COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:								
1. Name:								
2. Address:								
3. Email Address:								
4. Phone Number:								
* * * *								
For Witnesses Representing Organizations:								
1. Name: Edwin L. Fountain								
2. Name of Organization(s) You are Representing at the Hearing:								

3. Business Address:

401 F Street, N.W., Suite 324 Washington DC 20001

World War I Memorial Foundation

4. Business Email Address:

info@wwimemorial.org

5. Business Phone Number:

202-879-7645

Name/Organization	Edwin L. Fountain
Title/Date of Hearing	Subcommittee on National Parks hearing, September 11, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

N/A

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

N/A

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Past president of D.C. Preservation League, the leading tax-exempt historic preservation advocacy organization in the Nation's Capital

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

The World War I Memorial Foundation was founded in 2008 as a 501(c)(3) organization with two missions: (1) to advocate for and secure funding for restoration of the DC War Memorial located on the National Mall in Washington DC, and (2) to advocate for establishment of a national World War I Memorial on the Mall in Washington in anticipation of the upcoming centennial of the war.

Name/Organization Title/Date of Hearing	Edwin L. Fountain Subcommittee on National Parks hearing on September 11, 2012
In addition, for witnesses	representing organizations:
g. Any offices, elected pos	sitions, or representational capacity held in the organization(s) on whose behalf you

I am a founding director and the secretary and treasurer of the Foundation

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

are testifying.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Information copy. Do not send to IRS.

Form **990**-

N

Department of the Treasury Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2011

Open to Public Inspection

D Employer

Identification

80-0256396

Number

A For the 2011 calendar year, or tax year beginning 1/1/2011, and ending 12/31/2011.

B Check if applicable

Terminated, Out of Business

Gross receipts are normally \$50,000 or less

E Website: <u>www.</u> wwimemorial.org C Name of organization: WORLD WAR I MEMORIAL FOUNDATION

d/b/a:

401 F Street NW Suite
324

Washington, DC, US, 20001

F Name of Principal Officer: **Edwin Fountain**

3714 N Randolph Street Arlington, VA, US, 22207

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

<u>Note:</u> This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

Form **990-EZ**

A For the 2009 calendar year, or tax year beginning

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)

▶ 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 \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

2009

OMB No. 1545-1150

, 20

, 2009, and ending

Open to Public Inspection

В									loyer identification number				
H	Address of Name cha	label or						h					
	Initial retu	type.						none nu	imber				
	Terminate	ed	See Specific	ity or town, state or country, and ZIP + 4							—		
H	Amended	return on pending	Instruc- tions.	nty of town, state of country, and 211 + 4				F Grou	ıp Exer ıber ▶	•			
Ш				in and 4047/2\/4\			C						
	• Sec	tion 501(c)(3)	_	ions and 4947(a)(1) nonexempt charitab leted Schedule A (Form 990 or 990-EZ).		in		specify)		☐ Cash ☐ Accru	ıaı		
_										rganization is not	—		
. '	Websit	te: ▶								hedule B (Form 990,			
			check o	one) — ☐ 501(c) () ◀ (insert no.) [4947(a)(1) or	527		Z, or 990			,		
	Check I			ion is not a section 509(a)(3) supporting or			eipts are no	ormally i	not mo	ore than \$25,000. A	_		
	Form 9		-	n is not required, but if the organization o	-			-					
L	Add line	s 5b, 6b, and 7	b, to line	to determine gross receipts; if \$500,000 or n	more, file Form 990 inst	tead of	Form 990-	EZ 🕨	\$				
F	art I	Revenu	e, Exp	nses, and Changes in Net Asset	ts or Fund Balan	ces (S	See the	instruc	ctions	for Part I.)			
	1	Contribution	ons, gif	grants, and similar amounts received	1				1				
	2	Program s	ervice r	enue including government fees and	contracts				2				
	3	Membersh	ip dues	nd assessments					3				
	4	Investmen			1	1			4				
	5a			sale of assets other than inventory									
	b			pasis and sales expenses			,						
Φ	С			ale of assets other than inventory (Su					5c				
nue	6			ies (complete applicable parts of Schedule G). I		ming, c	neck nere						
Revenue	а			ncluding \$ of c		. 1							
Œ		•		es other than fundraising expenses									
	b			from special events and activities (Si			Sa)		6c				
	7a			tory, less returns and allowances .			ι .						
	b	Less: cost		-									
	С		_	from sales of inventory (Subtract line					7c				
	8	Other reve			,			- 1	8				
	9	Total reve	nue. A	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .					9				
	10	Grants and	d simila	mounts paid (attach schedule)					10				
	11			or members					11				
es	12			pensation, and employee benefits .				1	12				
xpenses	13			d other payments to independent co				1	13				
				ilities, and maintenance				1	14				
Ш	.0			s, postage, and shipping				T I	15				
	16	Other expe							16		—		
_	17 18			d lines 10 through 16					17 18		—		
ets	19			balances at beginning of year (from					10				
Ass				eported on prior year's return)					19				
Net Assets	20	-	_	t assets or fund balances (attach exp				ŀ	20				
Z	21		_	palances at end of year. Combine line	,				21		_		
F	art II	Balance	Shee	Lif Total assets on line 25, column (E	3) are \$1,250,000 o	r more	, file Forr	n 990 i		d of Form 990-EZ.			
				(See the instructions for Part II.)			(A) Begi	nning of	-	(B) End of year			
2		ash, savings	, and in	stments						22	_		
2			_							23			
2		Other assets (describe ►)							24				
2										25			
2		otal liabilitie		pe ► ances (line 27 of column (B) must ag	uree with line 21\)				26 27	—		
	1 140	or assers of	runu L	unoco (mio zi oi columni (d) must ay	1100 WILLI III 10 2 1)		1		12	<u> </u>			

Form 990-EZ (2009) Page 2 Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) 28) If this amount includes foreign grants, check here 28a (Grants \$ 29 (Grants \$ 29a) If this amount includes foreign grants, check here 30 (Grants \$ 30a) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) Part IV (b) Title and average hours per week devoted to position (d) Contributions to (c) Compensation (If not paid, (e) Expense account and (a) Name and address employee benefit plans & enter -0-.) deferred compensation other allowances

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformer the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among, not reported on Form 990-T, attach a statement explaining why the organization did not report the income on F Did the organization have unrelated business gross income of \$1,000 or more or was it subject 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filled a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of reduring the year? If "Yes," complete applicable parts of Schedule N The Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe any such loans made in a prior year and still outstanding at the end of the period covered by this return if "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year urns section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excet transaction during the year or is it aware that it engaged in an excess benefit transaction with a deperson in a prior year, and that the transaction has not been reported on any of the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶ d Section 501(c)(3) and 501(c)(4	33 ed copy of others), but orm 990-T. to section net assets 36	a a b	No
description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformer the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among not reported on Form 990-T, attach a statement explaining why the organization did not report the income on F Did the organization have unrelated business gross income of \$1,000 or more or was it subject 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of reduring the year? If "Yes," complete applicable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instructions. The Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed any such loans made in a prior year and still outstanding at the end of the period covered by this return by the complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Become section 4911 (section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction with a deperson in a prior year, and that the transaction has not been reported on any of the organization Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited to a prohibited to a proh	33 ed copy of others), but orm 990-T. to section net assets 36	a D	
 Were any changes made to the organizing or governing documents? If "Yes," attach a conformer the changes. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among not reported on Form 990-T, attach a statement explaining why the organization did not report the income on F Did the organization have unrelated business gross income of \$1,000 or more or was it subject 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of reduring the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. Image: Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed any such loans made in a prior year and still outstanding at the end of the period covered by this return in the organization borrow from, or make any loans to, any officer, director, trustee, or key employed any such loans made in a prior year and still outstanding at the end of the period covered by this return in the organizations. Enter: a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a Bection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unsection during the year or is it aware that it engaged in an excess benefit transaction with a deperson in a prior year, and that the transaction has not been reported on any of the organization Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c	ed copy of	a D	
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Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed any such loans made in a prior year and still outstanding at the end of the period covered by this return by If "Yes," complete Schedule L, Part II and enter the total amount involved	371		
any such loans made in a prior year and still outstanding at the end of the period covered by this returb If "Yes," complete Schedule L, Part II and enter the total amount involved		ו	Щ
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9			
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section 4911 ▶	nder:		
transaction during the year or is it aware that it engaged in an excess benefit transaction with a d person in a prior year, and that the transaction has not been reported on any of the organization Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
person in a prior year, and that the transaction has not been reported on any of the organizations forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	ess benefit		
Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
4955, and 4958			
reimbursed by the organization			
41 List the states with which a copy of this return is filed. ▶	100	_	
42a The organization's books are in care of ► Telephone	no. ►		
Located at ► ZIP + 4			
b At any time during the calendar year, did the organization have an interest in or a signature or othe			
over a financial account in a foreign country (such as a bank account, securities account, or other			No
account)?	· · · 42I	ו	
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 of Fore	aign Bank		
and Financial Accounts.	rigii Dalik		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? .	420		
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	e		▶ □
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		
		2.5	
AA Did the appropriation resistain and depart of the 1-0 If W/- " Ferry 000 man I I	inatanal -f	Yes	No
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed Form 990-EZ			
45 Is any related organization a controlled entity of the organization within the meaning of section 512	44 2(b)(13)? If		
"Yes," Form 990 must be completed instead of Form 990-EZ	· · · 45		

Form 990-EZ (2009) Page **4**

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) r 47(a)(1) nonexempt ond 51.	onexempt charit charitable trusts m	able trusts only. A ust answer question	II section ns 46-49)b
	Did the organization engage in direct or indirect				Yes	s No
	candidates for public office? If "Yes," complete				46	
	Did the organization engage in lobbying activitie	-			47	_
	s the organization a school as described in section	. , . , . , . ,	•		48	+
	Did the organization make any transfers to an ex f "Yes," was the related organization a section 5	•	eiated organization?		49a 49b	+
50	Complete this table for the organization's five hiemployees) who each received more than \$100,	ghest compensated e	mployees (other tha	n officers, directors, t	trustees a	
		(b) Title and average		on (d) Contributions to	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account other allow	
		-				
		-				
	Complete this table for the organization's five \$100,000 of compensation from the organization			actors who each rece	eived mor	e than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Compens	sation
d	Total number of other independent contractors ϵ	each receiving over \$1	00,000 ▶			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration					
Sign	.			1		
Here	Signature of officer			Date		
	Type or print name and title					
Paid	Preparer's	Dat	e Check if self-	Preparer's identifying nun	nber (See instru	uctions)
r aiu Prepare	r's signature		employed ►			
Use On	FIIII S Hallie (Of			EIN ►		
	address, and ZIP + 4	b		Phone no. ▶		
iviay th	IRS discuss this return with the preparer show	n above? See instructi	ons	🟲 📙	」Yes	No

Form **990-E**Z

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)

► 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Α	For the	e 2009 calendar yea	ar,	or tax year beginning , 2009, and e	nding			, 20			
В	Check if a	applicable: Please		C Name of organization		D Emplo	yer ident	ification number			
Н	Address	Ilabel o									
H	Name ch Initial retu	print of Trainbor and direct (of 1.0. box, if main of not delivered to direct address) Troomy date					E Telephone number				
	Terminat	ted See									
	Amended		IC-	City or town, state or country, and ZIP + 4		F Grou	p Exemp	tion			
Ш	Application	ion pending tions.				Num	ber ►				
	• Sec			* * * * * * * * * * * * * * * * * * * *		-		Cash Accrual			
		a c	con	pleted Schedule A (Form 990 or 990-EZ).		(specify)					
	H Check ► □										
	Websi				•			dule B (Form 990,			
_				ly one) — ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		Z, or 990	•				
	Check	_		ration is not a section 509(a)(3) supporting organization and its gross recei							
				urn is not required, but if the organization chooses to file a return, be su				1.			
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of F			\$	nu Daut I \			
Li	art I			enses, and Changes in Net Assets or Fund Balances (S				or Part I.)			
	1	-	_	s, grants, and similar amounts received		-	1				
	2			evenue including government fees and contracts			2				
	3	•		and assessments			3				
	4	Investment inco		1 1			4				
	5a			m sale of assets other than inventory							
	b			r basis and sales expenses	-)		5c				
ē	6 6	` '		vities (complete applicable parts of Schedule G). If any amount is from gaming, ch	,		5C				
en	_ ا	•		t including \$ of contributions	1001(11010)						
Revenue	а	reported on line									
ш	b	•		ses other than fundraising expenses 6b							
	C	-		s) from special events and activities (Subtract line 6b from line 6b	a)		6c				
	7a	-		entory, less returns and allowances	ω,						
	b			• 1							
	С	-		ss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8	Other revenue (-)	8				
	9	Total revenue.	À	Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶	9				
	10			amounts paid (attach schedule)			10				
	11	Benefits paid to	0 0	for members		[11				
es	12	Salaries, other of	COI	npensation, and employee benefits		[12				
enses	13	Professional fee	es	and other payments to independent contractors		[13				
Q	. ∣ 14			utilities, and maintenance			14				
ŭ	.0			ons, postage, and shipping			15				
	16	Other expenses	,				16				
	17			Add lines 10 through 16			17				
şts	18	•	,	for the year (Subtract line 17 from line 9)		_	18				
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (mus reported on prior year's return)			10				
Ť.	00					-	19				
S	20			net assets or fund balances (attach explanation)			20				
ŀ	∣21 Part II			balances at end of year. Combine lines 18 through 20			21	of Form 990-F7			
	CI U II	Dalarioe Offi	<u> </u>	(See the instructions for Part II.)		inning of		(B) End of year			
2	2	ash savings and	l in	vestments	. , 2 3 9	,9 51	22	1			
2							23				
2		_		e >			24				
2							25				
2		otal liabilities (de					26				
2				alances (line 27 of column (B) must agree with line 21)			27				

Form 990-EZ (2009) Page 2 Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) 28) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a (Grants \$) If this amount includes foreign grants, check here 30 (Grants \$ 30a) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) Part IV (b) Title and average hours per week devoted to position (d) Contributions to (c) Compensation (If not paid, (e) Expense account and (a) Name and address employee benefit plans & enter -0-.) deferred compensation other allowances

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
	· · · · · · · · · · · · · · · · · · ·		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		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		
	the changes	34		
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
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?	37b		
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 outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
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		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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		
	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 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		
-	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			1.0	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yos." Form 900 must be completed instead of Form 900 F7.	4-		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) n 47(a)(1) nonexempt ond 51.	onexempt char charitable trusts	ritable trusts only. A must answer question	All sec ons 46	tion 5–49k)
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		
	Did the organization engage in lobbying activitie	· ·			47		
	Is the organization a school as described in section. Did the organization make any transfers to an exp		•		48 49a		
	If "Yes," was the related organization a section 5	•	•		49b		
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ighest compensated er	mployees (other th	nan officers, directors,	truste		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens		(e)	Expen count a allowa	ise ind
		-					
		-					
		-					
	Total number of other employees paid over \$100						
	Complete this table for the organization's five \$100,000 of compensation from the organization			tractors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Cor	npensa	ation
d	Total number of other independent contractors e	each receiving over \$1	00,000▶_				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration						
Sign							
Here							
	Signature of officer			Date			
	Type or print name and title	15.	01 1 1	Proparavla identifica a	mhor (Ca		etions\
Paid	Preparer's signature	Date	e Check if self- employed	Preparer's identifying nu	111DEL (26)	z ii iəti üC	110115)
Prepare	Fill S hame (or		omployed	EIN ►			
Use On	yours if self-employed), address, and ZIP + 4			Phone no. ▶			
May th	e IRS discuss this return with the preparer shown	n above? See instructi	ons		Yes		No