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| A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009 |                                                                   |                                                                                                             |  |                                                                                                              |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|
| B Check if applicable                                                                 | Please use IRS label or print or type. See Specific Instructions. | C Name of organization<br>INSTITUTE OF NUCLEAR MATERIALS<br>MANAGEMENT                                      |  | D Employer identification number<br><br>31-0740753                                                           |
| Address change                                                                        |                                                                   | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>111 DEER LAKE ROAD |  | E Telephone number<br><br>(847) 480-9573                                                                     |
| Name change                                                                           |                                                                   |                                                                                                             |  |                                                                                                              |
| Initial return                                                                        |                                                                   | City or town, state or country, and ZIP + 4<br>DEERFIELD, IL 60015                                          |  | F Group Exemption Number  |
| Termination                                                                           |                                                                   |                                                                                                             |  |                                                                                                              |
| Amended return                                                                        |                                                                   |                                                                                                             |  |                                                                                                              |
| Application pending                                                                   |                                                                   |                                                                                                             |  |                                                                                                              |

|                                                                                                                                            |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b> | <b>G Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br>Other (specify) ▶ |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                              |  |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I Website:</b> N/A                                                                                                                                                        |  | <b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(6)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |                                                                                                                                                  |

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

|               |                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I ) |
|---------------|---------------------------------------------------------------------------------------------------------|

|            |          |                                                                                                                                                            |                                                             |         |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------|
| Revenue    | 1        | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                       | 1                                                           |         |
|            | 2        | Program service revenue including government fees and contracts . . . . .                                                                                  | 2                                                           | 881,262 |
|            | 3        | Membership dues and assessments . . . . .                                                                                                                  | 3                                                           | 67,210  |
|            | 4        | Investment income . . . . .                                                                                                                                | 4                                                           | 8,721   |
|            | 5a       | Gross amount from sale of assets other than inventory . . . . .                                                                                            | 5a                                                          |         |
|            | b        | Less cost or other basis and sales expenses . . . . .                                                                                                      | 5b                                                          | 0       |
|            | c        | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                                  | 5c                                                          |         |
|            | 6        | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>                  |                                                             |         |
|            | a        | Gross revenue (not including \$_____of contributions reported on line 1) . . . . .                                                                         | 6a                                                          | 0       |
|            | b        | Less direct expenses other than fundraising expenses . . . . .                                                                                             | 6b                                                          | 0       |
|            | c        | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .                                                          | 6c                                                          | 0       |
|            | 7a       | Gross sales of inventory, less returns and allowances . . . . .                                                                                            | 7a                                                          |         |
|            | b        | Less cost of goods sold . . . . .                                                                                                                          | 7b                                                          | 0       |
|            | c        | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                   | 7c                                                          |         |
|            | 8        | Other revenue (describe <input type="checkbox"/> _____)                                                                                                    | 8                                                           |         |
|            | 9        | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . <input type="checkbox"/>                                                          | 9                                                           | 957,193 |
|            | Expenses | 10                                                                                                                                                         | Grants and similar amounts paid (attach schedule) . . . . . | 10      |
| 11         |          | Benefits paid to or for members . . . . .                                                                                                                  | 11                                                          |         |
| 12         |          | Salaries, other compensation, and employee benefits . . . . .                                                                                              | 12                                                          |         |
| 13         |          | Professional fees and other payments to independent contractors . . . . .                                                                                  | 13                                                          | 233,357 |
| 14         |          | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                      | 14                                                          |         |
| 15         |          | Printing, publications, postage, and shipping . . . . .                                                                                                    | 15                                                          | 75,060  |
| 16         |          | Other expenses (describe <input type="checkbox"/> _____)                                                                                                   | 16                                                          | 553,040 |
| 17         |          | <b>Total expenses</b> (add lines 10 through 16) . . . . . <input type="checkbox"/>                                                                         | 17                                                          | 861,457 |
| Net Assets | 18       | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                  | 18                                                          | 95,736  |
|            | 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                                                          | 789,923 |
|            | 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) . . . . . <input type="checkbox"/>                                                | 21                                                          | 885,659 |

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) |                                                                                                                               | (A) Beginning of year | (B) End of year   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| <b>22</b>                           | Cash, savings, and investments . . . . .                                                                                      | 855,232               | <b>22</b> 929,653 |
| <b>23</b>                           | Land and buildings . . . . .                                                                                                  |                       | <b>23</b>         |
| <b>24</b>                           | Other assets (describe  _____)             | 32,056                | <b>24</b> 24,191  |
| <b>25</b>                           | <b>Total assets</b> . . . . .                                                                                                 | 887,288               | <b>25</b> 953,844 |
| <b>26</b>                           | <b>Total liabilities</b> (describe  _____) | 97,365                | <b>26</b> 68,185  |
| <b>27</b>                           | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .                                   | 789,923               | <b>27</b> 885,659 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others ) |  |
| What is the organization's primary exempt purpose?<br>The Institute of Nuclear Materials Management was formed in 1958 to encourage the advancement of nuclear materials management in all its aspects, to promote research in the field of nuclear materials management, establish standards consistent with existing professional norms, improve the qualifications of those engaged in nuclear materials management and safeguards through high standards of professional ethics, education, and attainments, and the recognition of those who meet such standards, and to increase and disseminate information through meetings, professional contacts, reports, papers, discussions, and publications                                                                                                                                                                                                                                                                                                                    |  |                                                                                                               |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                               |  |
| <b>28</b> The Spent Fuel Management Workshop had Over 150 attendees attend the workshop over a three-day period and participate in five consecutive sessions. Papers presented at the workshop are published and available for purchase after the event. The Spent Fuel Seminars provide participants with an annual updated overview of government programs and policy development, the status of spent fuel management technologies and projects, licensing of spent fuel management facilities and equipment, and the special considerations related to the transport, storage and disposal of spent fuel and associated waste. Attendees actively participate in the discussions and interface with experts in the research and development, design, engineering, siting, licensing, construction and operation of spent fuel management equipment and facilities - as well as with program managers and policy makers.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/> |  | <b>28a</b>                                                                                                    |  |
| <b>29</b> The journal is published four times a year and distributed to over 1200 members and nonmembers, with the purpose of advancing and promoting efficient management of nuclear materials.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>29a</b>                                                                                                    |  |
| <b>30</b> The annual meeting has 1080 attendees, mostly members comprised of academicians, consultants, government contractors/employees/licensees, news media, non-governmental organizations, nuclear laboratories, private Industry Professionals, Public Officials, public Utilities and grad students, attended the INMM annual meeting over a four-day period. There are typically 42 concurrent educational sessions. Papers presented at the annual meeting are published on a CD for distribution to members and meeting attendees and will be available for purchase to nonmembers in the future. The Annual Meeting provides attendees with a professional forum for the exchange of the latest technical information in nuclear materials management. The meeting addresses all aspects of nuclear materials management with papers and posters organized by the INMM Technical Program Committee.<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>              |  | <b>30a</b>                                                                                                    |  |
| <b>31</b> Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>31a</b>                                                                                                    |  |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>32</b>                                                                                                     |  |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.) |                                                          |                                            |                                                                     |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| (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 |
| See Additional Data Table                                                                                                                           |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |

| Part V Other Information (Note the statement requirements in the instructions for Part VI.)                                                                                                                                                                     |                                                                                                                                                                                                                                   | 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  | No     |  |  |
| 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  | No     |  |  |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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? . . . . .                                                                                                              |                                                                                                                                                                                                                                   | 35a | Yes    |  |  |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                             |                                                                                                                                                                                                                                   | 35b | Yes    |  |  |
| 36                                                                                                                                                                                                                                                              | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                        | 36  | No     |  |  |
| 37a                                                                                                                                                                                                                                                             | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>                                                                                      | 37a |        |  |  |
| 37a                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |     |        |  |  |
| b                                                                                                                                                                                                                                                               | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                           | 37b | No     |  |  |
| 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 | No     |  |  |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                          |                                                                                                                                                                                                                                   | 38b |        |  |  |
| 39 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |     |        |  |  |
| a Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                        |                                                                                                                                                                                                                                   | 39a | 0      |  |  |
| b Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                               |                                                                                                                                                                                                                                   | 39b | 0      |  |  |
| 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 (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 |        |  |  |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____                                                                                                            |                                                                                                                                                                                                                                   |     |        |  |  |
| d Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____                                                                                                                                                                              |                                                                                                                                                                                                                                   |     |        |  |  |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           |                                                                                                                                                                                                                                   | 40e | No     |  |  |
| 41                                                                                                                                                                                                                                                              | List the states with which a copy of this return is filed ▶ _____                                                                                                                                                                 |     |        |  |  |
| 42a The books are in care of ▶ THE SHERWOOD GROUP Telephone no ▶ (847) 480-9573                                                                                                                                                                                 |                                                                                                                                                                                                                                   |     |        |  |  |
| 111 DEER LAKE ROAD STE 100                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |     |        |  |  |
| Located at ▶ DEERFIELD, IL ZIP + 4 ▶ 60015                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |     |        |  |  |
| 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)?                      |                                                                                                                                                                                                                                   |     | Yes No |  |  |
| If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                         |                                                                                                                                                                                                                                   | 42b | No     |  |  |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                       |                                                                                                                                                                                                                                   |     |        |  |  |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ?                                                                                                                                                            |                                                                                                                                                                                                                                   | 42c | No     |  |  |
| If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |     |        |  |  |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/>                                                                                                    |                                                                                                                                                                                                                                   |     |        |  |  |
| and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>                                                                                                                    |                                                                                                                                                                                                                                   | 43  |        |  |  |
| 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  | No     |  |  |
| 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  | No     |  |  |

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

|     |                                                                                                                                                                                                                                       |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                  | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                            |     |    |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E                                                                                                                        |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                             |     |    |
| 49b | If "Yes," was the related organization(s) a section 527 organization?                                                                                                                                                                 |     |    |
| 50  | Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None." |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
| Total number of other employees paid over \$100,000            |                                                          |                  |                                                                     |                                          |

|                                                                              |                                                                                                                                                                                            |                  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 51                                                                           | Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None." |                  |
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service                                                                                                                                                                        | (c) Compensation |
| NONE                                                                         |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
|                                                                              |                                                                                                                                                                                            |                  |
| Total number of other independent contractors receiving over \$100,000       |                                                                                                                                                                                            |                  |

|                          |                                                                                                                                                                                                                                                                                                                       |  |                    |                                                 |                                    |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-------------------------------------------------|------------------------------------|
| 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. |  |                    |                                                 |                                    |
|                          | *****<br>Signature of officer                                                                                                                                                                                                                                                                                         |  | 2010-01-08<br>Date |                                                 |                                    |
| Paid Preparer's Use Only | Preparer's signature<br>BRUCE G JONES                                                                                                                                                                                                                                                                                 |  | Date               | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen. Inst. X) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4<br>Porte Brown LLC<br>845 Oakton Street<br>Elk Grove Village, IL 600071904                                                                                                                                                                              |  |                    |                                                 | EIN<br>Phone no. (847) 956-1040    |
|                          | May the IRS discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                    |                                                 |                                    |

Additional Data

Software ID:  
Software Version:  
EIN: 31-0740753  
Name: INSTITUTE OF NUCLEAR MATERIALS  
MANAGEMENT

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|-------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| MARTHA WILLIAMS<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015   | MEMBER AT LARGE<br>1 00                                  | 0                                          |                                                                     |                                          |
| GRACE THOMPSON<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015    | MEMBER AT LARGE<br>1 00                                  | 0                                          |                                                                     |                                          |
| KEN SORENSON<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015      | MEMBER AT LARGE<br>1 00                                  | 0                                          |                                                                     |                                          |
| LARRY SATKOWIAK<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015   | MEMBER AT LARGE<br>1 00                                  | 0                                          |                                                                     |                                          |
| SCOTT VANCE<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015       | Vice President 1 00                                      | 0                                          |                                                                     |                                          |
| CHRIS PICKETT<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015     | Secretary 1 00                                           | 0                                          |                                                                     |                                          |
| ROBERT U CURL<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015     | Treasurer 1 00                                           | 0                                          |                                                                     |                                          |
| STEPHEN ORTIZ<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015     | President 1 00                                           | 0                                          |                                                                     |                                          |
| NANCY JO NICHOLAS<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015 | PAST PRESIDENT 1 00                                      | 0                                          |                                                                     |                                          |
| LEAH MCCRACKIN<br>111 DEER LAKE ROAD SUITE 100<br>DEERFIELD,IL 60015    | Executive Direc 40 00                                    | 0                                          |                                                                     |                                          |

# TY 2008 Other Assets Schedule

**Name:** INSTITUTE OF NUCLEAR MATERIALS  
MANAGEMENT

**EIN:** 31-0740753

**Software ID:** 08000091

**Software Version:** 2008v2.7

| Description                           | Beginning of Year<br>Amount | End of Year<br>Amount |
|---------------------------------------|-----------------------------|-----------------------|
| Prepaid Expenses and Deferred Charges | 9,076                       | 2,548                 |
| DEPOSITS                              | 11,333                      | 11,333                |
| Accounts Receivable                   | 11,647                      | 10,310                |

**TY 2008 Other Expenses Schedule**

**Name:** INSTITUTE OF NUCLEAR MATERIALS  
MANAGEMENT

**EIN:** 31-0740753

**Software ID:** 08000091

**Software Version:** 2008v2.7

| Description                            | Amount  |
|----------------------------------------|---------|
| WORKSHOPS                              | 123,000 |
| Travel                                 | 10,758  |
| TEMPORARY LABOR                        | 2,741   |
| STANDING COMMITTEE                     | 57,051  |
| PROCEEDINGS                            | 16,666  |
| Office Expenses                        | 33,899  |
| Conferences, Conventions, and Meetings | 11,448  |
| BANK/CREDIT CARD FEES                  | 25,709  |
| AWARDS                                 | 6,579   |
| ANNUAL MEETING                         | 219,404 |

## TY 2008 Other Liabilities Schedule

**Name:** INSTITUTE OF NUCLEAR MATERIALS  
MANAGEMENT

**EIN:** 31-0740753

**Software ID:** 08000091

**Software Version:** 2008v2.7

| Description                           | Beginning of Year<br>Amount | End of Year<br>Amount |
|---------------------------------------|-----------------------------|-----------------------|
| Deferred Revenue                      | 33,732                      | 4,570                 |
| Accounts Payable and Accrued Expenses | 63,633                      | 63,615                |