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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning 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

| Control processor Cont | | A | For the 2009 ca | lendar | year, or tax year beginning | , 2009, and er | nding | | , |
|---|------------|------------|---------------------|-------------------|--|---------------------|-------------------|----------------------|----------------------|
| Name change Section 501(C/S) organizations and 4947(A/T) nonexempt charitable trusts CERMANTOWN, MD 20875-2255 F Group Exemption Number | | <u>B_</u> | Check if applicable | | С | | | Employer i | dentification number |
| Name change Section 501(C/S) organizations and 4947(A/T) nonexempt charitable trusts CERMANTOWN, MD 20875-2255 F Group Exemption Number | | | Address change | Please use IRS | IZAAK WALTON LEAGUE OF AMERICA- | | | 52-14 | 81039 |
| Tomat return Tomaton | | | Name change | label or | | | Ī | | |
| ### Specials particle Specials | | | Initial return | type | P. O. BOX 2255 | | ļ | 301-9 | 72-1645 |
| **Section 501(C)(3) arganizations and 4947(a)(1) nonexempt charitable trusts must afrach a completed Schedule A (Form 990 or 590-E2). Website: Name of Min. INILIA-ROCKVILLE.COM Common 1 | | \square | | Specific | GERMANTOWN, MD 20875-2255 | | <u> </u> | 301 2 | 72 1045 |
| **Section \$01(C)(3) organizations and 485470(1) nonverempt charitable trusts Website WWW, TMLA-ROCKVTLLE, COM | | H | | | | | ĮF | | cemption |
| Website: | | 44 | | | | | C Assertation in | | On the Manual |
| Website: | | | Section 5 | y) > | Accruai | | | | |
| Check If the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return | | 1 | Website: ► W | ttach Sche | | | | | |
| Check | | J | Tax-exempt status | (check o | nly one) — X 501(c) (3) ◄ (insert no) 4947(| a)(1) or 527 | 990-EZ, or 99 | 90-PF) | • |
| Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 | | K | | | | | | | |
| Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part) | | L | | | | or more, file F | orm 990 | ►Ś | 185.842 |
| 1 2,013, 3,013, | | Pa | | | | Fund Balan | ces (See the in | | |
| 2 Program service revenue including government fees and contracts 3 S1, 820. 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5s) 6 Special events and activities (complete applicable parts of Schedule (6), if any amount is from gaming, check here 7 a Gross revenue (not including \$ of contributions reported on line 1) 8 b Less cost or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 8 Other revenue (describe > SEE STATEMENT 1) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 184, 183. 10 Grants and similar amounts paid (attach schedule) 8 13 Professional fees and other payments to independent contractors 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 4, 334. 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 3) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 7) from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Cash, \$2019 Or (gub balances at end of year Combine lines 18 through 20 20 Gee the instructions for Part II) 21 Gee the instructions for Part II) 22 Gee the instructions for Part II) 23 Gee the instructions for Part III) 24 Gash, \$2019 Or (gub balances at end of year Combine lines 18 through 20 27 Pet 4 sests or fund balances (line 27 of column (B) must agree with line 21) 27 Total labellines (describe > SEE STATEMENT 5) 28 Total labellines (describe > SEE STATEMENT 6) 29 Total label | | ** 1 | | | | T dila Dalail | ocs (occ the ii | | |
| 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 6 Gain or (loss) from sale of asset above the maintenance of contributions reported on line 1) b Less cost or other basis and sales expenses a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses b Less cost of goods sold c Gross sportlor (loss) from sale all other states and advise (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe * SEE STATEMENT 1 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, ublithes, and maintenance 15 Salaries, other compensation, and employee benefits 16 Other spenses (describe * SEE STATEMENT 3 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances at he of year Combine lines 18 through 20 20 Get the instructions for Part II (A) Expinantion 21 Salaries, other or tipe balances at end of year Combine lines 18 through 20 22 Leg 1, 333, 325, 292, 406. 23 Land and buildings: 24 Leg 1, 373, 22 Leg 2, 335, 25 Leg 2, 406. 25 Total liabilities (describe * SEE STATEMENT 5 27 Leg 24, 353, 25 Leg 292, 406. 28 Total liabilities (describe * SEE STATEMENT 5 29 Leg 27, 274, 273, 27, 291, 332. 29 Leg 27, 274, 273, 274, 273, 325, 272, 291, 333. 29 Leg 27, 274, 273, 273 | | | | | | | | | |
| A Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5b 5b 5c 5c 5b 5c 5c | | | _ | | | | | | |
| Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses C Bain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here X Sale and Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses Gea 5, 385. | | | | • | | | | | |
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| a Gross revenue (not including \$ of contributions reported on line 1) beas direct expenses other than fundraising expenses | (3) | Ž | , | | * * | is from gaming, che | eck here | X | |
| b Less direct expenses other than fundraising expenses 6b 1,659. | Ω_ | | | | | | _ | | |
| b Less direct expenses other than fundraising expenses 6b 1,659. | SE | | Î | • | | 6a | 5,38 | 35. | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > SEE STATEMENT 1) 8 9 184,183. 10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 2 10 6,200. 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 3) 16 100,671. 17 Total expenses. Add lines 10 through 16 17 116,191. 18 Excess or (deficit) for the year (Subtract line 7 from line 9) 18 67,992. 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 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 Net assets or fund balances at the of year Combine lines 18 through 20 21 291, 333. 10 (See the instructions for Part II) (A) Beginning of year (B) End of year (B) | • | | | | • | 6b | | | |
| 9 184,183. 10 Grants and similar amounts paid (attach schedule) 8 SEE STATEMENT 2 10 6,200. 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe - SEE STATEMENT 3) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 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 Part lists Balance Silvets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 10 Cash, savings, and revestments 204,943, 22 257,332. 23 Jand and building Silvets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 24,353, 25 292,406. 25 Total liabilities (describe - SEE STATEMENT 5) 11,410, 24 27,074. 26 Total liabilities (describe - SEE STATEMENT 6) 1,073, 26 1,073. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 223,280, 27 291,333. | | | c Net income | or (loss) i | from special events and activities (Subtract line 6b from line 6a) | | | | 3,726. |
| 9 184,183. 10 Grants and similar amounts paid (attach schedule) 8 SEE STATEMENT 2 10 6,200. 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe - SEE STATEMENT 3) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 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 Part lists Balance Silvets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 10 Cash, savings, and revestments 204,943, 22 257,332. 23 Jand and building Silvets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 24,353, 25 292,406. 25 Total liabilities (describe - SEE STATEMENT 5) 11,410, 24 27,074. 26 Total liabilities (describe - SEE STATEMENT 6) 1,073, 26 1,073. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 223,280, 27 291,333. | T) | | 7a Gross sale | es of in | ventory, less returns and allowances | 7a | | | |
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| 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 540 14 Occupancy, rent, utilities, and maintenance 14 4,334 15 Printing, publications, postage, and shipping 15 4,446 16 Other expenses (describe SEE STATEMENT 3) 16 100,671 17 Total expenses. Add lines 10 through 16 17 116,191 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 67,992 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) 19 223,280 19 Net assets or fund balances at end of year Combine lines 18 through 20 21 291,333 10 Partilled Balance Scients Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 10 O | | | 10 Grants an | nd sımıla | ar amounts paid (attach schedule) | SEE S' | TATEMENT 2 | 10 | 6,200. |
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| 13 540. | | ž | 12 Salaries, | other co | ompensation, and employee benefits | | | 12 | |
| 14 | | | 13 Profession | nal fees | s and other payments to independent contractors | | | 13 | |
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| Part | | Ēξ | figure rep | orted o | n prior year's return). | | | 19 | |
| Part | • | R | 30 6 6 6 E | riges in | net assets or fund balances (attach explanation) | SEE S | TATEMENT 4 | | |
| A G 16 2010 O (See the instructions for Part II) (A) Beginning of year (B) End of year | _ | | | | | | | | |
| 23 and and building 23 8,000. 23 8,000. 24 000 0 | ကြ | L.a | | | | 1,250,000 or mo | | | |
| 23 and and building 23 8,000. 23 8,000. 24 000 0 | 18 | AL | IG. 1. 6 2010 | n IS | (See the instructions for Part II) | | | | |
| 24 Option SEE STATEMENT 5 11,410 24 27,074 25 Total assets 224,353 25 292,406 26 Total liabilities (describe SEE STATEMENT 6 1,073 26 1,073 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 223,280 27 291,333 27 291,333 28 27 291,333 27 291,333 29 291,333 29 291,333 29 291,333 29 291,333 291, | 11 | 22 | Cash, savings | s, angyy | rvestments | | | | |
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| Form 990-EZ (2009) IZAAK WALTON LE | AGUE OF AMERICA- | | | -148 | 1039 Page 2 |
|---|---|--|---|-------------------------------------|---|
| Rantill Statement of Program Se | rvice Accomplishments | (See the instruction | ons.) | | Expenses |
| What is the organization's primary exempt purpose? <u>SE</u> : Describe what was achieved in carrying out the describe the services provided, the number of program title. | E STATEMENT 7 ne organization's exempt purp f persons benefited, or other i | poses. In a clear and corelevant information for | ncise manner, each | (Regu 501(c) organi 4947(a | rred for section (3) and (4) zations and section a)(1) trusts, optional ners) |
| 20 CER CMAMPACENT O | · | | | 10. 00 | |
| | | | | | |
| | nis amount includes foreign gi | rants, check here | > | 28a | 96,673. |
| 29 SEE STATEMENT 9 | | | | | |
| (Grants \$) If the | | rants check here | | 29a | 7,846. |
| 30 PROVIDE SCHOLARSHIPS TO C FIELDS OF STUDY. | | | ERVATION | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (Grants \$ 6, 200.) If the | nis amount includes foreign gi | rants, check here | | 30 a | 6,200. |
| Other program services (attach schedule (Grants \$) If the | e) SEE STATEMENT 10 nis amount includes foreign g | | ▶ [] | 31 a | 6,188. |
| 32 Total program service expenses (add li | | | _ | 32 | 116,907. |
| Partity List of Officers, Directors | | | | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit plan deferred compensa | ns and | (e) Expense account and other allowances |
| | | | | ĺ | |
| SEE STATEMENT 11 | | 0. | | 0. | 0. |
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| Fðrn | 990-EZ (2009) IZAAK WALTON LEAGUE OF AMERICA- 52-148103 | 9 | Р | age 3 |
| Pai | t:V: Other Information (Note the statement requirements in the instrs for Part V.) SEE STA | TEME | ENT | 12 |
| | | | 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 | | х |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | 34 | ļ | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | * | | |
| ā | 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 | | Х |
| ŀ | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | | |
| 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 | | Х |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? | 37b | Typh Ty | X |
| 38 | 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 | | X |
| ŀ | o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| | Initiation fees and capital contributions included on line 9 | | 2.7 | |
| | o Gross receipts, included on line 9, for public use of club facilities N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. | *** | | 34/ |
| 400 | section 4911 ► | | | 27 |
| ł | 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 | | X |
| (| 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 | | <i>8</i> 40 | |
| | Section 501(c)(3) and 501(c)(4) organizations. 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? If 'Yes,' complete Form 8886-T | 40 e | 26.76 | Χ |
| 41 | List the states with which a copy of this return is filed NONE | | | |
| | The organization's books are in care of WARREN RUMBLE Located at P. O. BOX 2255 GERMANTOWN MD ZIP + 4 Z0875 | | | |
| ľ | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. | 42b | | X |
| (| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country | 42 c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | <u> </u> | N/A N/A |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead | | Yes | No_ |
| | of Form 990-EZ | 44 | | Х |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45_ | L_ | Х |

| Part VIS | Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table: | ction 4947(a)(1) no | nexempt charitable | charitable trusts only le trusts must answer | All sec | ction | -3 |
|------------------------------------|---|---|---|---|-----------------------------------|----------|------------------|
| 47 Did t 48 Is the 49a Did t | he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule he organization engage in lobbying activities organization a school as described in such the organization make any transfers to an | ties? If 'Yes,' complete ection 170(b)(1)(A)(ii)? exempt non-charitable | Schedule C, Part II If 'Yes,' complete Sch | | 46 47 48 49a | Yes | X X X X |
| 50 Com | es,' was the related organization a section plete this table for the organization's five loyees) who each received more than \$10 | highest compensated e | employees (other than from the organization | officers, directors, trustees If there is none, enter 'No | and key | | |
| |) 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 and deferred compensation | (e) Expo account other allo | and | |
| NONE | | | | | | | |
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| - | | | | | | | |
| 51 Com | plete this table for the organization's five pensation from the organization of there is | highest compensated ii s none, enter 'None ' | · · · · · · · · · · · · · · · · · · · | ·-·· | | | |
| NONE | (a) Name and address of each independent cond | | | (b) Type of service | (c) Compe | insation | <u>'</u> |
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| | | | | | | | |
| d Total | number of other independent contractors | s each receiving over \$ | 100,000 | ·l. | | | _ _ |
| | Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer | nined this return, including acco | rnpanying schedules and state all information of which prepa | ements, and to the best of my knowle rer has any knowledge | edge and beli | | |
| Sign Here | Signature of officer Arren F. Ru Type or print name and title | mble, tr. | easurar | Date | | | |
| Paid Pre- | Preparer's signature NON-PAID PREPAR | ER | Date | Check if Self-employed | irer's Identify instructions) | ing Nun | nber |
| parer's Use | Firm's name (or yours if self employed), address, and | | | EIN ► | | | |
| Only | ZIP + 4 | | | Phone no | | | كيس |

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes X No Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. IZAAK WALTON LEAGUE OF AMERICA-

Employer identification number

ROCKVILLE CHAPTER 52-1481039

| Par | t'l Reason for Pu | blic Charity Statu | is (All organizations | must o | omple | te this | part.) | See ii | nstruct | ions | | |
|--------|--|--|---|--|--------------------------------|--------------------------|--|--|-------------------------------|---------------------------|-----------------|-----------------|
| The c | organization is not a pri | vate foundation becau | use it is (For lines 1 thro | ugh 11, | check o | nly one | box) | | | | | |
| 1 | A church, conventi | on of churches or ass | ociation of churches desc | cribed in | section | 170(b) | (1)(A)(i) | | | | | |
| 2 | A school described | i in section 170(b)(1)(| A)(ii). (Attach Schedule I | Ξ) | | | | | | | | |
| 3 | A hospital or coop | erative hospital servic | e organization described | ın secti | on 170(l |)(1)(A)(| iii). | | | | | |
| 4 | A medical research | n organization operate | ed in conjunction with a h | ospital o | describe | d in sec | tion 17 | 0(b)(1)(A | A)(iii) Er | nter the hos | spital' | s |
| | name, city, and sta | | | | | | | - | | | | |
| 5 | An organization of 170(b)(1)(A)(iv). | perated for the benefit Complete Part II) | of a college or university | owned | or oper | ated by | a gover | nmenta | l unit de | scribed in s | ectio | n |
| 6 7 | An organization th | | governmental unit descri a substantial part of its su art II,) | | | | | t or fron | n the ger | neral public | desc | ribed |
| 8 | | | 170(b)(1)(A)(vi). (Comple | te Part I | I.) | | | | | | | |
| 9 | from activities relate | ed to its exempt function | more than 33-1/3 % of its ns — subject to certain excess taxable income (less complete Part III) | eptions, a | and (2) r | o more t | than 33- | 1/3 % of | its suppo | ort from gro | SS | after |
| 10 | An organization or | ganized and operated | exclusively to test for pu | ıblıc safe | ety See | section | 1 509(a) | (4). | | | | |
| 11 | An organization or more publicly suppressed describes the type | ganized and operated orted organizations of of supporting organi | exclusively for the bene described in section 509(a zation and complete lines | fit of, to a)(1) or s 11e thi | perform section rough 11 | the fun 509(a)(a h | ictions o 2). See | of, or ca section | rry out th 509(a)(3 | ne purpose). Check t | s of o | ne or x that |
| | a Type I | b Type II | c 🗌 Type III | l — Fund | tionally | ıntegrat | ted | | d 🗌 | Type III- | Othe | r |
| е | By checking this by than foundation may 509(a)(2) | ox, I certify that the or anagers and other tha | rganization is not controll in one or more publicly s | led direc upportec | tly or in Lorgani | directly zations | by one describe | or more ed in se | disqual ction 509 | fied perso (a)(1) or s | ns ot ection | her า |
| f | If the organization check this box | received a written de | termination from the IRS | that is a | Type I | Type II | or Typ | e III sup | porting | organizatio | n, | |
| g | Since August 17, 2 | 2006, has the organiza | ation accepted any gift o | r contrib | ution fro | om any | of the fo | ollowing | persons | ? | | |
| | | | | | | | | | | | Yes | No |
| | | | controls, either alone or supported organization? | together | with pe | rsons d | escribed | d in (ii) i | and (III) | 11 g (i) | | |
| | (ii) a family men | nber of a person desc | cribed in (i) above? | | | | | | | 11 g (ii) | | ļ |
| | (iii) a 35% contro | olled entity of a persor | n described in (i) or (ii) a | bove? | | | | | | 11 g (iii) | | <u> </u> |
| h | Provide the following | ng information about | the supported organization | ons | | r | | 1. | Т | | | _ |
| | (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | the organ | ou notify ization in (i) of upport? | (vi) is the organization in col (i) organized in the US? | | (vii) Amour | nt of Su | pport |
| | | | | Yes | No | Yes | No | Yes | No | | | |
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| Total | | · .47 (5) | in the second | 1 | ***** | 1.08 | | E :- | ing s | | | |

Schedule A (Form 990 or 990-EZ) 2009 IZAAK WALTON LEAGUE OF AMERICA- 52-1481039

Part III Support Schedule for Organizations Described in Sections 170(bX1)(A)(iv) and 170(bX1)(A)(vi)

| 500 | (Complete only if you check | ed the box on line | 5, 7, or 8 of Part | 11) | _ | <u> </u> | |
|--------------|---|--|--|--|--------------------------------------|---|--------------------|
| | tion A. Public Support | | | | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') | 48,787. | 49,937. | 58,401. | 56,182. | 60,833. | 274,140. |
| | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | 0. |
| 4 | Total. Add lines 1-through 3 | 48,787. | 49,937. | 58,401. | 56,182. | 60,833. | 274,140. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | e e e e e e e e e e e e e e e e e e e | | | 0. |
| | Public support. Subtract line 5 from line 4 | | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | | and server | | 274,140. |
| <u>Sec</u> | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 48,787. | 49,937. | 58,401. | 56,182. | 60,833. | 274,140. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 56,151. | 69,995. | 52,489. | 78,315. | 95,196. | 352,146. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV | 1,562. | 1,680. | 364. | 1,244. | 931. | 5,781. |
| 11 | Total support. Add lines 7 through 10 | Acceptance of the second | enare) | 2 (A) | 1 | | 632,067. |
| 12 | Gross receipts from related activ | rities, etc (see ins | structions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 organization, check this box and | | ation's first, secor | nd, third, fourth, | or fifth tax year as | a section 501(c) | (3) ▶ □ |
| Sec | tion C. Computation of Pu | | | | | | |
| 14 15 | Public support percentage from | 2008 Schedule A, | Part II, line 14 | | | 14 15 | 43.4 % 39.0 % |
| 16 a | 33-1/3 support test — 2009. If the and stop here. The organization | e organization did qualifies as a pub | not check the bo | x on line 13, and | I the line 14 is 33 | -1/3 % or more, c | heck this box |
| | 33-1/3 support test — 2008. If the and stop here. The organization | e organization did | not check a box | on line 13, or 16a | | | |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | ind-circumstances | s' fest, check this | box and stop ner | 'e. Explain in Parl | t IV now |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organi | meets the 'facts-a d-circumstances' | and-circumstances test. The organia | s' test, check this zation qualifies as | box and stop her a publicly suppo | 'e. Explain in Part rted organization | t IV how the ► |
| BAA | rnvate toundation. If the organi | zation did not che | ch a box on file, | 10, 100, 100, 176 | | | 90 or 990-FZ) 2009 |

Schedule A (Form 990 or 990-EZ) 2009 IZAAK WALTON LEAGUE OF AMERICA Partille Support Schedule for Organizations Described in Section 509(a)(2)

| Sect | | | ne 9 of Part I) | | | | |
|---|--|--|--|---|---|---------------------------------------|--------------------------|
| | ion A. Public Support | | | | | | |
| Calen | dar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | , | | • | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 7 a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 | | | | | | |
| | and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line | | | | | | |
| | 7c from line 6) | | | | | | |
| Sect | tion B. Total Support | | | | | | |
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 | | | , , | • | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| • | | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 11 | Net income from unrelated business activities not included inline 10b, whether or not the business is | | | | | | |
| 11 12 13 | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) | | ation's first, secon | nd, third, fourth, | or fifth tax year as | s a section 501 | (c)(3) |
| 11 12 13 14 | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | is for the organiz stop here | ation's first, secor | nd, third, fourth, | or fifth tax year as | s a section 501 | (c)(3) |
| 11 12 13 14 Sect | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | is for the organiz stop here blic Support F | ation's first, secon | | | | |
| 11 12 13 14 Sect | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | is for the organiz stop here blic Support F 009 (line 8, colum | ation's first, secon Percentage n (f) divided by lir | | | 1 | 5 % |
| 11 12 13 14 Sect 15 16 | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from | is for the organiz stop here blic Support F 009 (line 8, colum 2008 Schedule A | ation's first, secon Percentage n (f) divided by lir , Part III, line 15 | ne 13, column (f)) | | 1 | |
| 11 12 13 14 Sect 15 16 Sect | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv | is for the organiz stop here blic Support F 009 (line 8, colum 2008 Schedule A restment Inco | ation's first, secon Percentage n (f) divided by lir , Part III, line 15 me Percentage | ne 13, column (f)) | | 1 | 5 % 6 % |
| 11 12 13 14 Sect 15 16 Sect | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Investment income percentage for | Is for the organized stop here blic Support Formula (1990) (line 8, column 2008 Schedule Avestment Incorpora 2009 (line 10c | Percentage n (f) divided by lin, Part III, line 15 me Percentage, column (f) divided | ne 13, column (f)) | | 1 | 5 % 6 % 7 % |
| 11 12 13 14 Sect 15 16 Sect 17 18 | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Investment income percentage in Investment income percentage in | Is for the organized stop here blic Support Form 2008 Schedule Avestment Incompression 2008 Schedule 2008 Schedule 2009 (line 10c) from 2008 Schedule 2008 S | Percentage n (f) divided by lir , Part III, line 15 me Percentage , column (f) divide | ne 13, column (f)) e d by line 13, colu | ımn (f)) | 1 1 | 5 % 6 % 7 % 8 % |
| 11 12 13 14 Sect 15 16 Sect 17 18 19a | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage in investment in inves | Is for the organization here blic Support F 009 (line 8, column 2008 Schedule A restment Incor for 2009 (line 10c from 2008 Schedul organization did not book and stop here | Percentage n (f) divided by lir , Part III, line 15 me Percentage , column (f) divide ile A, Part III, line check the box on the organization | ne 13, column (f)) ed by line 13, column 17 line 14, and line 15 n qualifies as a pi | imn (f)) is more than 33-1/3 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5 % 6 % 7 % 8 % s not |
| 11 12 13 14 Sect 15 16 Sect 17 18 19a | Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from tion D. Computation of Investment income percentage in Investment income percentage in | Is for the organization here blic Support F 009 (line 8, column 2008 Schedule A restment Incor for 2009 (line 10c from 2008 Schedul organization did not ox and stop here the organization did this box and sto | Percentage n (f) divided by lir , Part III, line 15 me Percentage , column (f) divided lie A, Part III, line check the box on la. The organization of not check a box phere. The organization of the organiz | ne 13, column (f)) d by line 13, column 17 line 14, and line 15 in qualifies as a pi ix on line 14 or 19 inzation qualifies as | imn (f)) is more than 33-1/3 ublicly supported of a, and line 16 is ras a publicly supp | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5 % 6 % 7 % 8 % s not |

| Schedule A | (Form 990 o | r 990-EZ) 2009 | 9 IZAAK | WALTON | LEAGUE | OF A | MERICA- | | 52-148103 | 39 | Page 4 |
|------------|--------------------------------|--------------------------------------|---------------------------------|----------------------------|------------------------|-------------------|----------------------------|----------------------------------|------------------------------|------------------------------|--------------|
| Part IV | Suppleme Part II. Im | e ntal Inform e 17a or 17i | ation. Con b: and Par | nplete this t III. line | s part to 12. Provi | provide de anv | e the expla / other add | anations requ litional inform | ııred by Parl natıon, See | t II, line 10 instruction | 0; ns. |
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 IZAAK WALTON LEAGUE OF AMERICAROCKVILLE CHAPTER 52-1481039

| NATURE AND SOURCE | 2009 | 2008 | 2007 | 2006 | 2005 |
|----------------------------|---------|-----------|---------|-----------|-----------|
| MISCELLANEOUS INCOME TOTAL | 931. | 1,244. | 364. | 1,680. | 1,562. |
| | \$ 931. | \$ 1,244. | \$ 364. | \$ 1,680. | \$ 1,562. |

| | FEDERAL STATEMENTS IZAAK WALTON LEAGUE OF AMERICA- ROCKVILLE CHAPTER | | PAGE 52-148103 |
|---|--|----------|---|
| STATEMENT 1 FORM 990-EZ, PART OTHER REVENUE | · I, LINE 8 | | |
| MISCELLANEOUS | | TOTAL \$ | 931. 931. |
| STATEMENT 2 FORM 990-EZ, PART GRANTS AND SIMILA | I, LINE 10 AR AMOUNTS PAID | | |
| DONEE'S NAME: DONEE'S ADDRESS: | DAMASCUS, MD 20872 | | |
| RELATIONSHIP OF I CASH AMOUNT GIVEN | DONEE: NONE | \$ | 1,500 |
| DONEE'S NAME: DONEE'S ADDRESS: | KEVIN GORAL 10709 LAUREL LEAF PLACE POTOMAC, MD 20854 | | |
| RELATIONSHIP OF I CASH AMOUNT GIVEN | DONEE: NONE | \$ | 1,50 |
| DONEE'S NAME: DONEE'S ADDRESS: | KENSINGTON, MD 20895 | | |
| RELATIONSHIP OF I CASH AMOUNT GIVEN | DONEE: NONE | \$ | 1,50 |
| DONEE'S NAME: DONEE'S ADDRESS: | SILVER SPRING, MD 20901 | | |
| RELATIONSHIP OF I CASH AMOUNT GIVEN | DONEE: NONE | \$ | 1,50 |
| DONEE'S NAME: DONEE'S ADDRESS: | HOPE DUNLAP 6 MALLORY COURT GAITHERSBURG, MD 20879 | | |
| CASH AMOUNT GIVEN | | \$ | 20 |
| STATEMENT 3 FORM 990-EZ, PART | · I, LINE 16 | | |
| BANK CHARGES BUILDING/GROUNDS CONFERENCES, CONV CONSERVATION PROC COPYING DEPLETION DONATIONS EQUIPMENT REPAIRS INSURANCE JUNIOR PROGRAMS MEMBERSHIP EXPENS | VENTIONS, AND MEETINGS GRAMS | \$ | 91 18,003 1,917 2,529 1,814 2,998 925 329 11,218 2,535 19,070 |

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|--|--|---|---------------------------------|
| STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES | | | 32-1401003 |
| PHONE PROGRAM EXPENSE RENTAL REFUND TAXES AND LICENSES | | \$ | 494. 27,582. 375. 321. |
| UTILITIES | | TOTAL \$ | 9,232. 100,671. |
| STATEMENT 4 FORM 990-EZ, PART I, LINE 2 OTHER CHANGES IN NET AS | 0 SETS OR FUND BALANCES | | |
| CORRECT PRIOR YEAR ERRO | R | TOTAL \$ | 61. 61. |
| STATEMENT 5 FORM 990-EZ, PART II, LINE 2 OTHER ASSETS | 24 | | |
| MACHINERY AND EQUIPMENT | TOTAI | BEGINNING \$ 11,410. \$ \$ 11,410. \$ | ENDING 27,074. 27,074. |

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

| | <u>B</u> | <u>EGINNING</u> _ | | <u>ENDING</u> | | |
|-------|----------|-------------------|----|---------------|--|--|
| | \$ | 1,073. | \$ | 1,073. | | |
| TOTAL | \$ | 1,073. | \$ | 1,073. | | |

STATEMENT 7 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO CONSERVE, MAINTAIN, PROTECT AND RESTORE THE SOIL, FOREST, WATER AND OTHER NATURAL RESOURCES OF THE UNITED STATES AND OTHER LANDS; TO PROMOTOE MEANS AND OPPORTUNITIES FOR THE EDUCATION OF THE PUBLIC WITH RESPECT TO SUCH RESOURCES AND THEIR ENJOYMENT AND WHOLESOME UTILIZATION.

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STATEMENT 8 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ADULT PROGRAMS - NRA-CERTIFIED FIREARM SAFETY TRAINING. MARYLAND DNR HUNTER SAFETY TRAINING CLASSES. PROVIDE LOW- OR NO-COST OPPORTUNITIES FOR TRAINING AND SUPERVISION IN VARIOUS TYPES OF OUTDOOR RECREATION.

STATEMENT 9 FORM 990-EZ, PART III, LINE 29 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONSERVATION PROGRAMS - SAVE OUR STREAMS; DESIGNATED AMERICAN CHESTNUT TREE FARM; WILDLIFE FOOD PATCH; MAINTAIN HIKING/NATURE TRAIL; RECYCLING; MAINTENANCE OF OVER 100 KESTRAL/WOOD DUCK BREEDING BOXES, WILDLIFE HABITATS AND WILDLIFE POPULATION MANAGEMENT.

STATEMENT 10 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE

DESCRIPTION

GRANTS

TOTAL \$

EXPENSES

JUNIORS PROGRAM - INSTRUCTION IN CONSERVATION/RECYCLING, WATER SPORTS, ARCHERY (NATIONAL AND JUNIOR LEVEL OLYMPIC);
COMPETITION IN AIR RIFLE AND BB GUN. SPONSORSHIP AND
INSTRUCTION FOR BOY SCOUT TROOPS, INCLUDING SAFE USE OF
KAYAKS AND CANOES. PROVIDE AN OPPORTUNITY FOR YOUTH GROUPS TO CAMP, HIKE AND FISH FREE OF CHARGE ON THE PROPERTY.

6,188.

INCLUDES FOREIGN GRANTS:

6,188.

STATEMENT 11 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DO | - | EXPENSE ACCOUNT/ OTHER |
|------------------|--|-------------------|----------------------------------|------|------------------------------|
| MILES GREENBAUM | PRESIDENT | \$ 0 | . \$ 0 | . \$ | 0. |

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STATEMENT 11 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | ACCOUNT/ |
|------------------|--|-------------------|----------------------------------|----------|
| PAUL KEATS | 1ST VICE PRES. | \$ 0. | \$ 0. | \$ 0. |
| , | v | | | |
| JOHN MAJANE | 2ND VICE PRES. | 0. | 0. | 0. |
| , | Ů | | | : |
| WARREN RUMBLE | TREASURER 0 | 0. | 0. | 0. |
| , | Ů | | | |
| DONALD ISLEY | REC. SECRETARY | 0. | 0. | 0. |
| , | v | | | |
| JAY COPSEY | CORR. SECRETARY | 0. | 0. | 0. |
| , | Ŭ | | | |
| JUDY DANISH | MEMBERSHIP SEC. | 0. | 0. | 0. |
| , | v | | | |
| THERESA DALY | DIRECTOR 0 | 0. | 0. | 0. |
| , | v | | | |
| DAVE DRENGWITZ | DIRECTOR 0 | 0. | 0. | 0. |
| , | Ŭ | | | |
| PAUL SCHIMKE | DIRECTOR 0 | 0. | 0. | 0. |
| 1 | v | | | |
| ED COMPTON | DIRECTOR 0 | 0. | 0. | 0. |
| , | U | | | |
| JUDY DRENGWITZ | DIRECTOR 0 | 0. | 0. | 0. |
| , | 0 | | | |
| SUSANNE KOTCH | DIRECTOR 0 | 0. | 0. | 0. |
| 1 | Ü | | | |

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STATEMENT 11 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|------------------|--|-------------------|----------------------------------|------------------------------|
| TOM VEGELLA | DIRECTOR | | \$ 0. | |
| , | 0 | | | |
| BILL ASKINS | DIRECTOR | 0. | 0. | 0. |
| , | 0 | | | |
| BUD CORAZZA | DIRECTOR | 0. | 0. | 0. |
| , | 0 | | | |
| JERRY CZECHA | DIRECTOR | 0. | 0. | 0. |
| , | 0 | | | |
| TOM PERAZELLA | VICE PRESIDENT | 0. | 0. | 0. |
| , | 0 | | | |
| LEE HAYS | PAST PRESIDENT | 0. | 0. | 0. |
| , | 0 | | | |
| JACK COCHRAN | DIRECTOR | 0. | 0. | 0. |
| 1 | 0 | | | |
| PAOLO AMADEO | DIRECTOR | 0. | 0. | 0. |
| 1 | 0 | | | |
| CHRIS HOLLER | DIRECTOR | 0. | 0. | 0. |
| 1 | 0 | | | |
| RON KUIPERS | DIRECTOR | 0. | 0. | 0. |
| , | 0 | | | |
| BILL PASTOR | DIRECTOR | 0. | 0. | 0. |
| , | 0 | | | |
| | TOTAL | \$ 0. | \$ 0. | \$ 0. |
| | | | | |

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STATEMENT 12 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO