Form **990-EZ** 

# Short Form 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)

**u** Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public

OMB No. 1545-1150

Department of the Treasury

Inte	rnal Reve	enue Service		<b>u</b> The organiza	tion may have to use a	copy of this return to	satisfy s	state reporti	ing requirement	S.	mspection
Α	For the	2008 calenda	ar year,	or tax year beginning	10/01/08	, and ending	9/3	30/09			
В			Please	C Name of organization						D En	nployer identification number
	Address	change	use IRS	Center for		oodlands					
П	Name ch	hongo	label or	Educati	on, Inc					0:	2-0507029
H	Initial ret	, i	print or type.		(or P.O. box, if mail is n	ot delivered to street	addraec	e)	Room/suite		elephone number
Н	Terminat		See	PO Box 471	(OI F.O. DOX, II IIIali is I	of delivered to street	auuress	s)	Koon/suite		02-439-6292
Н		al materia	Specific		ar according and 7ID + 4				<u> </u>		
Н	Amende	l'	Instruc-	City or town, state of Corinth	or country, and ZIP + 4	VT 05039					roup Exemption
Ш			tions.								umber u  : Cash X Accrual
	• Seci	11011 501(0)(3)	_	zations and 4947(a)(1)	-		attacn		G Accounting		l: Cash X Accrual
_	18/-11			npleted Schedule A (F rthernwoodla					Other (specify)		
١.						40.47(-)(4)	$\Box$		H Check <b>u</b> required to	attach S	the organization is <b>not</b> Schedule B (Form 990,
<u></u>				y one)— <b>X</b> 501(c) (		4947(a)(1) o		527		-	
K	Check	_	-			•	-	ss receipt	s are normali	y <b>not</b> m	nore than \$25,000. A return
_		•		anization chooses to file							• FEO 000
				9 to determine gross receip							
_	Part I			penses, and Cha		sets or Fund E	salan	ces (Se	e the insti		
	1			nts, and similar amounts re							206,656
	2	Program serv	ice reve	enue including governn	nent fees and contra	icts				. 2	<u> </u>
	3	Membership	dues ar	nd assessments						. 3	
	4	Investment in	ncome							. 4	2,028
	5a			sale of assets other tha			5a		5,43	_	
	b	Less: cost or	other b	asis and sales expense	es		5b		5,02	29	
٠.	С	Gain or (loss) fi	rom sale	of assets other than inven	tory (Subtract line 5b fro	om line 5a) (attach sc	:h.)	See	Stmt 1	5c	409
nue	6	Special events	and activ	vities (complete applicable	parts of Schedule G). If	any amount is from	gaming	g, check he	re ▶ 🔲		
Revenue	а	Gross revenu	ıe (not i	ncluding \$	of	contributions					
æ		reported on li	ine 1)				6a				
	b	Less: direct e	expense	s other than fundraisin	g expenses		6b				
	С	Net income of	or (loss)	from special events ar	nd activities (Subtrac	t line 6b from line	6a)			. 6с	;
	7a	Gross sales	of inven	tory, less returns and a	allowances		7a		8,91		
	b	Less: cost of					7b		3,52	22	
	С	Gross profit of	or (loss)	from sales of inventor	y (Subtract line 7b fr	om line 7a)				7с	5,396
	8	Other revenu								) 8	
	9	Total revenue	e. Add	lines 1, 2, 3, 4, 5c, 6c,	7c, and 8					9	551,447
	10			mounts paid (attach so						10	)
	11	Benefits paid								44	
"	12	Salaries, other	er comp	pensation, and employe							227,200
ses	13	Professional	fees an	d other payments to in	dependent contracto	rs				13	
Expen	14			lities, and maintenance							40 564
М	15			, postage, and shippin							
	16			scribe > See St						) 16	2== 422
	17			d lines 10 through 16						17	E 0.4 C 0.0
ts	+			r the year (Subtract line					· · · · · · · · · · · · · · · · · · ·		
Net Assets	19			nces at beginning of year (							000 = 60
ğ	20			t assets or fund balance						20	004
Š	21			alances at end of year.						21	
F	Part II			ets. If Total assets or							
	art II	Dalaile		e the instructions for Pa		aισ ψε,υυυ,υυυ UI	111016,		eginning of year		(B) End of year
ງາ	Cach	eavinge and in			,		}	(17)	124,68		100 000
				ents					13,97		
		nd buildings		See Stater	ment 4		···· \		337,28		
							—-'⊦		475,93		
20	Total a	abilities (de	ribo	See State	ement 5		···· \		185,37		104 150
20 27	Not ass	aviilles (desc	Alores	line 27 of severe (D	must same with the	21)	—-'⊦		290,56		
<u> </u>	net ass	sets of fund b	alances	s (line 27 of column (B	) must agree with IIr	le ∠1)			290,30	<u> </u>	300,343

DAA

Form 990-EZ (2008) Center for NorthernWoodlands	02	-0507029			Page 2
Part III Statement of Program Service Accomplishments (S	See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exempt purpose?				(Required	d for 501(c)(3)
See Statement 6				and (4) o	organizations
Describe what was achieved in carrying out the organization's exempt purposes. In a	a clear and concise	manner,		and 4947	7(a)(1) trusts;
describe the services provided, the number of persons benefited, or other relevant in	nformation for each	program title.		optional f	for others.)
28 Published 4 issues of Northern Woodlands Magazine, and					
distributed more than 500 free copies of each issue to					
libraries, foresters and key individuals			ا. ہے		212 222
(Grants \$ ) If this amount includes foreign grants, ch	eck here	u	28	<u>a                                    </u>	319,293
29 See Statement 7					
(Grants \$ ) If this amount includes foreign grants, ch	ook horo		·		12,418
30 Produced other publications, including a stewardship	eck fiele	u		<u>a  </u>	12,110
guide that was distributed free to 20,000 forestland					
owners in Vermont.					
(Grants \$ ) If this amount includes foreign grants, ch	eck here	u	☐ <sup>1</sup> 30	a	54,868
31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign grants, ch	eck here	u	31	a	
32 Total program service expenses (add lines 28a through 31a)			u 32	2	386,579
Part IV List of Officers, Directors, Trustees, and Key Employees. List ear					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		tributions to benefit plans &	(e) Expense account and
(4) Hallo and addition	devoted to position	enter -0)	deferred co	ompensation	other allowances
Charles Levesque	President				
		0		0	0
Marcia McKeague	Vice Preside	0			
Henry Whittemore	Secretary/Tr	0		0	0
nemy wirttemore	Secretary/II	0		0	0
Sarah Bogdanovitch	Director	-			
		0		0	0
Darby Bradley	Director				
		0		0	0
Tom Colgan	Director				
		0		0	0
Julia Emlen	Dircetor				
		0		0	0
Jim Hourdequin	Director	_		_	_
Gudana Tan	<b>P</b>	0		0	0
Sydney Lea	Director	0		0	0
Mark Rivers	Director	0			
	22200002	0		0	0
Charlie Thompson	Director				
		0		0	0
Ed Wright	Director				
		0		0	0
	1				

Form **990-EZ** (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37a				
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ${f u}$ ; section 4912 ${f u}$ ; section 4955 ${f u}$			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958 <b>u</b>			
d	Enter amount of tax on line 40c reimbursed by the organization u			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. <b>u None</b>			
42a	The books are in care of <b>u</b> Amy Peberty Telephone no. <b>u</b>	802-43	9-6	292
	1776 Center Road			
	Located at u Corinth, VT ZIP+4 u	05039		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: u			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: <b>u</b>			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			u [
	and enter the amount of tax-exempt interest received or accrued during the tax year u 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		х

Form **990-EZ** (2008)

Form	990-EZ (2008) Center for NorthernWoodlands		02	<u>-050</u>	<u>7029                                    </u>				Page 4
Pa	rt VI Section 501(c)(3) organizations only. All section 50 and complete the tables for lines 50 and 51.	1(c)(3)	organiza	ations r	nust an	swer questi	ons 4	6–49	
46	•	n hahalf a	of ar in any	accition t				Ves	TNo
46	Did the organization engage in direct or indirect political campaign activities of	n benaii c	or in opp	DOSILION L	,			Yes	No X
	candidates for public office? If "Yes," complete Schedule C, Part I							_	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedul				<u>.</u>		. 4		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	? If "Yes,"	complete	Schedule	Ε		. 4	$\rightarrow$	X
49a	Did the organization make any transfers to an exempt non-charitable related of	organizatio	on?					9a	X
b							. 49	9b	
50	Complete this table for the five highest compensated employees (other than each received more than \$100,000 of compensation from the organization. If				nd key em	nployees) who			
	(a) Name and address of each employee paid more than \$100,000	hours	and average per week to position	(c) Com	pensation	(d) Contributions employee benefit pla deferred compensati	ns &	(e) Expe	and
None	<b>3</b>								
		-							
Total	number of other employees paid over \$100,000								
	compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000		(b)	Type of s	ervice	(0	:) Comp	pensation	
No	ne								
. 51/5	nie.	• • • • •							
Total	number of other independent contractors each receiving over \$100,000	<b>•</b>							
Sigr Here					n of which			_	
	Type or print name and title.								
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J	Date	1	Check if	Prenarer's	Identifving	Number (	See instr \
Paic	·		12/22		self- employed <b>u</b>				
	parer's Firm's name (or yours John Chamberlain P.C.	,				EIN u	03-	-0310	)681
Use	Only if self-employed), P.O. Box 634								
	address, and ZIP + 4 Middlebury, VT 05753	3				no. <b>u 8</b> 0	02-3	<del>888-3</del>	3764
May	the IRS discuss this return with the preparer shown above? See instructions $% \left( 1\right) =\left( 1\right) \left( 1\right$							Yes	No
							Form	990-E	<b>Z</b> (2008)

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

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Center for NorthernWoodlands Education, Inc

Employer identification number 02-0507029

Pa	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	(see ir	nstruct	tions)			
The	orga	nization is not	a private foundation because	e it is: (Please check only one	organizati	on.)								
1		A church, co	nvention of churches, or ass	sociation of churches described	in <b>section</b>	170(b)(1	)(A)(i).							
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	ii). (Atta	ch Sche	edule H	.)				
4	П	•		d in conjunction with a hospital						•	ospital's	s name		
		city, and state	•								•			
5		•		of a college or university owned						bed in				
	Ш		b)(1)(A)(iv). (Complete Part				,							
6		•		governmental unit described in s	section 17	'0(b)(1)(A)	(v)							
7	П			substantial part of its support from				from the	genera	al public				
•	ш	•	section 170(b)(1)(A)(vi). (C		om a gov	on in normal	unit or i		gonore	pablic				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	x	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
,		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
10	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)													
11	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> . (see instructions)  An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the													
••														
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section</b> 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		<b>509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h. <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III–Functionally Integrated <b>d</b> Type III–Other												
е	П	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
·	Ш	-	-		-					section				
		persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2).												
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
•			check this box		а туро т,	, ypo 11, v	•		•					
a				tion accepted any gift or contrib	ution from	anv of th								ш
g		following per		tion accepted any gift of contrib	duoii iioii	i arry or a	.0							
		• .		ontrols, either alone or together	with ners	ons descr	ihed in (	ii\					Yes	No
		., .	•	f the supported organization?	•		•					11g(i)	103	.,,
			member of a person describ									11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h				he organizations the organization								i ig(iii)		
			· · · · · · · · · · · · · · · · · · ·	1	1		( ) 511		1 ( )	1		,		
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your	(v) Did y	ou notity nization in	(VI) organizati	ls the on in col	(	vii) Am supp		
	9			above or IRC section		document?	· · · ·	of your		zed in the				
				(see instructions)		T	supp		<del> </del>	S.?				
					Yes	No	Yes	No	Yes	No				
					-									
Tota														

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) u (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) **u** (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

202	tion A. Public Support	cked the box o	in line 9 of Par	l I.)			
	lendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,398	172,968	187,568	219,355	206,656	932,945
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	259,183	363,393	302,177	348,893	342,279	1,615,925
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	405,581	536,361	489,745	568,248	548,935	2,548,870
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		10,000	5,000	4,000	14,636	33,636
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b		10,000	5,000	4,000	14,636	33,636
8	Public support (Subtract line 7c from line 6.)	405,581	526,361	484,745	564,248	534,299	2,515,234
	tion B. Total Support			T			
	lendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	405,581	536,361	489,745	568,248	548,935	2,548,870
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30	1,066	2,956			4,052
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	30	1,066	2,956			4,052
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	405,611	537,427	492,701	568,248	548,935	2,552,922
14	First five years. If the Form 990 is for the organization, check this box and stop here	)		•	,	c)(3) 	<b>&gt;</b> [
	tion C. Computation of Public Su	<del> </del>					
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, column	ı (f))		15	98.5237 %
16 Soc	Public support percentage from 2007 Sche						94.8999 %
	tion D. Computation of Investmen			(0)		47	
17 10	Investment income percentage for 2008 (li		/ A 1: 07h			40	0.1587 %
18 19a	Investment income percentage from 2007 33 1/3 % support tests—2008. If the organ			14 and line 15 is r			0.2140 %
	17 is not more than 33 1/3 %, check this be	ox and <b>stop here.</b>	The organization q	ualifies as a public	ly supported organ	nization	<b>&gt;</b> 🗓
b	33 1/3 % support tests—2007. If the organ						
	line 18 is not more than 33 1/3 %, check the	is box and stop he	re. The organization	on qualifies as a pu	ublicly supported o	organization	▶

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

Schedule A (F	orm 990 or 990-EZ):	2008 <b>Center</b>	for Nor	thernWoodland	ls 02	-0507029	Page 4
Part IV	Supplemental	Information. C	complete this	part to provide the e Provide any other a	explanation required	by Part II, line 10;	
	T dit ii, iii o Tre	<u>a or 175, or r ar</u>	111, 1110 12.	Trovide any other a		i. (See mondono)	
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
							·

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

u Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

2008

Center for NorthernWoodlands Education, Inc 02-0507029 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

990-EZ, or 990-PF).

Form **4562** 

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

2008

Attachment

Name(s) shown on return

© | ► See separate instructions.

Center for NorthernWoodlands
Education, Inc

Identifying number 02-0507029

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions . . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 1,248 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (a) Classification of property (business/investment use (e) Convention (a) Depreciation deduction year placed in service only-see instructions) 19a 3-year property 3,591 90 5.0 MO S/L b 5-year property 7-year property C 1,143 10.0 MO S/L 48 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property S/L MM 27.5 yrs. MM Nonresidential real 39 yrs. S/I MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 vrs. S/I S/L 40-year 40 yrs. Summary (See instructions.) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,386 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs

Cerreer	TOT	MOT CHET HWOOGTAHAB	02-030/023	
Form 4562 (2008)				Page

01111 1002 (20	00)							
Part V					cellular telephone	s, certain	computers,	and
	property used for	r entertainment,	recreation, or	amusement.)				

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

\*\*Description and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Sect	tion A—Depreciation and Other Inform	nation (Caution:	See the	Instruc	_	IIMITS 101	passen	ger autor	nobiles	. )				$\overline{}$
<u>24a</u>	Do you have evidence to support the busin	ess/investment use	claimed?	$\perp$	Yes	No	24b	If "Yes,"	is the e	vidence	written?		Yes	No
	(a) (b) (C) e of property t vehicles first) Date placed in service use percentage	nt Cost of	other		(e) is for dep siness/inv use onl	estment	(f) Recovery	/ Me	(g) ethod/ evention		(h) Depreciation deduction		Ele sectio	i) cted on 179 ost
25	Special depreciation allowance for qu	•	erty place	ed in se	ervice du	ring the	tax	•						
	year and used more than 50% in a qu	ualified business	use (see	instruct	ions)				. 2	5				
<u> 26</u>	Property used more than 50% in a qu	alified business u	use:											
		%												
		<u>%</u>												
<u>27</u>	Property used 50% or less in a qualifi	ed business use:		_						_				
		0/						S/L-	_					
		<u>%</u>						- O/L		+			-	
		%						S/L-	_					
28	Add amounts in column (h), lines 25 t	hrough 27. Enter	here and	d on line	e 21. pa	ne 1			-	В			-	
29	Add amounts in column (i), line 26. E								. —			29		
			tion B—									•	•	
	nplete this section for vehicles used by a uprovided vehicles to your employees, first an										hose vehic	des		
30	Total business/investment miles drive	•	(a		T .	b)	(0	. 1	-	d)		e)	Ι ,	
50	during the year (do not include comm		1	hicle 1 Vehicle 2			cle 3		icle 4		cle 5	(f) Vehicle 6		
	miles)	•	70	0.0 .	10.		10	0.0 0			10	0.0	10	0.0 0
31	Total commuting miles driven during	he year												
32	Total other personal (noncommuting) miles driven													
33	Total miles driven during the year. Add													
	lines 30 through 32													
34	Was the vehicle available for personal	I	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
											1			
35	Was the vehicle used primarily by a													
20	more than 5% owner or related person													
36	Is another vehicle available for persor			\	D									<u> </u>
Anei	wer these questions to determine if you	—Questions for						-						
	more than 5% owners or related persor	•		iipiciiiig	Occion	D 101 VC	indica ut	oca by c	прюус	55 WIIO (	ai c			
	There than 676 emiles of related percen	o (coo mondonor											Yes	No
37	Do you maintain a written policy state	ment that prohibi	ts all per	sonal u	se of ve	hicles, ir	ncluding	commutir	ng, by y	our em	oloyees?			
38	Do you maintain a written policy state						_				-			
	See the instructions for vehicles used													
39	Do you treat all use of vehicles by em													
40	Do you provide more than five vehicle	es to your employ	ees, obt	ain info	rmation 1	rom you	r employ	ees abo	ut					
	the use of the vehicles, and retain the													
41	Do you meet the requirements conce													
_	<b>Note:</b> If your answer to 37, 38, 39, 40	, or 41 is "Yes,"	do not co	mplete	Section	B for the	covered	l vehicles	S					
_Pa	art VI Amortization									(-)				
	(a)	(b				(c)		(d)		(e) Amortiza			(f)	
	Description of costs	Date amo				ortizable mount		Cod section		period percent			ortization this year	or
42	Amortization of costs that having about			o inat						polocili	age		- /	
42	Amortization of costs that begins during	ig your 2008 tax	year (see	= instru	ctions):									
43	Amortization of costs that began befo	re vour 2008 tax	vear								43		3.3	,154
44	<b>Total.</b> Add amounts in column (f). Se	-									44			,154
<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0 .00	J									2 (0000)

02-0507029

FYE: 9/30/2009

## **Federal Statements**

# <u>Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities</u>

_	
1)690	ription
	n ipuoi i

	Doddiption						
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
104 sh Amgen Donation		Various	4/16/09 \$_	5,438 \$	5,029	\$\$	409
Total			\$=	5,438 \$	5,029	\$0 \$	409

02-0507029

### **Federal Statements**

FYE: 9/30/2009

#### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	 \$
	2,961
	3,147
Supplies	5,606
Telephone	7,025
Postage	46,018
Magazine Printing	81,241
Magazine Content	33,927
Magazine Design	15,290
Direct Mail	8,444
Contract Services	21,452
Marketing	27,444
Taxes and Licenses	2,523
Insurance	2,147
Other Expenses	458
Total	\$\$

#### Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount		
Unrealized Losses on Securities	\$_	-834	
Total	\$	-834	

#### Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year	 End of Year
Accounts Receivable Inventories for Sale or Use Intangible assets Accumulated Amortization	\$ 21,085 9,527 497,304 -190,633	\$ 6,822 10,965
	 337,283	17,787

#### Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	 Beginning of Year	End of Year		
Accounts Payable and Accrued Expenses Deferred Revenue Notes Payable	\$ 8,781 176,592	\$	6,192 177,967	
	 185,373		184,159	

02-0507029

## **Federal Statements**

FYE: 9/30/2009

#### Statement 6 - Form 990-EZ, 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.

# <u>Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service</u> <u>Accomplishments</u>

#### Description

Provided the magazine and an accompanying Teacher's Guide free of charge to more than 5000 students in 300 classrooms, and itegrated the Northern Woodlands Goes To School curriculum into national and state standards

02-0507029

Form 990, Page 1

FYE: 9/30/2009

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>5-year</u> 18	r GDS Property: Dell Power Edge 840	8/03/09 -	3,591 3,591		3,591 3,591	5 MQ S/L	0 0	90 90
<b>10-yea</b> 16 17	ar GDS Property: Office Counter Work Station	3/24/09 4/06/09 =	200 943 1,143		200 943 1,143	10 MQ S/L 10 MQ S/L	0 0	13 35 48
1 2 3 6 7 8 10 11 12	Furniture Copier Computers Network hardware Computer (IBM NetVista) Satellite internet connection 2 Dell Computers Dell Dimension 5150/19" LCD Dell Printer Land 4 Dell Optiplex Computers wt 17" Monitors Circular Desk  Total Other Depreciation  Total ACRS and Other Depreciation	9/12/08 _	2,000 600 300 1,725 964 983 1,183 817 470 10,000 2,000 1,100 22,142		2,000 600 300 1,725 964 983 1,183 817 470 10,000 2,000 1,100 22,142	5 MO S/L 5 MO S/L 0 Land 5 MO S/L 10 MO S/L	2,000 600 300 1,725 851 852 808 354 204 0 467 9 8,170	0 0 0 0 113 131 237 163 94 0 400 110 1,248
<u>Amor</u> 4 5	tization: Intangible Assets Software (Win XP, Office XP)	1/03/03 10/06/03	497,304 235 497,539		497,304 235 497,539	15 MOAmort 3 MOAmort	190,633 235 190,868	33,154 0 33,154
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	- =	524,415 0 0 524,415		524,415 0 0 524,415		199,038 0 0 199,038	34,540 0 0 34,540

02-0507029 FYE: 9/30/2009

# Depreciation Adjustment Report All Business Activities

Form	<u>Unit</u>	<u>Asset</u>	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MACR	S Adjı	ustments:				
Page 1	1	16	Office Counter	13	13	0
Page 1	1	17	Work Station	35	35	0
Page 1 Page 1 Page 1	1	18	Dell Power Edge 840	90	90	0
				138	138	0

02-0507029

**Federal Statements** 

FYE: 9/30/2009

#### Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	E	Beginning Accumulated of Year Depreciation			End of Year		Accumulated Depreciation	
Land and real estate Furniture, fixtures, & equipm Computers & software	\$	10,000 3,700 8,677	\$	2,609 5,796	\$	10,000 514,415	\$	0 233,578
Total	\$	22,377	\$	8,405	\$	524,415	\$	233,578