Department of the Treasury

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)

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

OMB No 1545-0047 2007 Open to Public Inspection

		inue Service Pine organization may have to use a copy of this return to			ients	opon to t adite inspection
A			<u>/30/</u>			
B	Check if ap	lise (RS)	1'		nployer identification number	
닏	Address ch	nange labelor Center For Northernwoodfands		 -		2-0507029
	Name char					elephone number 02-439-6292
	Initial retur	I see PO BOX 4/1	18)	Room/suite		counting method Cash
	Terminatio	Specific			E	ocrual Other (specify)
	Amended	11111111111111111111111111111111111111			· · ·	
Ī	Application	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and	I are not applicable to sec	tion 52	7 organizations
ш		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a)	Is this a group return for a	affiliates	yes X No
G	Websit	e: N www.northernwoodlands.com	H(b)	If "Yes," enter number of	affiliate	s >
J	Organi	zation type	H(c)	Are all affiliates included?)	☐ Yes ☐ No
	(check	only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	·	(if "No," attach a list. See instru	•	
K	Check h	ere If the organization is not a 509(a)(3) supporting organization and its gross	H(d)	Is this a separate return f	-	
	receipts	are normally not more than \$25,000 A return is not required, but if the organization chooses	⊢ -	organization covered by a		
	to file a r	return, be sure to file a complete return	- 	Group Exemption Nur		
	Gross r	receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 643,848		Check ▶ ∐ if the to attach Sch_B (Forr	_	•
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund B				
	1	Contributions, gifts, grants, and similar amounts received	<u>uiuiioc</u>	3 (Occ the monde	T	j.,
	a	Contributions to donor advised funds	1a]	
	b	Direct public support (not included on line 1a)	1b	222,934	1	
	С	Indirect public support (not included on line 1a)	1c		1	
	d	Government contributions (grants) (not included on line 1a)	1d	63,889	1	
	е	Total (add lines 1a through 1d) (cash \$ 256,933 noncash \$		29,890)	1e	286,823
	2	Program service revenue including government fees and contracts (from Part VII,	line 93)		2	338,825
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	4,020
	5	Dividends and interest from securities			5_	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	С	Net rental income or (loss) Subtract line 6b from line 6a			6c	
ø	7	Other investment income (describe)			7	
Revenue	8a	Gross amount from sales of assets other (A) Securities		(B) Other		
ě		than inventory	8a			
Œ	Ь	Less cost or other basis and sales expenses	8b]	1
	c	Gain or (loss) (attach schedule)	8c		1	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from gaming, che	ck her	· 📋		
	а	Gross revenue (not including \$ of	,			
		contributions reported on line 1b)	9a		4	
	b	Less direct expenses other than fundraising expenses	9b		-	
7	C	Net income or (loss) from special events. Subtract line 9b from line 9a	- 1	14 100	9c	
5007	10a	· · · · · · · · · · · · · · · · · · ·	10a	14,180		
	b		10b	4,112	7	10.060
% 7	С	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b fr	om line	10a Stmt 1	10c	10,068
	11	Other revenue (from Part VII, line 103)			11	630 736
N∯C	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	639,736 440,356
S	13	Program services (from line 44, column (B))	4.5		13	81,220
Net Assets Expenses	14	Management and general (from line 44, column (C)) Fundraising (from line 44, column (D))	٠ ، ۷	· · · · · · · · · · · · · · · · · · ·	15	25,281
žě	15	Payments to affiliates (attach schedule)		و المراجعة	16	23,201
Z ''	17	Total expenses. Add lines 16 and 44, column (A)	1.4.	C 5 2000 - 16	17	546,857
3	18	Excess or (deficit) for the year Subtract line 17 from line 12		<u>-</u> "	18	92,879
W ight	19	Net assets or fund balances at beginning of year (from line 73, column (A))	P P	· = "	19	197,683
t As	20	Other changes in net assets or fund balances (attach explanation)	ء مند بدد		20	127,003
Š	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	•		21	290,562
For	r Privac	v Act and Paperwork Reduction Act Notice, see the separate			<u> </u>	Form 990 (2007)
DA	truction A	15.				917

Form **990** (2007) {9 917

J	Part II Statement of All organization Functional Expenses organizations a	is must and sect	complete column (A)	Columns (B), (C), and mpt charitable trusts be	(D) are required for se	ction 501(c)(3) and (4)
_	Do not include amounts reported on line	Τ Ι	(-)(-)			
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	a Grants paid from donor advised funds (attach schedule)	 			goneral	
	non-					
	(cash\$) If this amount includes foreign grants, check here ▶	22a				
22	the Other grants and allocations (attach schedule)	220				
	(cash \$)	1 1				
	if this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach	220				
20	schedule)					
24	,	23				
24	Benefits paid to or for members (attach					
25	schedule)	24	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23	a Compensation of current officers, directors,					
	key employees, etc listed in					
	Part V-A	25a				
K	b Compensation of former officers, directors,				'	
	key employees, etc listed in					
	Part V-B	25b				
(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				
26	Salaries and wages of employees not included		أديميما			
	on lines 25a, b, and c	26	181,814	125,615	41,345	14,854
27	Pension plan contributions not included on					
	lines 25a, b, and c	27	5,162	3,560	1,174	428
28	Employee benefits not included on lines				'	
	25a ~ 27	28	11,321	7,821	2,574	926
	Payroll taxes	29	13,273	9,257	2,916	1,100
	Professional fundraising fees	30				
	Accounting fees	31	950		950	
	Legal fees	32	780	780		
	Supplies	33	3,745	2,526	974	245
	Telephone	34	5,152	3,910	914	328
	Postage and shipping	35	44,623	42,539	1,281	803
	Occupancy	36	17,092	11,809	3,887	1,396
	Equipment rental and maintenance	37				
	Printing and publications	38				
	Travel	39	3,943	2,674	921	348
40	Conferences, conventions, and meetings	40				
	Interest	41	7,827	4,295	2,714	818
42	Depreciation, depletion, etc (attach schedule)	42	34,984	24,168	7,956	2,860
43	Other expenses not covered above (itemize)					
а	See Statement 2	43a	216,191	201,402	13,614	1,175
b)	43b				
C	;	43c	·			
C	t.	43d				
е)	43e				
f		43f				<u> </u>
g	}	43g				
44	Total functional expenses. Add lines 22a					
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	546,857	440,356	81,220	25,281
	int Costs. Check ▶ ☐ If you are following SOP 98-2					_
	e any joint costs from a combined educational campaign and	d fundra		_		Yes X No
	Yes, enter (I) the aggregate amount of these joint costs	<u> </u>	; (II) the amou	int allocated to Program se	rvices \$	
	the amount allocated to Management and genera\$		and (iv) the amou	int allocated to Fundraising	<u> \$</u>	
D A .	A					

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

Form **990** (2007)

440,356

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

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

<u>P</u>	<u>art IV</u>	Balance Sneets (See the instructions.)					
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only	nin the	description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			23,785	45	19,668
	46	Savings and temporary cash investments			48,212	46	105,012
						İ	· ·
	47a	Accounts receivable	47a	21,085		i	
	b	Less allowance for doubtful accounts	47b		9,585	47c	21,085
						. [
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors	s, truste	ees, and			
	_	key employees (attach schedule)	داد می داد د	4050/0/4\\		50a	
	b	Receivables from other disqualified persons (as define		er section 4958(f)(1)) and		504	
	51a	persons described in section 4958(c)(3)(B) (att sched Other notes and loans receivable (attach	uie)	+		50b	
	310	schedule)	51a				
Assets	Ь	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use	<u> </u>	<u> </u>	8,544	52	9,527
•	53	Prepaid expenses and deferred charges		<u> </u>		53	
	54a	Investments—publicly-traded securities		► Cost FMV		54a	
	b	Investments—other securities		► Cost FMV		54b	
	55a	(attach schedule) Investments—land, buildings, and					
	"	equipment basis	55a		4		
	ь	Less accumulated depreciation (attach	}				
		schedule)	55b			55c	
	56	Investments—other (attach schedule)	,			56	
	57a	Land, buildings, and equipment basis	<u>57a</u>	22,377			
	b	Less accumulated depreciation (attach	}	0.405	4 4 504		i
		schedule) See Statement 4	57b	8,405	14,704	57c	13,972
	58	Other assets, including program-related investments	220 025		206 671		
		(describe ► See Statement 5	339,825 444,655	58	306,671 475,935		
	59 60	Total assets (must equal line 74) Add lines 45 through Accounts payable and accrued expenses	11 56		13,586	59 60	8,781
	61	Grants payable and accided expenses		<u> </u>		61	0,781
	62	• •	e S	Statement 6	145,572	62	176,592
s	63	Loans from officers, directors, trustees, and key emple				- 52	
		schedule)	-, (63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)		Ì		64a	
Ë	ь	Mortgages and other notes payable (attach schedule)		. [64b	
	65	Other Habilities (describe > See Statemer	at 7) [87,814	65	
	66_	Total liabilities. Add lines 60 through 65			246,972	66	185,373
	Orga	anizations that follow SFAS 117, check here 🕨 🗓 a	nd con	nplete lines			
	ļ	67 through 69 and lines 73 and 74					
ses	67	Unrestricted		197,683		290,562	
an	68	Temporarily restricted		68			
Ba	69	Permanently restricted			69		
Pu	Orga	anizations that do not follow SFAS 117, check here		and			
Ē	70	complete lines 70 through 74		70			
Net Assets or Fund Balances	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equiprincipal surplus.	nd .		70 71		
sse	72	Retained earnings, endowment, accumulated income,		F		72	
χŢ	73	Total net assets or fund balances. Add lines 67 thro		T T		15	
ž		70 through 72 (Column (A) must equal line 19 and co	•				
		equal line 21)		•	197,683	73	290,562
	74_	Total liabilities and net assets/fund balances. Add l	nes 66	and 73	444,655		475,935
_							

<u> Porm</u>	1 990 (2007) Center for NorthernWoodlands	02-0507029			Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Financia instructions.)	Statements With Reven	ue per R	leturn (S	See the
<u>а</u>	Total revenue, gains, and other support per audited financial statements			а	639,736
b	Amounts included on line a but not on Part I, line 12		Γ		
1	Net unrealized gains on investments	_ b1		j	
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)		1		
		_b4			
	Add lines b1 through b4		L	b	
C	Subtract line b from line a		L	с	639,736
d	Amounts included on Part I, line 12, but not on line a:			}	
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)			İ	
		d2			
	Add lines d1 and d2		<u> </u>	d	·
e	Total revenue (Part I, line 12) Add lines c and d	· · · · · · · · · · · · · · · · · · ·	•	e	639,736
Pa	art IV-B Reconciliation of Expenses per Audited Financia	<u>al Statements With Exper</u>	nses per	Return	
а	Total expenses and losses per audited financial statements		<u> </u> _	a	546,857
b	Amounts included on line a but not Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2		i	
3	Losses reported on Part I, line 20	b3			
4	Other (specify)		1		
		b4			
	Add lines b1 through b4			b	
C	Subtract line b from line a		<u> </u> _	С	546,857
d	Amounts included on Part I, line 17, but not on line a:		1		
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)				
		d2			
	Add lines d1 and d2		<u> </u>	d	
e	Total expenses (Part I, line 17) Add lines c and d		<u> </u>	e	546,857
P:	Current Officers, Directors, Trustees, and Key E or key employee at any time during the year even if they were no	ot compensated) (See the instru	ctions)		,
	(A) Name and address	(B) Title and average hours per week devoted to position (If n	Compensation ot paid, enter -0-)	(D) Contribu employee b plans & defe compensation	tions to enefit account and other allowances
Se	ee Statement 8				
	·				
	·			<u> </u>	
	,				

Fbrm	990 (2007)	Center	for	NorthernWoodlands	02-050	7029			P	age 6
Pa	rt V-A	Current Off	icers,	Directors, Trustees, and Ke	y Employees (continue	ed)			Yes	No
75a	Enter the t	total number of o	fficers, c	lirectors, and trustees permitted to vo						
	meetings				▶ 12					
ь				, or key employees listed in Form 99		ensated				
				art I, or highest compensated profess						
				art II-A or II-B, related to each other to	-	/ -\				37
	relationsni	ps7 if "Yes," atta	icn a sta	tement that identifies the individuals	and explains the relationship	(S)		75b		X
_	Do any off	icore directore t	trustoos	or key employees listed in Form 990	Part V A or highest					
С				Schedule A, Part I, or highest comper						
	•			chedule A, Part II-A or II-B, receive c	•					
	•			or taxable, that are related to the org-	·	ns for	1	ŀ		
	_	on of "related org	-	=				75c		X
				ludes the information described in th	e instructions					
d				n conflict of interest policy?				75d		X
Pa	rt V-B	Former Off	icers,	Directors, Trustees, and Ke	y Employees That Rec	eived Comp	ensation or (Other	Ben	efits
		(If any former	officer, d	rector, trustee, or key employee rece	eived compensation or other	benefits (describe	ed below) during	the ye	ear, lis	t that
		person below a	and ente	r the amount of compensation or other	er benefits in the appropriate	column See the	instructions)			
		,	(A) Nam	e and address	(B) Loans and Advance	(C) Compensation (if not paid,	(D) Contributions to employee benefit		E) Expe	
		<u> </u>	(A) Nam	e and address	(b) Loans and Advance	enter -0-)	employee benefit plans & deferred compensation plans		allowan	
N/	A					!				
		 			 					
						i				
										
						Ì		1		
		 -						+		
								-		
						1		- 1		
								+		
								+		
						- 		+		
								Ì		
Pa	rt VI	Other Infor	mation	(See the instructions.)					Yes	No
76	Did the or	ganization make	a chang	e in its activities or methods of condu	ucting activities? If "Yes," atta	ch a				
		atement of each					1	76		X
77	Were any	changes made i	n the org	anizing or governing documents but	not reported to the IRS?			77		X
	If "Yes," a	ttach a conforme	ed copy o	of the changes						
78a	Did the or	ganization have i	unrelated	d business gross income of \$1,000 or	r more during the year covere	ed by				
	this return	?						78a		X
b	If "Yes," h	as it filed a tax re	eturn on	Form 990-T for this year?				78b	<u></u>	
79	Was there	e a liquidation, dis	ssolution	, termination, or substantial contracti	on during the year? If "Yes,"	attach				
	a stateme							79	ļ	X
80a	•			an by association with a statewide or	•	ough				
			erning b	odies, trustees, officers, etc., to any	other exempt or nonexempt					
	organizati							80a	ļ	X
b	If "Yes," e	nter the name of	the orga			. [
					_	1 ' 1 -	exempt			
81a		•		penditures (See line 81 instructions)	81a	0			v
<u>b</u>	וט ine or	ganization the Fo	orm 1120)-POL for this year?				81b	000	X
								For	n 990	(2007)

<u>Form</u>	990 (2007) Center for NorthernWoodlands	02-0507029		F	age 7
Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facil	lities at no charge			
	or at substantially less than fair rental value?	-	82a		x
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II	•			
	(See instructions in Part III.)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exem	nption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo cor	ntributions? N/	A B3b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such	ch contributions or			
	gifts were not tax deductible?	N/	A 84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/	A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/	A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unle	ess the organization			
	received a waiver for proxy tax owed for the prior year				
С	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	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/	A 85g	ļ	<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the a				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political exper		_		
	following tax year?	N/	A 85h	ļ	ļ
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other				
00-	sources against amounts due or received from them)	[87b]			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxab	•		1	
	partnership, or an entity disregarded as separate from the organization under Regulation 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	is sections		1	x
b	At any time during the year, did the organization, directly or indirectly, own a controlled e	atity within the	88a	-	<u> </u>
b	meaning of section 512(b)(13)? If "Yes," complete Part XI	Titly within the	▶ 88b	1	x
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year	ar under	000	 	-
Oou		ection 4955 > 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess be				
-	during the year or did it become aware of an excess benefit transaction from a prior year				
	a statement explaining each transaction		89b	.]	x
С	Enter Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958	>	<u>o</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	<u> </u>	ō		
е	All organizations At any time during the tax year, was the organization a party to a prohil	bited tax shelter	_		
	transaction?		89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicab	le insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised fu	inds Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess	s business holdings		1	
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed ▶ None				
Ď,	Number of employees employed in the pay period that includes March 12, 2007 (See				
	instructions)	90b			6
91å	The books are in care of Amy Peberty	Telephone no 🕨 80	2-439	9-62	:92
	Located at ▶	ZIP + 4 ▶ 05039			
b	At any time during the calendar year, did the organization have an interest in or a signature				
	over a financial account in a foreign country (such as a bank account, securities account	t, or other financial		Yes	No
	account)?		91b	 	X
	If " Yes," enter the name of the foreign country▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report	rt of Foreign Bank			
	and Financial Accounts			1	
DAA			Fo	rm 49 (0 (2007)

Form	990 (200	On Center for Nor	thernWoodla	ands	02-0	50702	9	Pa	ige 8
	rt VI	Other Information (conf						Yes	
С	At any ti	me during the calendar year, did th	e organization mainta	un an office o	utside of the United	States?		91c	X
		enter the name of the foreign cour							
92	Section	4947(a)(1) nonexempt charitable tr	usts filing Form 990 ir	lieu of Form	1041—Check here		_	•	• 🗍
	and ente	er the amount of tax-exempt interes	t received or accrued	during the ta	x year		▶ 92		$\overline{\cdot}$
Pa	ırt VII	Analysis of Income-Pro	ducing Activities	s (See the	instructions.)				
Note	: Enter gr	oss amounts unless otherwise		Unrelate	d business income	Excluded	l by section 512, 513, or 514	(E)	
indica	ated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	(E) Related or	
93	Program	service revenue	1	Business code	Amount	Exclusion	Amount	exempt function	n
а	Mag	azine revenue	_ [338,8	25
b	·								
С									
d									
е									
f	Medicar	e/Medicaid payments							
g		d contracts from government agen	cies						
94		ship dues and assessments							
95		on savings and temporary cash inv	vestments			14	4,020		
96		ds and interest from securities					1		
97	Net rent	al income or (loss) from real estate	,						
а		anced property							
b		-financed property							
98		al income or (loss) from personal p	roperty						
99		vestment income	· '						
100	Gain or	(loss) from sales of assets other th	an inventory						
101		me or (loss) from special events	Í						
102		rofit or (loss) from sales of inventor	√			25	10,068		
103		evenue a							
b						 			
c									
d					· · · · · · · · · · · · · · · · · · ·				
e									
104	Subtota	(add columns (B), (D), and (E))				0	14,088	338,8	25
105		dd line 104, columns (B), (D), and	(F))			- 1	•	352,9	
	•	5 plus line 1e, Part I, should equal	• • •	Part I					
	art VIII	Relationship of Activiti			of Exempt Pur	noses (S	See the instruction	ons)	
	ne No.	Explain how each activity for w							
_	▼	of the organization's exempt p	urposes (other than by	providing fu	nds for such purpose	es)	ortaining to the decomp	mornion.	
<u> </u>	3a	Sales and advert	ising reve	nue di	rectly rela	ated	to		
		publication of							
		newsstands and							
		schools, libra							
P	art IX	Information Regarding						ns.)	
		(A)	(B)		(C)	1	(D) Total income	(E) End-of-year	
	partnei	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest		lature of activities		Total income	End-of-year assets	
	<u> N/P</u>	1		%	······································				
				%					
				_%					
			<u></u>	%	- <u>-</u>				
***************************************	art X	Information Regarding							
(b) Did th	e organization, during the year, reduced organization, during the year, pa	y premiums, directly o	or indirectly, o			nal benefit contract?	Yes X	No No
	vote; II	es" to (b), file Form 8870 and Form	11 -1 20 (See Instruction	····0]			-	Form 990 ((2007)

SCHEDULÈ 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

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service Supplementary Information-(See separate instructions.)

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

Name of the organization Employer identification number Center for NorthernWoodlands Education, Inc 02-0507029 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (e) Expense (b) Title and average hours (c) Compensation empl benefit plans account and other than \$50,000 per week devoted to position & deferred comp allowances Stephen Long Corinth Exec Directo PO Box 503 VT 05039 40 55,682 2,159 0 Total number of other employees paid over \$50,000 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 Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-8 (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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Sche	edule A (Form 990 or 990-EZ) 2007 Center for NorthernWoodlands 02-0507029		F	age 2
Pá	Statements About Activities (See page 2 of the instructions.)		Yes	No
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 \$\Bigsless \text{\text{\text{Must equal amounts on line 38,}}}\$ Part VI-A, or line i of Part VI-B)	1		х
	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.			
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)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
е	Transfer of any part of its income or assets?	2e		x
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)	_3a		х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
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	Зс		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	_3d		x_
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete			
b	lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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)
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

Pá	art l	Reason for Non-Private Found	lation Status (See	pages 4 through 8	3 of the ins	tructions.)	
cer	tify th	at the organization is not a private foundation be A church, convention of churches, or associati	· · · · · · · · · · · · · · · · · · ·	•	le box)		
6		A school Section 170(b)(1)(A)(ii) (Also complete	ete Part V)				
7		A hospital or a cooperative hospital service orç	ganization Section 170(b	o)(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 co	onjunction with a hospita	al Section 170(b)(1)(A)	(III) Enter the	hospital's nam	e, city,
		and state ▶					
10		An organization operated for the benefit of a co (Also complete the Support Schedule in Part		ed or operated by a gov	rernmental uni	t Section 170(b)(1)(A)(v)
11a		An organization that normally receives a subst 170(b)(1)(A)(vi) (Also complete the Support S		from a governmental u	init or from the	general public	Section
11b		A community trust Section 170(b)(1)(A)(vi) (A	also complete the Suppo	ort Schedule in Part IV	-A)		
12	X	An organization that normally receives (1) mo from activities related to its charitable, etc., fur from gross investment income and unrelated to organization after June 30, 1975. See section	nctions-subject to certain ousiness taxable income	exceptions, and (2) no (less section 511 tax)	o more than 3 from business	3 1/3% of its sup es acquired by t	port
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						
		(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)	Gee page 8 of the instructions (d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
					Yes	No	
	-						
Tota	ı			<u> </u>	l	•	
14		An organization organized and operated to tes	st for public safety Section	on 509(a)(4) (See pag	e 8 of the insti	ructions)	

Schedule A (Form 990 or 990-EZ) 2007 Center for NorthernWoodlands 02-0507029 Page 4 Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (a) 2006 (b) 2005 (d) 2003 Calendar year (or fiscal year beginning in) (c) 2004(e) Total Gifts, grants, and contributions received (Do 187,568 172,968 146,398 223,237 730,171 not include unusual grants. See line 28) 16 Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 302,177 363,393 259,183 234,149 1,158,902 organization's charitable, etc., purpose 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 2,956 1,066 30 4,052 organization after June 30, 1975 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 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 0 public without charge 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 405,611 492,701 457,386 1,893, 23 Total of lines 15 through 22 190,524 174,034 146,428 223,237 734. Line 23 minus line 17 24 4,927 5.374 4,056 574 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 0 26 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 Add Amounts from column (e) for lines 26d 22 e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f % a For amounts included in lines 15, 16, and 17 that were received from a "disgualified Organizations described on line 12: 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. 2,600 87,908 11,000 13,000 (2004)(2006)(2005)(2003)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 (2003)0 (2006)Add Amounts from column (e) for lines 15 17 1,158,902 27c 889,073 114,508 114,508 and line 27b total Add Line 27a total 27d 774,565 Public support (line 27c total minus line 27d total) 27e ▶ 27f 1,893,125 Total support for section 509(a)(2) test Enter amount from line 23, column (e) 93.7373% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g 0.2140% Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h h 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

₽.8	art 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)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
~4	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		i '	
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320	 	
·	with student admissions, programs, and scholarships?	32c		
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	_	
ŭ	Opplob of all material accessby the organization of on his solution continuouslic	<u> </u>		
	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			
а	Students' rights or privileges?	33a	l	
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	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)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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 Pay Prog. 75.50, 1975.2.C.R. 597, covering recial pendiscrimination? If "No." attach an evolunation	25	{	l

	edule A (Form 990 or 990-EZ) 2007 C						<u>-05</u>			6
P	art VI-A Lobbying Expen						-		.)	_
Ch.			ible organization th				N/A			_
Une	eck a If the organization below	ongs to an affiliated gro	up Check	b if	you che			ed co	ntrol" provisions apply	_
		n Lobbying Expe				(a Affiliate tota			(b) To be completed for all electing organizations	
		litures" means amounts							organizations	_
	Total lobbying expenditures to influence				36					_
	Total lobbying expenditures to influence		rect lobbying)		37					
	Total lobbying expenditures (add lines	36 and 37)			38					_
	Other exempt purpose expenditures	dd I 00 d 00)			39					_
	Total exempt purpose expenditures (a	·	1-11		40					_
+ 1	Lobbying nontaxable amount Enter th If the amount on line 40 is-		•							
	Not over \$500,000	20% of the amount	entaxable amount is-	\neg						
	Over \$500,000 but not over \$1,000,000		of the excess over \$500,00							
	Over \$1,000,000 but not over \$1,500,000	·	of the excess over \$1,000,		4.					
	Over \$1,500,000 but not over \$1,500,000		of the excess over \$1,500,0		41					
	Over \$17,000,000	\$1,000,000	or the excess over \$1,500,0	100						
	Grassroots nontaxable amount (enter:				42					
	Subtract line 42 from line 36 Enter -0-	•	line 36		43					_
	Subtract line 41 from line 38 Enter -0-				44					_
	The state of the s	ii iii o ii o iii o o u aar			77					-
	Caution: If there is an amount on either	er line 43 or line 44, voi	must file Form 4720							
			aging Period Unde	er Section	n 501	(h)	1			_
	(Some organizati		n 501(h) election do not			` '	e colur	nns b	elow	
			r lines 45 through 50 or							
							-		 	-
			Lobbying Expen	ditures Du	ring 4-	rear Averag	ing Pe	riod		
	Calendar year (or	(a)	(b)	(c))		(d)		(e)	_
	fiscal year beginning in)	2007	2006	200)5	_ 2	004		Total	_
	Lobbying nontaxable amount			 		_				_
	Lobbying ceiling amount (150% of									
	line 45(e))									_
	T-1-11-11-									
17	Total lobbying expenditures									_
18	Grassroots nontaxable amount									
	Grassroots ceiling amount (150% of								·	_
	line 48(e))									
_	mile 40(c))									_
50	Grassroots lobbying expenditures									
		y by Nonelecting	Public Charities							_
	, 3			lete Par	t VI-A	(See na	ne 14	of th	ne instructions.) N/2	Δ
Duri	ng the year, did the organization attem	opt to influence national	state or local legislation	n includin	g anv	(CCC pa] 		ic instructions./14/2	-
	mpt to influence public opinion on a leg				guny		Yes	No	Amount	
а	Volunteers	,	maam, amaagn ara aaa	0.				-		-
b	Paid staff or management (Include c	ompensation in expens	es reported on lines c t	hrough h)						
c	Media advertisements								`	
d	Mailings to members, legislators, or	the public								-
e	Publications, or published or broadca	,					\vdash			-
f	Grants to other organizations for lobi									-
g	Direct contact with legislators, their s		als, or a legislative bod	v			┢┈╌┪			-
h	Rallies, demonstrations, seminars, c	-	•	-			<u> </u>			-
i	Total lobbying expenditures (Add line			. 50.10			<u> </u>			-
-	If "Yes" to any of the above, also atta		a detailed description of	f the lobby	ng activ	uties		لــــــــل		-

Schedule A' (Form 990 or 990-EZ) 2007 Center for NorthernWoodlands 02-0507029 Page 7 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 14 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No Transfers from the reporting organization to a noncharitable exempt organization of Yes Cash X 51a(i) Other assets X (ii) a(iı) Other transactions. Sales or exchanges of assets with a noncharitable exempt organization b(i) (i) (ii) Purchases of assets from a noncharitable exempt organization b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) (iv) Reimbursement arrangements b(iv) Loans or loan guarantees (v) b(v) Performance of services or membership or fundraising solicitations b(vi) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (p) (c) (d) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements N/A

52a	Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
	described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b If "Yes," complete the following schedule

	Yes	X	N
--	-----	---	---

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
		
		<u> </u>

Form **4562**

Department of the Treasury nternal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

A

OMB No 1545-0172

2007

Attachment Sequence No 67

Name(s) shown on return

Center for NorthernWoodlands Education, Inc

► See separate instructions. ► Attach to your tax return.

| Sequence N

02-0507029

I	ness or activity to which this form relates ndirect Depreciat:	ion							
	art I Election To Exper		perty Under Se	ection 179					
•	Note: If you have a	•	-		u con	nolete P	art I		
1	Maximum amount. See the instruc					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	125,000
2	Total cost of section 179 property	•						2	===,,,,,,,
3	Threshold cost of section 179 pro	•	•					3	500,000
4	Reduction in limitation Subtract li	•)-				4	
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o	or less, enter -0- If ma	arried filing separately, s	see insti	uctions		5	
	(a) Description			(b) Cost (business us			Elected co	st	
6									
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179	property Add amoun	ts ın column (c), lır	nes 6 and 7				8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	from line 13 of your	2006 Form 4562					10	
11	Business income limitation Enter	the smaller of busine	ess income (not les	ss than zero) or line	5 (see	instruction	ns)	11	
12	Section 179 expense deduction A	dd lines 9 and 10, b	ut do not enter mo	re than line 11				12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12									
Note	e: Do not use Part II or Part III belov	for listed property I	nstead, use Part V						
Pa	art II Special Depreciat	on Allowance a	nd Other Dep	reciation (Do no	ot inc	lude list	ed prop	perty.)	(See instructions.)
14	Special allowance for qualified Ne	w York Liberty or Gu	ilf Opportunity Zon	e property (other tha	ın listed	t		ļ	ļ
	property) and cellulosic biomass e	ethanol plant property	placed in service	during the tax year	(see in:	structions)	1	14	
15	5 Property subject to section 168(f)(1) election								
16	Other depreciation (including ACF							16	1,831
Pa	art III MACRS Depreciat	ion (Do not incl			ructio	<u>ns.)</u>			
			Sect	ion A					
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	efore 2007			_	17] 0
18	If you are electing to group any assets							<u> </u>	
	Section B-A	ssets Placed in Ser			Gener	al Deprec	iation Sy	stem_	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investm only-see instruc	ent use	(e) (Convention	(f) M		1
19a			Only-see mande	tions) pondu	 		```	ethod	(g) Depreciation deduction
h	3-year property	-	Only-see mand	nions) poned			,,	ethod	(g) Depreciation deduction
b		-	Only-see institut	tions)			.,	ethod	(g) Depreciation deduction
c	5-year property		Only-see institut	uons)				ethod	(g) Depreciation deduction
С	5-year property	-	only-see manue	uons)				ethod	(g) Depreciation deduction
d	5-year property 7-year property	-	Only-see institut	uons)				ethod	(g) Depreciation deduction
d	5-year property 7-year property 10-year property		Unity-see institut	uons)					(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property		Only-see institut	25 yrs			S/	L	(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental		Only see institut			MM		L	(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property		Only-see institut	25 yrs 27 5 yrs 27.5 yrs		MM	S/ S/ S/	L L	(g) Depreciation deduction
c d e f	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real		Only-see institut	25 yrs 27 5 yrs		MM _	S/ S/ S/	L L	(g) Depreciation deduction
c d e f g	5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property			25 yrs 27 5 yrs 27.5 yrs 27.5 yrs 39 yrs		MM MM	S/ S/ S/ S/ S/	L L L	
c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass	sets Placed in Servi		25 yrs 27 5 yrs 27.5 yrs 27.5 yrs 39 yrs	Iternat	MM MM	S/ S/ S/ S/ S/	L L L	
c d e f g h	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass			25 yrs 27 5 yrs 27.5 yrs 39 yrs	Iternat	MM MM	S/ S/ S/ S/ S/ ciation S	L L L L System	
d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year			25 yrs 27 5 yrs 27.5 yrs 39 yrs ax Year Using the A	Iternat	MM MM ive Depre	S/ S/ S/ S/ Ciation S	L L L L System	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year	sets Placed in Servi		25 yrs 27 5 yrs 27.5 yrs 39 yrs	lternat	MM MM	S/ S/ S/ S/ S/ ciation S	L L L L System	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins	sets Placed in Servi		25 yrs 27 5 yrs 27.5 yrs 39 yrs ax Year Using the A	lternal	MM MM ive Depre	S/ S/ S/ S/ Ciation S	L L L System L	
c d e f g h i	5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C-Ass Class life 12-year 40-year art IV Summary (see ins	sets Placed in Servi	ce During 2007 Ta	25 yrs 27 5 yrs 27.5 yrs 39 yrs ex Year Using the A		MM MM ive Depre	S/ S/ S/ S/ Ciation S	L L L L System	
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- P 2	ert v 	property use Note: For any ve	erty (Include of d for entertal ehicle for which y ns (a) through (c	nment, re	creation of the state of the st	on, or ndard n	amuse	ement.) educting	lease e	•	·		ompute	ers, and	d
Sect	ion A-De	preciation and Ot	her Information	(Caution: S	ee the ir	structio	ns for li	nits for	oassenge	er auton	obiles)					
24a	Do you ha	ive evidence to supp	ort the business/inv	estment use o	laimed?		Yes	No	24b	If "Yes,'	is the e	vidence	e written?	·	Yes	No
	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or bas	other		(e) is for depi siness/inv use onl	estment	(f) Recover period	· ((g) lethod/ nvention		(h) Depreciat deduction		(i Elec sectio	ted n 179
25		allowance for qual		unity Zone p	roperty	placed		·	the							
	tax year	and used more th	an 50% in a qua	ified busine	ss use (see inst	ructions)			2	5			<u></u>	
26	Property	used more than 5	0% in a qualified	business u	ıse											
						1				l		1				
			%						ļ						 	
27	Property	used 50% or less	un a qualified bu	einess lise					L						l	
<u>~1</u>	Property	used 50% of less	in a qualified bu	siriess use					Γ	T		- 				
	l.	•	%			Ì				S/I					[
			,,,		·							_			1	
			%							S/I					1	
28	Add am	ounts in column (h), lines 25 throug	h 27 Enter	here an	d on line	e 21, pag	ge 1			2	В			<u> </u>	
<u>29</u>	Add am	ounts in column (i)	, line 26 Enter h	ere and on	line 7, pa	ige 1								29		
					ction B-I											
Com If you	plete this u provided	section for vehicle I vehicles to your	es used by a sole employees, first a	proprietor, answer the o	partner, question:	or other	r "more to tion C to	han 5% see if y	owner," ou meet	or relate an exce	ed perso eption to	n comple	ting this	section	for those	vehicles
30	Total business/investment miles driven			(4	a)	(b)	(4	:)	((d)		(e) (f))	
	during the year (do not include commuting			Vehi	cle 1	Veh	icle 2	Vehicle 3 Veh		Yehicle 4 Vehic		iicle 5	Vehi	cle 6		
31	miles) 1 Total commuting miles driven during the year									-		+			-	
32		ner personal (nonc	• •									-				
33		les driven during t														
		through 32	,		<u> </u>										[
34	Was the	vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use duri	ng off-duty hours?														
35	Was the	vehicle used prim	narily by a													
		an 5% owner or re	•					ļ	ļ				<u> </u>	ļ		
<u>36</u>	Is anoth	er vehicle availabl			<u>. </u>		<u> </u>	<u> </u>	l		<u> </u>	_		<u> </u>	L	
_			Section C-Ques							-	-	-				
		questions to deter		-		npleting	Section	B for ve	ehicles u	sed by e	employe	es who	are			
not	more than	5% owners or rela	ateo persons (se	e instruction	15)											M-
37	Dovou	maintain a written	nolicy statement	that probabi	ts all ner	sonal II	se of vel	hiciae ir	eludina i	commut	ına hv v	our em	nlovees)	Yes	No
38	-	maintain a written							_						<u> </u>	
	-	instructions for ve								3,	, ,	,,-				
39		reat all use of veh											ı	•		
40	Do you	orovide more than	five vehicles to y	our employ	ees, obt	aın ınfor	rmation f	rom you	ır employ	ees abo	out					
	the use	of the vehicles, an	d retain the infor	mation rece	ived?											
41	Do you	meet the requirem	ents concerning	qualified au	tomobile	demon	stration	use? (S	ee instru	ctions)					ļ	
		your answer to 37		1 is "Yes," c	do not co	mplete	Section	B for the	e covered	d vehicle	es	_			L	
_ <u>P</u> ;	art VI	Amortization	n		_	.						/0				
		(a) Description of costs	s	(b) Date amo begi	rtization			(c) ortizable mount		(d Co sect	de	Amortiz perior percer	ation d or	Am	(f) ortization t this year	or
42	Amortiza	ation of costs that	begins durina va	ur 2007 tax	vear (se	e instru	ctions)							_		
			<u> </u>			T							$\overline{}$			
43	Amortiz	ation of costs that	began before yo	ur 2007 tax	year								43			<u>, 153</u>
44	Total. A	dd amounts in col	umn (f) See the	instructions	for whe	e to rep	ort						44			<u>, 153</u>
														F	orm 456	2 (2007)

Federal Statements

Statement 1 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COG	is	Gross Profit
Merchandise Sales	\$ 14,180	\$ 4	, 112	\$ 10,068
Total	\$ 14,180	\$ 4	,112	\$ 10,068

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$ \$	Ş	\$	
Magazine Printing	107,902	107,902		
Magazine Content	35,151	35,151		
Magazine Design	13,545	13,545		
Direct Mail	8,162	8,162	1	
Contract Services	26,150	15,675	10,125	350
Marketing	17,084	16,244	157	683
Taxes and Licenses	3,535	3,128	407	
Insurance	1,799		1,799	
Other Expenses	2,863	1,595	1,126	142
Total	\$ 216,191 \$	201,402 \$	13,614 \$	1,175

Federal Statements

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

To educate the general public about the ecology of the northern forest, and issues related to sustainable forest management.

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	 Beginning of Year	Accum Depr	End of Year	Accum Depr
Furniture, fixtures, & equipm Computers & software Land and real estate	\$ 2,600 \$ 8,677 10,000	2,420 \$ 4,153	3,700 \$ 8,677 10,000	2,609 5,796
Total	\$ 21,277 \$	6,573 \$	22,377 \$	8,405

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	 Beginning of Year	_	End of Year
Intangible assets Accumulated Amortization	\$ 497,304 -157,479	\$	497,304 -190,633
Total	\$ 339,825	\$_	306,671

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Deferred Advertising Deferred Subscriptions Other Deferred Revenue	\$ 16,814 128,758	\$ 14,305 162,287
Total	\$ <u>145,572</u>	\$ 176,592

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	_	End of Year
Notes Payable	\$ 87,814	\$	
Total	\$ 87,814	\$	0

02-0507029	Federal S	Federal Statements			•
Statement 8 - Form 990, Part V-A		- List of Officers, Directors, Trustees, and Key Employees	Trustees, and Key		
Name and Address	Title	Average	Compensation	Benefits	Fxnenses
Charles Levesque 37 Old Pound Rd Antrim NH 03440	President	ω	0	0	0
Marcia McKeague One Katahdin Ave Millinocket ME 04463	Vice Preside	വ	0	0	0
Henry Whittemore PO Box 299 Hallowell ME 04015	Secretary/Tr	Ŋ	0	0	0
Sarah Bogdanovitch 512 Bay Pond Park Paul Smiths NY	Director	ഹ	0	0	0
Darby Bradley Maple Corners Calais VT 05648	Director	ις.	0	0	0
Tom Colgan 150 Orford Rd Lyme NH 03768	Director	rð.	0	0	0
Julia Emlen 350 Prospect Street Seekonk MA 02771	Dircetor	Ŋ	0	0	0
Jim Hourdequin 23 South Main Street Hanover NH 03755	Director	ſΩ	0	0	0
Sydney Lea PO Box 9 Mewbury VT 05051	Director	Ŋ	0	0	0
Mark Rivers 354 Old Ferry Rd	Director	۲S	0	0	0
					80

	10				
* ;		Expenses	0	0	© 80 ·
		Benefits	0	0	0
	s, Trustees, and Key	Compensation	0	0	0
Statements	st of Officers, Directors es (continued)	Average	ഹ	ഹ	0
Federal	Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)	Title	Director	Director	
02-0507029	Statement 8	Name and Address Brattleboro VT 05301	Charlie Thompson 7 Old Pratt Corner Rd Pelham MA 01002	Ed Wright 9600 Main St Clarence NY 14031	