- ·			
33	Does the organization discriminate by race in any way with respect to	1.5				
8	Students' rights or privileges?	33a	-			
b	Admissions policies?	33b				
С	Employment of faculty or administrative staff?	33c				
đ	Scholarships or other financial assistance?	33d				
e	Educational policies?	33e				
f	Use of facilities?	33f				
g	Athletic programs?	33g				
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)	-				
04-		34a				
	Does the organization receive any financial aid or assistance from a governmental agency?	34b				
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	348	/ /			
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, covening racial nondiscrimination? If "No," attach an explanation	35				

(b) pe completed all electing garazations
-
•
<u> </u>
(e)
Total
·
structions.)

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) Part VI-A (To be completed ONLY by an eligible organization that filed Form 5768) Check ▶ b ☐ if you checked "a" and "limited control" provisions apply if the organization belongs to an affiliated group. Check 🏲 a Limits on Lobbying Expenditures (a) Affiliated group 10 totals (The term "expenditures" means amounts paid or incurred) Of 36 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 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 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 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 -D- 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. 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.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) fiscal year beginning in) 🗠 2007 2006 2005 2004 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 47 Total lobbying expenditures 48 Grassroots nontaxable amount 3 . 6 0 Grassroots ceiling amount (150% of line 48(e)) 49 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 14 of the ins During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of 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 Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. Schedule A (Form 990 or 990-EZ) 2007

CANADA CA

Part V		n Regarding T	ransfers To and Transa e page 14 of the instructio	ctions and Relationships W	Page ith Noncharitat	
51 Dic		<u> </u>		following with any other organization	n described in sect	
50°	1(c) of the Code (ot)	her than section 50	on (c)(3) organizations) or in secti	on 527, relating to political organizat		
a Tre	insfers from the rep	orting organization	to a nonchantable exempt orga	inization of	Yes N	
(i)	Cash				51a(i)	
(īi)	Other assets				a(ii)	
	ner transactions:					
(i)	Sales or exchang	es of assets with a	nonchantable exempt organiza	tion	b(i) V	
(ii)	Purchases of ass	ets from a nonchar	itable exempt organization		b(ii)	
(iii)	b(ni) y					
• •	Reimbursement a				b(iv) /	
, ,	Loans or loan gua				b(vi)	
• •			ship or fundraising solicitations		C ,	
			sts, other assets, or paid emplo			
gog	ods, other assets, o	ir services given by	y the reporting organization. If t	 Column (b) should always show the he organization received less than fa is, other assets, or services received 	air market value in a	
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization		(d) Description of transfers, transactions, and sharing arrangements		
					· · · · · · · · · · · · · · · · · · ·	
	 	ļ				
	·	-				
					<u> </u>	
	<u> </u>					
des		01(c) of the Code (other than section 501(c)(3)) or i	ie or more tax-exempt organization n section 527?		
	(a)		(b)	(c)		
Name of organization		Type of organization	Description of relationship			
				ļ		
			·			
						
				L		