

Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

OMB No 1545-1150

2005**Open to Public
Inspection****A** For the 2005 calendar year, or tax year beginning **January 1**, 2005, and ending **December 30**, 20 05**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**Friends of Dard Hunter, Inc.**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P.O. Box 773

City or town, state or country and ZIP + 4

Lake Oswego, OR 97034**D** Employer identification number**39 : 1522079****E** Telephone number**(503) 699-8653****F** Group Exemption
Number ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ <http://www.friendsofdardhunter.org/>**H** Check ☒ if the organization
is not required to attach
Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one)—☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **37487****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	470
	2	Program service revenue including government fees and contracts	2	18096
	3	Membership dues and assessments	3	9680
	4	Investment income	4	7
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	5182
Expenses	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	5182
	7a	Gross sales of inventory, less returns and allowances	7a	1359
	b	Less: cost of goods sold	7b	2283
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	-924
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	32511
	10	Grants and similar amounts paid (attach schedule)	10	1651
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	10963
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	8849
	16	Other expenses (describe ▶ _____)	16	4782
	17	Total expenses (add lines 10 through 16)	17	26245
	18	Excess or (deficit) for the year (line 9 less line 17)	18	6266
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	32396	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	38662	

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32396	22 38662
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	32396	25 38662
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32396	27 38662

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

Cat No 106421

Form **990-EZ** (2005)

SCANNED DEC 07 2006

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)What is the organization's primary exempt purpose? **To promote information about hand papermaking**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)**28 Annual meeting, publications, and website provide more than 400 members with workshops, seminars, presentations, and information about the history, art, and craft of papermaking.**(Grants \$ **1651**) If this amount includes foreign grants, check here ☐**28a 26245****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32****Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Attached				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	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		✓
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		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0		
b 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," attach an explanation	40b	✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)**41** List the states with which a copy of this return is filed. **None****42a** The books are in care of **Jeffrey A. Barr** Telephone no **(203) 789-8681**
Located at **102 Edgewood Ave., #2, New Haven, CT** ZIP + 4 **06511-4520****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 account)?

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
42b		✓
42c		✓

**Please
Sign
Here**

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

Signature of officer **Jeffrey A. Barr**Date **Nov. 10, 2006**Type or print name and title **Jeffrey A. Barr, Treasurer, Friends of Dard Hunter, Inc.****Paid
Preparer's
Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no ()

Friends of Dard Hunter, Inc.
P.O. Box 773
Lake Oswego, OR 97034

EIN: 39-1522079

Form: 990-EZ, Part 1
Year: 2005

Line 6 – Special Events and Activities
(no direct expenses)

Auction	\$4772
Raffle	<u>410</u>
Total	\$5182

Line 10 – Grants and similar amounts paid

Scholarships, cash	\$1651
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Line 16 – Other expenses

Annual Meeting 2005 (less scholarships)	\$4442
Executive Committee and Board Expenses	<u>330</u>
Bank Charges	<u>10</u>
Total	\$4782

Friends of Dard Hunter, Inc.
P.O. Box 773
Lake Oswego, OR 97034

EIN: 39-1522079

Form: 990-EZ, Part IV List of Officers, Directors, Trustees
Year: 2005

Executive Committee and Board of Directors	Title and Average Hours per Week Devoted to Position	Compensation	Contributions to Employee Benefit Plans and Deferred Compensation	Expense Account and Other Allowances
Marion Cluff P O Box 773 Lake Oswego, OR 97034	Executive Director 20 hours a week	\$800 per month	0	0
Rudy Kovacs 125 S. Hayes St. Pocatello, ID 83204	President 2 hrs/wk	0	0	0
Pamela Wood PO Box 12556 Tempe, AZ 85284	Vice President Annual Meetings 4 hrs/wk	0	0	0
Jill Littlewood 435 E Pedregosa St Santa Barbara, CA 93103	Vice President Publications 2 hrs/wk	0	0	0
Joyce Kierejczyk 1525 W. Escalon Fresno, CA 93711	Vice President Membership 1 hrs/wk	0	0	0
Kathy Wosika 4586 N Arthur Ave. Fresno, CA 93705	Secretary 1 hr/wk	0	0	0
Jeffrey A Barr 102 Edgewood Ave #2 New Haven, CT 06511	Treasurer 2 hrs/wk	0	0	0
Marjorie Alexander Gradybridge 3251 Fernwood St Arden Hills, MN 55112	Board Member	0	0	0
Whitney Baker 2807 Harvard Rd Lawrence, KS 66049	Board Member	0	0	0
Howard Clark Twinrocker Paper PO Box 413 Brookston, IN 47923	Board Member	0	0	0

Peter Hopkins
472 Center St.
Pownal, VT 05261

Board Member

0

0

0

Dard Hunter III
PO Box 771
Chillicothe, OH 45601

Board Member

0

0

0

Kate Martinson
204 High St.
Decorh, IA 52101

Board Member

0

0

0

Marilyn Sward
114 Keeney #3E
Evanston, IL 60202

Board Member

0

0

0

Peter Thomas
260 15th Ave
Santa Cruz, CA 95062

Board Member

0

0

0

Peter Sowiski
155 Dorchester Rd
Buffalo, NY 14213

Liaison to R C
Williams
American
Museum of
Papermaking

0

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