### **COMMITTEE ON NATURAL RESOURCES**

### **Disclosure Form**

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

Legislative hearing on H.R. 2664 (Napolitano), "Reauthorization of Water Desalination Act of 2011."

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Ian C. Watson, PE
2. Name of Organization(s) You are Representing at the Hearing: American Membrane Technology Association
3. Business Address: 2409 SE Dixie Hwy, Stuart, Florida, 34996
4. Business Email Address: [Information redacted for privacy], <a href="mailto:waterpro@msn.com">waterpro@msn.com</a>
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: American Membrane Technology Association Title/Date of Hearing: Water and Power Subcommittee. Re-authorization of the Water Desalination Act of 2011. April 17<sup>th</sup>, 2012

- Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. Bachelors Degree in Chemical Engineering, Neath College of Technology, UK. Specialized in membrane technology for water treatment, since 1972

  Additional continuing education in membrane technology at conferences and workshops in the US and overseas.
- Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
   Registered professional engineer. FL, CA, TX, NC, VA.

South East Desalting Association (SEDA)
South Central Membrane Association (SCMA)
International Desalination Association
Board of Directors 1993-2003
Secretary and Parliamentarian, 1997-01
Florida Engineering Society
National Society of Professional Engineers
American Water Works Association
Chairman, Desalting Committee, 1993-1995

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

Mr. Watson, with 40 years of membrane water treatment experience, is an internationally recognized expert in the field of desalination and membrane application technology. Prior to starting ROSTEK ASSOCIATES, INC., Mr. Watson was Technical Director, Membrane Processes for Boyle Engineering Corporation. Prior to joining Boyle, he was the founder and president of Rostek Services Inc, located in Fort Myers, Florida. ROSTEK ASSOCIATES, Inc. offers expertise in membrane WTP and pilot plant design and specifications; equipment selection; bid evaluation; trouble-shooting for startups and existing plants; refurbishing and upgrading existing plants; operation and maintenance consultation; and construction services, in the United States and world wide.

Manager of International Sales for a Reverse Osmosis membrane manufacturer and equipment supplier.

Manager of a water utility with two treatment plants; 2.1 mgd electrodialysis and 3.6 mgd reverse osmosis.

Consultant to several engineering firms involved in water treatment plant design and construction with emphasis on the application of membrane technology.

During the past thirty years, Mr. Watson has been involved in more than 100 membrane water treatment projects, involving study, evaluation, design and construction and/or operation. He has published and/or presented more than 40 papers at professional and technical society meetings and conferences.

Name/Organization: American Membrane Technology Association

Title/Date of Hearing: Water and Power Subcommittee. Re-authorization of the Water Desalination Act of 2011. April 17<sup>th</sup>, 2012

#### Career Milestones;

In 1979, for the first time in an RO plant, used a programmable logic controller(TI PM-550) as the primary control device, **Sanibel**, Florida.

In 1979, the **Sanibel** plant exceeded 75% (80% design) recovery in two standard length stages. This plant was also the first to incorporate a feed water bypass system, for feedwater stabilization prior to start-up.

**Cape Coral**, Florida 1984. 7-element pressure vessels. 85% recovery in two stages. Largest low pressure RO plant in the world at 8.0 mgd.

**Dare County**, North Carolina, 1986. First application of variable frequency drives for RO feed pump discharge pressure control, for energy savings. Also used feed water acidification as a means of generating CO<sub>2</sub> for post-treatment purposes.

**Plantation**, Florida, 1988. 7-1/2 element pressure vessels used for the first time. Also utilized "hybrid" membrane system consisting of first pass CA, second pass TFC-LP.

**Town of Jupiter Florida, 2005-2006.** Designed and monitored 8" pilot plant for nanofiltration, utilizing 6-element center port vessels, arranged in two stage, for 85% recovery. Design resulted in 35-40% energy savings over conventional design. Full scale plant of 17.0 MGD has been constructed, and pilot plant results have been confirmed.

#### American Membrane Technology Association Hall of Fame. Elected 2004

**Engineering Excellence Award**, For the design of a 3.0mgd Brackish Water RO plant, Kill Devil Hills, North Carolina. AMTA, 1998.

**Suffolk, Virginia, 1990**. Was awarded **ACEC Honor Award** for Excellence in Engineering for 3.8 mgd EDR plant, in association with Malcolm Pirnie, Inc.

Member, **Research Advisory Council**, Middle East Desalination Research Center, 1997 to present Member, National Water Research Institute **Research Advisory Board**. 1993-1997 Listed in **Who's Who in Engineering** 

- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. None.
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. None
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

In addition, for witnesses representing organizations:

Name/Organization: American Membrane Technology Association

Title/Date of Hearing: Water and Power Subcommittee. Re-authorization of the Water Desalination Act of 2011. April 17<sup>th</sup>, 2012

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

American Membrane Technology Association:

Founder Member, 1973 (under the name National Water Supply Improvement Association)

Board of Directors 1974-1986, 1990-2000

President 1993-97

Director Emeritus, 2001-2008

Executive Director, 2008-present

- h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). None
- i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). None
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization. None
- k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

## Form **990**

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)

OMB No 1545-0047 2010

**Open to Public** Inspection

Department of the Treasury Internal Revenue, Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. , 2010, and ending For the 2010 calendar year, or tax year beginning D Employer Identification Number Check if applicable AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-7370592 Address change C/0: JANET JAWORSKI Telephone number Name change 2409 SE DIXIE HWY 772-463-0820 Initial return STUART, FL 34996 Termınated 741,045. Amended return G Gross receipts \$ IAN WATSON H(a) Is this a group return for affiliates? F Name and address of principal officer Yes X No Application pending H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions) Tax-exempt status 501(c)(3) X 501(c) ( 4 ) < (insert no.) 4947(a)(1) or Website: ► WWW.MEMBRANES-AMTA.ORG H(c) Group exemption number X Corporation L Year of Formation 1974 M State of legal domicile Form of organization Trust Association Other > Part I Summary Briéfly describe the organization's mission or most significant activities: INCREASE UNDERSTANDING\_AND\_USE\_OF WATER DESALINATION THROUGH EDUCATION Governance 2 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 22 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0 7 a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, Ime 29) 117,525 126,908. 402,746 609,434. Investment income (Part VIII, column (A), lines 3, 4, apr 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c, and 11e)
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,703. 8,869 529,140 741,045. Grants and similar amounts paid (Rant IX column (A) nines 1-3)
Benefits paid to or for members (Part IX column (A), line 4) 10,000 10,000. 71,280 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 70,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 497,780. 597,553. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 579,060. 677,553. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 63,492. Revenue less expenses. Subtract line 18 from line 12 -49,920.**Beginning of Current Year** End of Year Total assets (Part X, line 16) 500,521. 563,819. 21 Total liabilities (Part X, line 26) 89,683. 89,489. 22 Net assets or fund balances Subtract line 21 from line 20 410,838. 474,330. Signature Block Part II 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 eparer (ottge, than officer) is based on all information of which preparer has any knowledge May 13, 2011 Date Sign Here PETER WALDRON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature [X] u Check STEVEN W NORTHCOTE P00085554 STEVEN W. 5/10/11 NORTHCOTE self-employed Paid Preparer ► LEAF & COLE, LLP Use Only Firm's EIN ► 95-2076568 Firm's address ► 2810 CAMINO DEL RIO SOUTH Phone no 619.294.7200 SAN DIEGO, CA 92108-3820 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

TEEA0113L 12/21/10

rm 990 (2010) AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION	23-7370592	Page 2
art III 🚽 'Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		
Briefly describe the organization's mission		
INCREASE UNDERSTANDING AND USE OF WATER DESALINATION THROUGH EDU	CATION	. <b></b>
Did the organization undertake any significant program services during the year which were not listed or	on the prior	
Form 990 or 990-EZ?	. —	es X No
If 'Yes,' describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in how it conducts, any program so	ervices?	res X No
If 'Yes,' describe these changes on Schedule O.		السا
Describe the exempt purpose achievements for each of the organization's three largest program service	es by expenses Se	ction 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	and allocations to ot	hers, the total
(Code	Revenue \$	600,479.)
CONFERENCES AND WORKSHOPS: MEETINGS AND WORKSHOPS HELD TO ENABLE	MEMBERS AND	THE
PUBLIC TO MEET AND DISCUSS TECHNICAL PAPERS ON DESALTING, WATER	SUPPLIES, WA	TER
REUSE, WATER TREATMENT AND WATER QUALITY AND GAIN KNOWLEDGE OF D		
WATER TREATMENT PROCESSES AND PROGRAMS.		
·		
PROMOTE MEMBRANE TECHNOLOGY AWARENESS THROUGHOUT THE UNITED STAT		
4.062	· · · · · · · · · · · · · · · · · · ·	
C(Code:) (Expenses \$4,062. including grants of \$) ( LEGISLATIVE AND REGULATORY ADVOCACY: THE CORPORATION IS THE NATION OF MEMBRANE TECHNOLOGY, AND CONTINUES TO BE A STRONG VOICE FOR F LEGISLATIVE CHANGE.	ON'S LEADING	
d Other program services. (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$		`
(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ► 594, 350.	<u>' </u>	
TEEA0102L 10/06/10	_	Form <b>990</b> (2010)

AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-7370592 Page 3 Part IV \ 'Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 X Is the organization required to complete Schedule B. Schedule of Contributors? (see instructions) 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 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X D. Part VI 11a **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11 b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII 11 c Х **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. X 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х X

13	or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If 'Yes.' complete Schedule G. Part III

20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H

lines 1c and 8a? If 'Yes,' complete Schedule G. Part II

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

18

19

20

20 b

X

Х

Х

X

Form 990 (2010) AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-73705

Part IV 'Checklist of Required Schedules (continued)

	!		res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	w	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	اد مقعد
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2010)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0 1 b **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a 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) 4a Х **b** If 'Yes.' enter the name of the foreign country: **b** See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5<sub>b</sub> 5 c Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 13 to 1 Organizations that may receive deductible contributions under section 170(c). , a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 3**4** 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year 7е e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 a as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 3 10 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X X **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 14b

Form 990 (2010) AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-7370592 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. |X|Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 22 **b** Enter the number of voting members included in line 1a, above, who are independent 1ь , 49° Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O officer, director, trustee or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O 3 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? SEE SCHEDULE O 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O Х 7 a Х 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 11/2 the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with those of the organization? 10 b Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this is done SEE SCHÉDULE O 12c X 13 Does the organization have a written whistleblower policy? 13 14 Х 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q 15 a **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► AMTA C/O JANET JAWORSKI 2409 SE DIXIE HWY, STUART, FL 34996 772-463-0820

Form <b>990</b> (2010)	AMERICAN	MEMBRANE	TECHNOLOGY	ASSOCTATION

23-7370592

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## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organizat	tion nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trust	tee
(A)	(B)							(D)	(E)	(F)
Name and title	Average		ition (	checl	k all t	hat appl	ly)	Reportable compensation from	Reportable	Estimated amount of other
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) LYNNE GULIZIA										
2ND VICE PRES	1	Х		Х				0.	0.	0.
(2) DAVID BROWN										
DIRECTOR	1	X						0.	0.	0.
(3) DAVID DERR										
DIRECTOR	1	Х						0.	0.	0.
(4) DOUGLAS EISBERG									·	
DIRECTOR	1	X						0.	0.	0.
(5) STEVE MALLOY										
TREASURER	1	Х		Х				0.	0.	0.
(6) JOHN BALLIEW										
DIRECTOR	1	Х						0.	0.	0.
(7) KAREN LINDSEY										
SECRETARY	1	X		X				0.	0.	0.
(8) TOM SEACORD										·
DIRECTOR	1	X						0.	0.	0.
(9) JOHN BRUCIAK	]									
DIRECTOR	1	X						0.	0.	0.
(10) BEN MOVAHED	. 🚽									
DIRECTOR	1	X						0.	0.	0.
(11) JOHN KIERNAN	]									
DIRECTOR	1	X						0.	0.	0.
(12) ROBERT ORESKOVICH										
DIRECTOR	1	X						0.	0.	0.
(13) JEFF_MOSHER	. 🔟									
DIRECTOR	1	X						0.	0.	0.
(14) CHRISTINE A. OWEN	. 🔟									
DIRECTOR	1	X						0.	0.	<u> </u>
(15) PETER WALDRON	. 🔟							İ		
PRESIDENT	1	X		X				0.	0.	0.
(16) MEHUL PATEL										
1ST VICE PRES	1	X	Щ	X			_	0.	0.	0.
(17) VIN TURSI										
DIRECTOR	11	X		L.,			L	0.	0.	0.
RAA		-		22021	10	/21/10				Earm 000 (2010)

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Form 990 (2010)

Part VII   Section A. Officers, Directors, Trust (A)	(B)	LEY			c)	<del>c</del> 3,	alli	(D)	(E)	(F)
Name and title	Average			•	k all t		ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(18) STEVEN DURANCEAU DIRECTOR	1	х						0.	0.	0.
(19) ROBERT P. HUEHMER DIRECTOR	1	Х						0.	0.	0.
(20) IAN WATSON EXECUTIVE DIREC	40			х				70,000.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)	·									
(27)										
(28)										
(29)										
1 b Sub-total							•	70,000.	0.	0
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						<b>^</b>	0. 70,000.	0. 0.	0
<ul> <li>Total number of individuals (including but not limite from the organization ► 0</li> </ul>	d to tho	se li	sted	l ab	ove)	who	re	ceived more than	\$100,000 in report	able compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in a first such individual listed on line 1a, is the sum of return organization and related organizations greater the such individual.</li> </ul>	portable han \$15	e cor 50,00	npe 0?	nsa If 'Y	tion 'es'	and comp	oth olet	er compensation e Schedule J for	from	Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz	ompens complet	atio e Sc	n fro hed	om a lule	any <i>J fo</i>	unre r <i>suc</i>	late h p	d organization or erson	ındıvıdual	5 X
<ul> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensation compensation from the organization.</li> </ul>	ted inde	pend	dent	cor	ntrad	tors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	s							( <b>B</b> Description	of services	(C) Compensation
		_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		lımı	ted	to th	nose	liste	ed a	above) who receiv	ed more than	

The Federated campaigns  The Federated campaigns  The Second of Part o	Pai	t VIII   Statement of Revenue				•			
Description of the program service revenue grant combinations of the program service revenue gra							Related or exempt function	Unrelated business	Revenue excluded from tax under sections
2a CONFERENCES AND HORKSHOPS 541700 600, 479 600, 479 5 b PUBLICATIONS 541700 100 100 100 100 100 100 100 100 100	IS, GRANTS AMOUNTS	b Membership dues c Fundraising events.	1b 1c	126,908	3.		*		* - 2
2a CONFERENCES AND HORKSHOPS 541700 600, 479 600, 479 5 b PUBLICATIONS 541700 100 100 100 100 100 100 100 100 100	TONS, GIF	e Government grants (contributions)							
2a CONFERENCES AND HORKSHOPS 541700 600, 479 600, 479 5 b PUBLICATIONS 541700 100 100 100 100 100 100 100 100 100	ONTRIBUT	g Noncash contributions included in Ins 1a-1		_	106 000	· · · · · · · · · · · · · · · · · · ·			
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(i) Real   (i) Personal   (ii) Personal   (ii) Personal   (iii) Personal					<b></b>		1		1
Company   Comp			al	(u) Personal			, ,	1 12 14 16	***
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c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	2		lc)			137	, ***	<u>"</u>	
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	<u> </u>	See Part IV, line 18		a			1 i &	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 2 4 4
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	풀	<b>b</b> Less direct expenses		ь			<u> </u>		
9a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c d All other revenue e Total. Add lines 11a-11d	0	c Net income or (loss) from fundrai	ising (	events	•				
c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d						<b>∳</b> •• ;		. *	, å s
c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d		<b>b</b> Less: direct expenses		b			1		]
10a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d		c Net income or (loss) from gamino	activ	vities.	•				
c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d									
c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d		<b>b</b> Less: cost of goods sold		b			4		]
Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d		•	of inve	entory	•			<u> </u>	1 — · · · · · · · · · · · · · · · · · ·
11a	ŀ		,,,,,,					<del>                                     </del>	
b c d All other revenue e Total. Add lines 11a-11d	ŀ	44 -					<del></del>		1
c d All other revenue e Total. Add lines 11a-11d							<del>                                     </del>	<del> </del>	<del>                                     </del>
e Total. Add lines 11a-11d		n					<del> </del>	<del>                                     </del>	<del>                                     </del>
e Total. Add lines 11a-11d		c					<u> </u>		<u> </u>
		<b>d</b> All other revenue	l			1			
<b>12 Total revenue.</b> See instructions ► 741,045. 609,434. 0. 4,703.		e Total. Add lines 11a-11d			>				
		12 Total revenue. See instructions			<b>•</b>	741,045.	609,434.	0.	4,703.

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,000.	10,000.		/ 5 5
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		, ;
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				× .
4	Benefits paid to or for members			,	×
5	Compensation of current officers, directors, trustees, and key employees	70,000.	66,500.	3,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				_
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				<u> </u>
	Lobbying			±0	
	e Professional fundraising services See Part IV, line 17 Investment management fees				
9	g Other				
12	Advertising and promotion	41,497.	41,497.		
13	Office expenses	0.707	0.707		
14	Information technology	8,797.	8,797.		
15	Royalties				
16	Occupancy	34,097.	27,147.	6,950.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	34,097.	21,141.	0,330.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	12,165.	12,165.		
22	Depreciation, depletion, and amortization	1,086.	1,086.		
23 24	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			· · · · · ·	* 4
	a MEALS	180,711.	180,711.		
	b MANAGEMENT & STAFFING SERVICE	112,500.	84,375.	28,125.	
	MISCELLANEOUS	40,509.	25,143.	15,366.	
	d NEWSLETTER	29,176.	29,176.		
	e GIVEAWAYS	16,935.	16,935.		
1	f All other expenses SEE SCH. O	120,080.	90,818.	29,262.	
_25	Total functional expenses. Add lines 1 through 24f	677,553.	594,350.	83,203.	0.
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (2010)

Га	$\pi \lambda$	Balance Sneet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.			39,891.	1	23,431.
	2	Savings and temporary cash investments			428,546.	2	508,237.
-	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,906.	4	1,508.
	5	Receivables from current and former officers, directo	re true	stees key employees		٠.,	- ′ 🔆
	3	and highest compensated employees Complete Part	II of S	Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and conti sponsoring organizations of section 501(c)(9) voluntal organizations (see instructions)		6			
A S	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use				8	
T	9	Prepaid expenses and deferred charges			29,552.	9	24,400.
	10.	Lond buildings and assumment aget or other basis			to Many State of the same		
	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,778.			
		Less: accumulated depreciation	10 b	13,535.	626.	10 c	6,243.
	11	Investments – publicly traded securities				11	,
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
- 1	15	Other assets. See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		500,521.	16	563,819.
	17	Accounts payable and accrued expenses			5,845.	17	7,954.
	18	Grants payable				18	,
	19	Deferred revenue			83,838.	19	81,535.
Ļ	20	Tax-exempt bond liabilities			,	20	,
Å B	21	Escrow or custodial account liability. Complete Part	IV of S	Schedule D		21	
L L T	22	Payables to current and former officers, directors, truhighest compensated employees, and disqualified pe of Schedule L	istees, rsons	key employees, Complete Part II			
I E S	23	Secured mortgages and notes payable to unrelated the	hird na	urtine		22	
•			-			24	
	25	Other liabilities Complete Part X of Schedule D	ı partit	<b>25</b>		25	
	26	Total liabilities. Add lines 17 through 25			89,683.	26	89,489.
_	20	Organizations that follow SFAS 117, check here	X aı	nd complete lines	39,083.	<u>20</u> °Ç,`	05,405.
N E T		27 through 29 and lines 33 and 34.	A a	id complete illies			·
	27	Unrestricted net assets			410,838.	27	474,330.
くいいましょう	28	Temporarily restricted net assets			410,030.	28	4/4,550.
Š	29	Permanently restricted net assets				29	
Q R		Organizations that do not follow SFAS 117, check he	ara Þ	and complete	7. Jak 45 M.S	23	
, FDZ0		lines 30 through 34.	cic	and complete		. '. , !	
Ď	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipr	nent fu	ınd.		31	
Ä	32	Retained earnings, endowment, accumulated income	, or otl	her funds		32	
BALANCES	33	Total net assets or fund balances.			410,838.	33	474,330.
5	34	Total liabilities and net assets/fund balances			500,521.	34	563,819.

BAA

Form **990** (2010)

Form 990 (2010) AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION	23-7370592		Pa	age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				$\Box$
	f 1	_		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		41,0	
2 Total expenses (must equal Part IX, column (A), line 25)	2		77,	
3 Revenue less expenses Subtract line 2 from line 1	3			<u> 192.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	4	10,8	
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4	74,3	330.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990.   Cash X Accrual Other			´ ; ;	,
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n	-		
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both.	re issued on a	高製	1-10°	
X Separate basis Consolidated basis Both consolidated and separate basis		<u>終</u> 。	+ P. Y. S.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a		X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	3 b		
BAA		Form	990	(2010)

TEEA0112L 12/21/10

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Ins Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

the o	rganization answered	'Yes,' to F	orm 990, Pa	art IV, line 3, or l	Form 990-EZ,	Part V, line	e 46 (Political	Campaign A	ctivities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

#### If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	-	organizations: Complete Part III	51 FOIIII 550-EZ, Fait	v, lille 35a (Proxy Tax),	ulen
	of organization	- Service Control of the Control of		Employer identifica	ation number
AME	ERICAN MEMBRANE TEC	HNOLOGY ASSOCIATION		23-737059	2
		rganization is exempt under secti	on 501(c) or is a s	section 527 organia	zation.
		organization's direct and indirect political of			
2	Political expenditures			▶\$	
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Păi	t⊪I-C. Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2. Enter here and	on Form 1120-POL,	, ▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contributi	and employer identification number (EIN) s. For each organization listed, enter the a cons received that were promptly and direcal action committee (PAC). If additional spa	mount paid from the t	filing organization's fund arate political organizat	ds. Also enter the ion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
		1	1	İ	1

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(6)

Schedule C (Form 990 or 990-EZ) 2010

					*** * * * * * * * * * * * * * * * * * *
Part II-A Complete if section 501	the organization (h)).	is exempt under see	ction 501(c)(3) and	filed Form 5768 (e	election under
	<del>` ``</del>	ngs to an affiliated group			
B Check ► If the file	ng organization chec	ked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobbyi 'expenditures' mean	ng Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendit	ures to influence put	olic opinion (grass roots lo	bbying).		
<b>b</b> Total lobbying expendit	ures to influence a le	egislative body (direct lobb	oying).		
c Total lobbying expendit	ures (add lines 1a ai	nd 1b)			
<b>d</b> Other exempt purpose	expenditures				
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable ar both columns.	mount Enter the amo	ount from the following tal	ble in	:	
If the amount on line 1e, col	lumn (a) or (b) is:	he lobbying nontaxable a	mount is:	* * /	
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).  A Check					
Section 501(h)).  A Check		_			
<del>```````````</del>		<del></del>		[中本華] [1] [1]	· · · · · · · · · · · · · · · · · · ·
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).  A Check   If the filing organization belongs to an affiliated group   It the filing organization checked box A and 'limited control' provisions apply Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)   b Total lobbying expenditures to influence a legislative body (direct lobbying)   c Total lobbying expenditures (add lines 1a and 1b)   d Other exempt purpose expenditures (add lines 1a and 1b)   d Other exempt purpose expenditures (add lines 1c and 1d)   f Lobbying nontaxable amount Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:   Not over \$300,000   20% of the amount on line 1e.   Over \$300,000   20% of the amount on line 1e.   Over \$300,000   20% of the amount on line 1e.   Over \$300,000   Over \$1,000,000   31,000,000   31,000,000   31,000,000   Over \$1,000,000   31,000,000   31,000,000   31,000,000   Over \$1,000,000   31					
art II-A			4		
_					
_					
i Subtract line if from lin	ne ic if zero or iess,	enter -U-			
j If there is an amount of section 4911 tax for this	ther than zero on eitl s year?	her line 1h or line 1i, did t	he organization file For	m 4720 reporting	Yes No
(Som	ne organizations that	made a section 501(h) el	ection do not have to d	complete all of the five h 2f.)	
	Lobby	ying Expenditures During	4-Year Averaging Peri	od	
	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
amount (150% of line					
c Total lobbying expenditures					
amount (150% of line	, , , , , ,	` <i>'</i>	· · · · · · · · · · · · · · · · · · ·	· ~ .	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(ciccusi and section serim).	(6	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local.			
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			,
a Volunteers?			£4
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	L		
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912	,,,	2	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'	art III-	, or A, lir	ie 3
1 Dues, assessments and similar amounts from members.		1	_
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
<b>b</b> Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds		ļ: '	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical	4	0
expenditure next year?  F. Tayabla amount of labburg and political expenditures (see instructions)		5	0
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information			<u> </u>
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Also, complete this part for any additional information	and Par	t II-B,	line 1:
	<b></b>		
			·
			<b></b>
			000 000 ===
<b>BAA</b> So	nedule	Fo!) ک	rm 990 or 990-EZ) 201

Schedule C (Form 990 or 990-EZ) 2010 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION	23-13/0592	Page 4
Part IV   Supplemental Information (continued)		
		_ <b></b> _
		<b></b>
		<b></b>
	<del>_</del>	
	·	<b>-</b> -
<b></b>		<del>-</del> -
	· <b></b>	

#### **SÇHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number

AMI C/(	ERICAN MEMBRANE TECHNOLOGY ASS D: JANET JAWORSKI	OCIATION	23-7370592
Pai		r Advised Funds or Other Similar Fu	
1 41	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	inus of Accounts. Complete in
	the organization anomore is a		(h) Funda and ather assemble
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or f	inds can be for any other Yes No
Pai	rt II. Conservation Easements. Compl	ete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or education) Preservation	of an historically important land area
	Protection of natural habitat	<b>—</b>	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizati	on held a gualified conservation contribution	in the form of a conservation easement on the
	last day of the tax year	of field a qualified conservation contribution	in the form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements.		2a
	Total acreage restricted by conservation ease	ments	2b
	Number of conservation easements on a certi		2c
		• •	
(	d Number of conservation easements included in structure listed in the National Register	in (c) acquired after 8/17/06, and not on a his	toric 2d
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or termin	nated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	<u></u>
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, hones it holds?	nandling of violations, Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation ea	esements during the year
7	Amount of expenses incurred in monitoring, ii	nspecting, and enforcing conservation easem	ents during the year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and exp to the organization's financial statements that	ense statement, and balance sheet, and t describes the organization's accounting for
Pa	rt III Organizations Maintaining Colle	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, Inc	or Other Similar Assets. e 8.
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or rese	venue statement and balance sheet works of earch in furtherance of public service, provide,
ı	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenueld for public exhibition, education, or research	ue statement and balance sheet works of art, h in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items	s for financial gain, provide the following
;	a Revenues included in Form 990, Part VIII, line		<b>►</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

<ul> <li>Part III Organizations Mainta</li> <li>Using the organization's acquisit items (check all that apply):</li> <li>a Public exhibition</li> </ul>			rical Treasures, or	Utner Similar Ass	<b>iets</b> (conti	nued)
items (check all that apply):  a Public exhibition	ion, accession					
$\vdash$				that are a significant i	use of its col	lection
		<b>—</b>	or exchange programs			
<b>b</b> Scholarly research		e U Other				
c Preservation for future gene						
<ul> <li>4 Provide a description of the organization</li> <li>5 During the year, did the organization</li> </ul>		·			se in	
assets to be sold to raise funds					Yes	No
Part IV Escrow and Custodia 9, or reported an amo	A Arrangen ount on For	nents. Complete if c m 990, Part X, line	organization answe 21.	red 'Yes' to Form 9	990, Part I	V, line
1a Is the organization an agent, tru included on Form 990, Part X?	stee, custodia	n, or other intermediary	for contributions or oth	ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIV a	and complete the following	ng table.			
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance		000 Part V line 212		1f	□ Voc	□ No
2a Did the organization include an		rm 990, Part X, line 21?			∐ Yes	∐ No
b If 'Yes,' explain the arrangemen Part V Endowment Funds. C		he organization and	wered 'Yes' to For	m 990 Part IV line	<u>-</u> 1∩	
art V Lindownient i unds.	(a) Current					years back
1 a Beginning of year balance.	(a) current	year (b) Thor year	(c) Two years back	To the Man To	(e) rour	,
<b>b</b> Contributions				74- 125- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	1 .	:
c Net investment earnings, gains, and losses		-		· · · · · · · · · · · · · · · · · · ·		
<b>d</b> Grants or scholarships				278 g. 147 75 14	/ 漢 後、	1.7
e Other expenditures for facilities and programs						· TA
f Administrative expenses						\$514K
<b>g</b> End of year balance				A As As	<u>-   \$ +   \$ ,   </u>	· · · · · ·
2 Provide the estimated percentage a Board designated or quasi-endo b Permanent endowment ► c Term endowment ►  3a Are there endowment funds not	wment •	<u> </u>	that are held and admi	nistered for the	Ye	. No
organization by						s No
(i) unrelated organizations					3a(i)	
(ii) related organizations  b If 'Yes' to 3a(ii), are the related	organizations	listed as required on So	hadula D2		3a(ii) 3b	
4 Describe in Part XIV the intende	-	•			30	
Part VI Land, Buildings, and		<del></del>				<del></del> .
Description of investmen		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	νalue
1 a Land						
<b>b</b> Buildings.						
c Leasehold improvements.						
<b>d</b> Equipment						
e Other			19,778.	13,535.		6,243
	nn (d) much n	qual Form 990, Part X, c	aluman (D) luna 10(a) )	<b>-</b>		6,243

Schedule D (Form 990) 2010 AMERICAN MEMBRANE				23-737		Page
Part VII   Investments—Other Securities. See F	orm 990, Part X, li	ne 12. N	1/A			
(a) Description of security or category (including name of security)	(b) Book value		(c) Met Cost or end	thod of valuati 1-of-year mark	on et value	
1) Financial derivatives						
2) Closely-held equity interests						
3) Other	· · · · · · · · · · · · · · · · · ·			<u>.</u>		_
(A)	<u></u>					
<u>B)</u>						
<u>(C)</u>						
(D)						
<u>(E)</u>						
<u>(F)</u>						
<u>(G)</u>						
<u>[H]</u> <b></b>						
<u>(I)</u>						
otal. (Column (b) must equal Form 990 Part X, column (B) line 12.)		75. J.			* * *	``.j?'
Part VIII Investments—Program Related. (See		line 13)	N/A		.=	
(a) Description of investment type	(b) Book value		(c) Met Cost or end	thod of valuati 1-of-year mark	on et value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)	<u> </u>					
(7)						
(8)	1					
(9)						
(10)					24.300d NT.	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	1		, 49 1	n y josen		, v _ ,
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,	line 15) N/A		,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De	1		; "	s ę pass	(b) Book	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De	line 15) N/A		, ,,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)	line 15) N/A		, , , ,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)	line 15) N/A		,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)	line 15) N/A		; "			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)	line 15) N/A					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)  (6)	line 15) N/A		; "			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)	line 15) N/A		; ""			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	line 15) N/A					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	line 15) N/A		, ,,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9)	line 15) N/A					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(E)	line 15) N/A					
(10)    Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX   Other Assets. (See Form 990, Part X, (a) De  (1)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Liabilities. (See Form 990, Part X, column (B) line 13.)	line 15) N/A					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability  (1) Federal income taxes	line 15) N/A scription  3), line 15) X, line 25)		, ,,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part X Other Liabilities. (See Form 990, Part X, column (B) Description of liability  (1) Federal income taxes  (2)	line 15) N/A scription  3), line 15) X, line 25)		, ,,			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(E)  Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(E)  Part X Other Liabilities. (See Form 990, Part  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X,  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(E)  Part X Other Liabilities. (See Form 990, Part X) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15) N/A scription  3), line 15) X, line 25)					
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. (See Form 990, Part X, (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. (See Form 990, Part X)  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	line 15) N/A scription  3), line 15) X, line 25)					

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

BAA		TEEA3304L 02/11/11	Schedu	le <b>D</b> (Form 990) 2010
	. <b></b> .			
<del>-</del>				
any a	dditio	nal information.	o pu	p. c d c
Comp Part \	olete t V. line	his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	', lines 11 e this pa	o and 2b, rt to provide
		Supplemental Information	, ,	1.01
		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	677,553.
		ines 4a and 4b	4c	677 550
		(Describe in Part XIV)		
		tments expenses not included on Form 990, Part VIII, line 7b.	];[	
		unts included on Form 990, Part IX, line 25, but not on line 1:	, 85a	<del></del>
		act line 2e from line 1	3	677,553.
		ines 2a through 2d	2e	
		(Describe in Part XIV )	1.	
		losses	1 1	
		year adjustments 2b	1 37	
		ted services and use of facilities 23	15	
		expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25	-	677,553.
		Reconciliation of Expenses per Audited Financial Statements With Expenses per	Keturi	
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5 Detur	741,045.
_		ines 4a and 4b	4c	741 045
		(Describe in Part XIV)		
		tments expenses not included on Form 990, Part VIII, line 7b.	<u> </u>	
		ints included on Form 990, Part VIII, line 12, but not on line 1		
-		act line 2e from line 1	3	741,045.
		nes 2a through 2d.	2e	
		(Describe in Part XIV)		
		veries of prior year grants		
		ted services and use of facilities	ļ.	
а	Net u	nrealized gains on investments 2a	1.131	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12	[- <u>-</u> , ]	
1	Total	revenue, gains, and other support per audited financial statements	1	741,045.
		Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
10	Exces	ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9		63,492.
		adjustments (net) Add lines 4 through 8		
		(Describe in Part XIV)		
		tment expenses period adjustments	-	<del></del>
		ted services and use of facilities		<del></del>
		nrealized gains (losses) on investments		<del></del>
3	Exces	ss or (deficit) for the year Subtract line 2 from line 1		63,492.
		expenses (Form 990, Part IX, column (A), line 25)		677,553.
		revenue (Form 990, Part VIII,column (A), line 12)		741,045.
Part	<u> </u>	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		

23-7370592

Page 4

Schedule D (Form 990) 2010 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

,	Schedule D (Form 990) 2010 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION	23-7370592	Page <b>5</b>
	Schedule D (Form 990) 2010 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION  Part XIV: Supplemental Information (continued)		
		- <b></b>	
		· <b></b>	<b></b>
		·	
		<del>.</del>	
			<b>-</b>
			<b>-</b> -
			<del></del> -
			<b></b>
			- <b></b>
			- <b></b>
			<b></b>
			<b></b>

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Governments and Individuals in the United States

OMB No 1545-0047

2010

Open to Public

**Employer identification number** 

23-7370592

Department of the Treasury Internal Revenue Service Name of the organization

Paring General Information on Grants and Assistance AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? SEE PART IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**≗** 

X Yes

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

Porti 990, rattiv, inte zi totanji ecipientulat received more utan 45,000. Oneck uns box in no one recipient received more utan 45,000. Part II can be duplicated if additional space is needed	additional space	illat received in		וופכע נוווא מסע זו ווס		פואפת וווסופ חושה	, , , , , , , , , , , , , , , , , , ,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL WATER RESEARCH 18700 WARD STREET FOUNTAIN VALLEY, CA 927	33-0481107 501 (C)	501 (C) (3)	10,000.	.0			GIFT FOR STUDENT SCHOLARSHIP
(2)							
(S)							
					-		
( <u>s</u> )							
$\omega$							
(8)							
							:
2 Enter total number of section 501(c)(3) and government organization	3) and government or	rganizations				<b>A</b> .	

Schedule I (Form 990) 2010

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

0

Page 2

(f) Description of non-cash assistance Battive Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. REQUEST OF RECIPIENT'S NAME AND AMOUNT OF SCHOLARSHIP GIVEN (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ന ~ 4 ß 9

BAA

Schedule I (Form 990) 2010

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

**Transactions With Interested Persons** 

2010

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(5) (6) **(7)** (8) (9)

Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

Open to Public Inspection Employer identification number

C/O: JANET JAWO		INOLOG	1 ASSOCIATION		23-73	7059	2			
Part I Excess Benefit Transaction Complete if the organization answ	ns (sect	tion 50°	l (c)(3) and section 1 990, Part IV, line 25a (	501(c)(4) organ or 25b, or Form 990	nizations EZ, Part V	only , line	y). 40b.			
d (a) Name of discussified person				(b) Description of transact						rrected?
(a) Name of disqualified person				(b) Description or transact	uon				Yes	No
(1)										
(2)			_							
(3)										
_(4)										
(5)				<u>_</u>						
(6)									<u>L</u>	
<ul> <li>2 Enter the amount of tax imposed on the section 4958</li> <li>3 Enter the amount of tax, if any, on line</li> <li>Part II</li> <li>Loans to and/or From Inte</li> <li>Complete if the organization answ</li> </ul>	2, above,	reimburs	sed by the organization	ı		<b>►</b> \$				
(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance due	(e) In (	default?	(f) App		(g) W agree	Vritten ement?
	То	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)		<u> </u>								
(5)							<u> </u>	<u> </u>	<u> </u>	
(6)										
(7)										
(8)										
(9)									<u> </u>	
(10)				,						
Total			<b>►</b> \$		,45°43.	;	(* 5)	7 9		
Part III Grants or Assistance Ben Complete if the organization	efitting on answ	<b>Interes</b> ered 'Y	<b>ted Persons.</b> es' on Form 990, F	Part IV, line 27.						
(a) Name of interested person		(b) Relation	ship between interested persor the organization	n and	(c) Amour	nt and ty	ype of as	ssistano	:e	
(1)										
(2)										
(3)										
(4)										

(10)BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	arıng zatıor
	organization			Yes	No No
(1) WATEK ENGINEERING - BEN MO	BOARD DIRECTOR	6,109.	INTRACTIVE MAP DATA UP	Ì	Х
(2)					<u> </u>
(3)				<b>├</b> ─	_
(4) (5)				-	⊢
(5) (6)		·			$\vdash$
(7)				<u> </u>	$\vdash$
(8)					
(9)					
(10)					
Part V Supplemental Information					
Complete this part to provide addition	al information for response	s to questions on Scl	hedule L (see instructions).		
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#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI	Employer identification number 23-7370592
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OF	
AMTA BOARD MEMBERS ARE IN THE MEMBRANE INDUSTRY AND MAY F	·
SERVICES_TO_OTHER_BOARD_MEMBERS, EXAMPLE, BOARD_MEMBER_A	COULD HAVE PURCHASED A PUMP
FROM_BOARD_MEMBER_B'S_COMPANY_FOR_HIS/HER_MEMBRANE_PLANT.	BOARD MEMBER C MAY HAVE
PURCHASED MEMBRANES FROM BOARD MEMBER D'S COMPANY FOR HIS	S/HER MEMBRANE PLANT. BOARD
MEMBER E MAY HAVE PROVIDED CONSULTING OR ENGINEERING SERV	ICES TO BOARD MEMBER F'S
UTILITY	
FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO M	ANAGEMENT COMPANY
THE CONTROL OF MANAGEMENT DUTIES WERE DELEGATED TO A BOAF	RD_ELECTED_MANAGEMENT
COMPANY, TOTAL EVENT & MANAGEMENT ASSOCIATION.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OF	DR SHAREHOLDER
MEMBERS OF AMTA PAY A MEMBERSHIP FEE AND ELECT DIRECTORS	OF THE BOARD WHO GOVERN THE
DECISIONS FOR THE ORGANIZATION.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELEC	T GOVERNING BODY
THERE ARE A TOTAL OF 26 BOARD MEMBERS (19 ELECTED - VOTIN	NG MEMBERS, 3 APPOINTED -
VOTED MEMBERS, AND 4 APPOINTED - NON-VOTING MEMBERS)	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE AMTA BOARD IS ISSUED A COPY OF THE 990 PRIOR TO FILIN	NG.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENF	ORCEMENT OF CONFLICTS
EACH AMTA BOARD MEMBER OR COMMITTEE VOLUNTEER SIGNS A CON	NFLICT OF INTEREST POLICY
STATEMENT. THE AMTA BOARD REVIEWS POTENTIAL CONFLICTS OF	F INTEREST DURING THE BOARD
MEETINGS PRIOR TO ANY ACTION TAKEN BY THE BOARD OR ITS ME	EMBERS.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PI	ROCESS FOR CEO, EXEC. DIR., OR TOP MG
IAN WATSON IS COMPENSATED AS THE EXECUTIVE DIRECTOR BASEI	O UPON HIS CONTRACT APPROVED
BY THE AMTA BOARD.	

Schedule <b>0</b> (Form 990 or 990-EZ) 2010	Page 2
Name of the ofganization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI	Employer identification number 23-7370592
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	ICLY AVAILABLE
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
·	

2010 .

CLIENT ON-OFA

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGET

MOTEVE COST AND TENEVIET INVESTIETLY WAS LETTEN WAS LET

28-7370592

## FORM 990, PART IX, LINE 24F OTHER EXPENSES

	(A)TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
AMTA PUBLICATIONS AWARDS BINDERS BOARD MEETINGS/RETREATS CONFERENCES - CEU DISPLAY BOOTH EXHIBITS/EXPO FACILITIES/AUDIO/VIDEO	4,558. 1,190. 14,533. 9,119. 597. 4,004. 6,555. 14,164.	4,558. 1,190. 14,533. 597. 4,004. 6,555. 14,164.	9,119.	
INSURANCE MATERIALS MEMBERSHIP BENEFITS/GIVEAWAYS MEMBERSHIP PACKETS MEMBERSHIP SOURCE BOOK OPTIONAL EXCLUSIONS OUTSIDE SERVICE PHOTOGRAPHER POSTAGE PRE-CONFERENCE WORKSHOP SHIPPING STATIONARY/SUPPLIES TELEPHONE TEMPORARY LABOR	4,009. 3,975. 678. 2,689. 6,220. 7,906. 8,200. 2,050. 20. 6,616. 9,967. 5,321. 6,019. 1,690.	3,975. 678. 2,689. 6,220. 7,906. 2,050. 20. 6,616. 9,967. 3,406. 1,690. \$ 90,818.	4,009. 8,200. 1,915. 6,019. \$ 29,262.	<del>\$</del> 0.

**Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

C/O: JANET JAWORSKI

Identifying number 23-7370592

Business or activity to which this form relates FORM 990/990-PF Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I Maximum amount (see instructions) 1 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions) **Section A** MACRS deductions for assets placed in service in tax years beginning before 2010 17 416. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (d) (f) Method (e) (g) Depreciation Classification of property year placed in service (business/investment use Recovery period only - see instructions) 19a 3-year property 6,704 5 HY S/L 670 **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L 39 yrs MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year MM c 40-year 40 yrs S/L

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28

23

1,086.

21

22

PAGË 1	CURRENT DEPR.			0	0	0	69	161	46	110	0.29	1,086	1,086	1,086	0	1,086	
	RATE						.20000	20000	20000	.20000	10000		. "	,		•	
2	LIFE RATE			× 5	H 5	HY 5	γ 5	HY 5	HY 5	HY 5	HY 5						
	METHOD			S/L HY	S/L	S/L	S/L HY	S/L	S/L	S/L	S/L H						
\$ \$	PRIOR DEPR.			1,103	9,890	3,336	242	899	191	382		15,785	15,785	15,785	3,336	12,449	
	DEPR. BASIS			1,103	068'6	3,337	347	954	230	220	6,704	23,115	23,115	23,115	3,337	19,778	
GHIEN William	SALVAG /BASIS REDIICT											0		0	0	0	
	. 1										1	0		0	0	0	
	PRIOR DEC. BAL DEPR.														_		
RECIPATION OF THE PROPERTY OF	PRIOR 179/ BONUS/ SP. DEPR.											0	0	0	0		
OEP Anera	SPECIAL DEPR. ALLOW.											0		0	0	0	
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FEDER	COST/ BASIS			1,103	08'6	3,337	347	954	230	550	6,704	23,115	23,115	23,115	3,337	19,778	
ZMOF	DATE					12/31/10					•		. "	"		-	
	DATE DATE - AGUIREDSOLD.			2/13/04	6/07/04	9/16/04	4/13/06	7/20/06	8/25/06	12/26/06	6/29/10						
](O	DESCRIPTION	J/990-PF	FURNITURE AND FIXTURES	AUDIO VISUAL EQUIPMENT	VARIOUS EQUIPMENTS	LAPTOP COMPUTERS (X 2)	GATEWAY - MONITOR	PROJECTOR	MEGAPHONES (X2)	CREDIT CARD TERMINAL	SONY LCD PROJECTORS (X3)	TOTAL FURNITURE AND FIXTURE	TOTAL DEPRECIATION	GRAND TOTAL DEPRECIATION	DEPRECIATION ASSETS SOLD	DEPR REMAINING ASSETS	
12BMMO CUENT M-CEA	NO.	FORM 990/990-PF	FURNIT	1 AUC	2 VAR	3 1.48	4 GAT	5 PRC	6 ME	7 CRE	8 SO	<b>.</b> 01	T0]	GR/	DEF	DEI	

**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)

OMB No 1545-0047

Dep. Inter	artment of nal Reven	the Treasury nue Service		► The organization may have to us	e a copy of this return	to satisfy	state repor	ting requiren	nents	Оре	en to Publi	ic Insp	ection
	For the	2009 calend	dar year,	or tax year beginning		, 2009,	and endir	ıg			,		
В	Check if a	applicable	Please use	c			D Employ	er ident	ufication Num	ber			
	Addı	ress change	N	23-7370592									
	Nam	ne change	or print or type See	C/O: JANET JAWORS 2409 SE DIXIE HWY	KI				E Telepho	-			
	Initia	al return	specific Instruc-	STUART, FL 34996					772	<u>-463</u>	-0820		
	Tern	nınatıon	tions.										
	Ame	ended return							G Gross r			529,	
	Appl	lication pending			N WATSON				a group retur affiliates incl		ılıates?	Yes	X
_				AS C ABOVE			7		attach a list		structions)	Yes	∐ No
+		exempt statu		· · · · · · · · · · · · · · · · · · ·	4947(a)(1	) or	527			_			
3				BRANES-AMTA.ORG	7	1			exemption nu				
K	irt I	Summa	X Corpora	ation Trust Association	Other ►	LY	ear of Forma	tion 197	±   W1 S	state of	legal domicile	CA	
[ [	1 B	Rriefly describ	ne the ord	ganization's mission or most s	unnificant activitie	s TM	CDENCE	IIMDED	דתוא גידי	NC 7	MD HCE	OF	
_				TION THROUGH EDUCA		22 TIA	CVEVSE	ONDEV	วาหมกา	ING P	สังกิ_กิวธ	_Or_	
J.C	_ <u>-</u>	MATUR DU	ONLINE	TION THE COST TOOCK	11 7 1				<b></b> -		<u>-</u>		
rna	_										<b>-</b>		
Activities & Governance				if the organization discontinue		or dispo	sed of me	ore than 2	5% of its	assets			
- e5				bers of the governing body (F						3			2:
es				it voting members of the gove eyees (Part V, line 2a)	rning body (Part	VI, line	1b)			4			2.
₹				eers (estimate if necessary)						5 6			
Ac				ousiness revenue from Part V	III, column (C), lır	ne 12				7a	•		0
	1	-		taxable income from Form 9						7ь			0
							•	Р	rior Year		Curre	ent Ye	ar
	<b>8</b> 0	Contributions	and gran	its (Part VIII, line 1h)					130,7	58.		117,	
ž	<b>9</b> P	Program serv	rogram service revenue (Part VIII, line 2g)							59.		402,	746
Revenue	ı		-	art VIII, column (A), lines 3, 4	•				12,8	78.		8,	869.
	ı			III, column (A), lines 5, 6d, 8c		•							
				nes 8 through 11 (must equal		(A), lin	e 12)	_	744,0	195.		529,	-
	ı			ounts paid (Part IX, column (A				-				10,	000.
3				members (Part IX, column (A		I	E 10)		21 0	100		71	200
Lew (1972)	1			nsation, employee benefits (P ig fees (Part IX, column (A), I		), imes :	5-10)		21,0	100.		<u> / l ,</u>	280.
Expenses				· · · · · · · · · · · · · · · · · · ·	•								
Exp.				nses (Part IX, column (D), line				<u></u>					
	1181	ther expensi	es (Part 1	X, column (A), lines 11a-11d,	11f-24f)			<u> </u>	572,7			<u>497,</u>	
] <b>)</b>		otal expense	\$ 989h"	nes 3-17 (must equal Part IX	k, column (A), line	25)			593,7			579,	
, 	- <b>19</b> 03	evenue less	expense	s Subtract line 18 from line 1	2			-	150,3			-49,	
Not Assets or Fund Balances	A	OCDE	A 1 1 1	<del></del> _ 1				Begin	ning of Y			of Yea	
		otal liabilities	• • •	u •				-	550,6 89,8			500,	521. 683.
Not Assets			•	•	00								
=	22 N	Signatu		ances. Subtract line 21 from li	ne 20				460,7	58.		410,	838.
,—			1						4 41 11				
)		true, correct, ar	nd complete	declare that I have examined this return declaration of preparer (other than office	cer) is based on all info	ormation of	f which prepared	errents, and erer has any l	to the pest of knowledge	i my kno	owieage and t	енет, п	ıs
Sig	ın	<b> </b>	MX	Tur				6	2050	ue 2	U)O		
He	re	Signature of	offofficer					Da	te				
		► STEVE	N DUR	ANCEAU				PRES1	DENT				
			nt name and										
					<del></del>	Da	ate		eck if	Pr (se	eparer's ident	ifying nu	umber
Pa		Preparer's	_		1 1.				lf- nployed	X		•	
Pre		Preparer's signature		VEN W. NORTHCOTE	Part	W	5/19/1	0		P	000855	54	
Da Us	rer's e	Firm's name (o		F & COLE, LLP									
On		yours if self- employed), address, and		O CAMINO DEL RIO SO		200		EI			76568		
		ZIP + 4		DIEGO, CA 92108-38		/		Pł	one no	619	.294.72	:00	
				with the preparer shown above							X Yes		No
BA	A For P	Privacy Act a	nd Paper	work Reduction Act Notice,	see the separate i	nstructi	ons.		TEEA0113L	12/29	/09 Form	n <b>990</b>	(2009

Form	1 990 (2009) AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION	23-737059	2		Page 2
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission  INCREASE UNDERSTANDING AND USE OF WATER DESALINATION THROUGH EDUCA	rion	- <del>-</del> -		
				<del>-</del>	
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	e prior	Yes	X	No
	If 'Yes,' describe these new services on Schedule O	, —			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O.	es /	Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	y expenses. Se allocations to ot	ction 5 hers, th	01(c) ne tot	(3) al
4 a	(Code: ) (Expenses \$ 349,201. including grants of \$ ) (Reconferences and workshops: Meetings and workshops held to enable medical to meet and discuss technical papers on desalting, water surely water treatment and water quality and gain knowledge of desapers treatment processes and programs.	EMBERS AND PPLIES, WA ALTING AND	THE TER OTH	ER_	08.)
41	CODE) (Expenses \$) (RODE) (RODE) (RODE) (RODE) (RODE) (RODE) (RODE) (RODE	IONS ACTIV			88.) )  
			- <del>-</del>		
				<del></del> 	<del></del>
40	(Code (Code	'S LEADING		OCAT	) [E
	d Other program services. (Describe in Schedule O.)				
	d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$			)	
4 6	e Total program service expenses ► 503, 526.				

AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-7370592 Form **990** (2009) Page **3 Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A Х 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 X

	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
6	provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_ <u>X</u> _			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_X_			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 'Yes,' complete Schedule D, Part V	10		х			
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х				
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	٠		· !			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII						
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII						
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>	<b>&gt;</b>		* * *			
1	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		*	, ,			
1	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			-			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х				
12	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No						
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X						
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>			
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>X</u>			
17	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х			
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X			

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Х

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Χ 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** Is the organization 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* 25b Schedule L. Part I Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I. 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 235 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36

**BAA** Form **990** (2009)

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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38

			Yes	No			
1:	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.						
	Information Returns Enter -0- if not applicable 1a 8						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable						
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х			
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)						
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х			
1	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b					
4:	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)?	4a		Х			
ı	of 'Yes,' enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			_:			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X			
(	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		x			
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6Ь					
7	Organizations that may receive deductible contributions under section 170(c).						
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a					
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b					
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с					
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d						
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ			
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>					
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X			
9	Sponsoring organizations maintaining donor advised funds.			† <u> </u>			
	a Did the organization make any taxable distributions under section 4966?	9a		X			
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х			
	Section 501(c)(7) organizations. Enter						
	a Initiation fees and capital contributions included on Part VIII, line 12						
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	a Gross income from other members or shareholders			1			
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )						
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	h If 'Yes' enter the amount of tax exempt interest received or accrued during the year						

**BAA** Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for <u>S</u>

		n ivo response t Schedule O. See			iow, aescrit	pe the circumstal	nces, processe	s, or cnar	iges	in	
ect	ion A.	Governing Bod	y and Mana	agement					·		
							<del></del>	_		Yes	No
1 a	Enter the	number of voting m	nembers of the	e governing bod	dy		1a	22			
b	Enter the	number of voting m	nembers that a	are independent	it		1 b	22			
2	Did any officer, d	officer, director, trust irector, trustee or ke	tee, or key em ey employee?	ployee have a f SEE SCHI	family relation EDULE O	nship or a business r	elationship with ar	y other	2	x	
3	Did the o	rganization delegate s, directors or truste	e control over i	management du ployees to a ma	uties customa anagement co	rily performed by or impany or other pers	under the direct si	upervision	3	х	ı
		rganization make ar prior Form 990 was	, .	changes to its or SEE SCH C	•	documents			4	Х	
				the year of a m	naterial divers	ion of the organization	on's assets?		5	j	Х
		organization have n	•	-	SEE SCHE	-			6	Х	
7 a	Does the	organization have n	nembers, stoc E SCHEDUL	kholders, or oth E 0	her persons w	ho may elect one or	more members of	the	7a	х	
b	Are any	decisions of the gove	erning body su	ubject to approv	val by membe	rs, stockholders, or o	other persons?		7b	Х	
8	Did the o		poraneously do	ocument the me	eetings held o	r written actions und	lertaken during the	year by			
а	The gove	rning body?							8a	X	
b	Each cor	nmittee with authorit	ty to act on be	half of the gove	erning body?				8ь	Х	
9	Is there a	any officer, director of tools	or trustee, or k ss? <i>If 'Yes,' pr</i>	key employee lis	isted in Part V	II, Section A, who cases in Schedule O	annot be reached a	at the	9		Х
ect	tion B.	Policies (This	s Section B	requests info	formation ai	bout policies not	required by the	e Internal			
?eve	nue Code	)									
								,		Yes	No
10 a	Does the	organization have le	ocal chapters,	branches, or af	ffiliates?				10 a	X	
b	If 'Yes,' o and bran	does the organization ches to ensure their	n have written operations ar	policies and preconsistent wit	rocedures gov th those of the	erning the activities organization?	of such chapters,	affiliates,	10Ь	х	
11	Has the	organization provide	d a copy of the	is Form 990 to a	all members of	of its governing body	before filing the fe	orm?	11	_X_	
11 A	Describe	in Schedule O the p	process, if any	, used by the or	rganization to	review this Form 99	O SEE SCHEI	DULE O			
12a	Does the	organization have a	a written confli	ict of interest po	olicy? If 'No,'	go to line 13			12a	Х	
b	Are office to conflic	ers, directors or trus ets?	tees, and key	employees requ	ured to disclo	se annually interest	s that could give ri	se	12b	х	
С	Does the Schedule	organization regula O how this is done	irly and consis	tently monitor a	and enforce co	ompliance with the p	olicy? If 'Yes,' des	crıbe ın	12c	х	
		organization have a							13	Х	
14	Does the	organization have a	a written docur	ment retention a	and destruction	n policy?		ļ	14	X	
15						include a review and e deliberation and de		pendent			
а	The orga	nızatıon's CEO, Exe	cutive Director	r, or top manag	gement official	SEE SCHEDUL	E Q		15 a	Χ	
b	Other off	icers of key employe	ees of the orga	anızatıon					15b		Х
	If 'Yes' to	o line 15a or 15b, de	escribe the pro	cess in Schedu	ule O (See ins	structions)					
16 a		rganization invest in	n, contribute as	ssets to, or part	ticipate in a jo	oint venture or simila	ır arrangement witl	n a taxable	16a		X
b	in joint v	enture arrångements	s under applica			uring the organization en steps to safeguar			16b		
	tion C.	th respect to such a Disclosures	mangements?						מסו		
			conv of this Es	rm 990 is ros:	red to be files			<del> </del>			
		states with which a c		•						- <del>-</del>	
18	Section (	5104 requires an org	anization to m	nake its Forms 1	1023 (or 1024	if applicable), 990,	and 990-1 (501(c)(	ತ)s only) av	ailabl	e for p	public

S

8	Section 610	04 requires an organization to	make its Forms	1023 (or	1024 if applicable),	, 990, and '	990-T (501(c	)(3)s only) :	avaılable foı	r public
	ınspection	Indicate how you make these	available Check	all that a	apply					
		· —		_						

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► AMTA C/O JANET JAWORSKI 2409 SE DIXIE HWY, STUART, FL 34996 772-463-0820

#### Form 990 (2009) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A)	(B)	(c) Position (check all that apply)				L-4	L A	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LYNNE GULIZIA										
2ND VICE PRES	1	Х						0.	0.	0.
DAVID BROWN										
DIRECTOR	1	Х						0.	0.	0.
DAVID DERR										
DIRECTOR	1	Х						0.	0.	0.
DOUGLAS EISBERG										
DIRECTOR	1	Х						0.	0.	0.
STEVE MALLOY										
TREASURER	1	Х						0.	0.	0.
JOHN BALLIEW										
DIRECTOR	1	Х						0.	0.	0.
KAREN LINDSEY										
SECRETARY	1	Х						0.	0.	0.
TOM SEACORD		}								
DIRECTOR	1	Х						0.	0.	0.
C. ROBERT REISS							1			
DIRECTOR	1	X				<u></u>		0.	0.	0.
BEN MOVAHED										
DIRECTOR	1	X						0.	0.	0.
JOHN KIERNAN										
DIRECTOR	1	X						0.	0.	0.
ROBERT ORESKOVICH										
DIRECTOR	1	X						0.	0.	0.
JEFF MOSHER		•								
DIRECTOR	1	X						0.	0.	0.
CHRISTINE A. OWEN										
DIRECTOR	1	X					L	0.	0.	0.
PETER WALDRON			ļ							
1ST VICE PRES	1	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
STEVE MESSNER										
DIRECTOR	1	X	igspace		ļ		<u> </u>	0.	0.	0.
STEVEN_DURANCEAU										
PRESIDENT	1	X	$L_{L}$	<u>L.                                    </u>	<u>L</u>	L	<u> </u>	0.	0.	0.

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Part VII   Section A. Officers, Directors, Trust	tees, K	ey	Em	ıplo	oye	es,	and		pensated Em	ployees (cont.)
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Highest compensated	- 1	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
						_ "				
ROBERT P. HUEHMER DIRECTOR	1	Х						0.	0	. 0.
IAN WATSON				,,				71 000		
EXECUTIVE DIREC	40			X				71,280.	0	0.
									1	
1 b Total	<u> </u>			·		,I	<b></b>	71,280.	0	. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	ste	d ab	ove	) wh	o re	ceived more than	\$100,000 in repo	rtable compensation
nom the organization	·									Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	iee, al	key	emį	ploy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable than \$15	e co 50,00	003 mbe	ensa If 'Y	tion es'	and con	d oth oplet	er compensation te Schedule J for	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	compens	satio I for	n fr	om a	any erso	unre	elate	ed organization fo	r services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization.	ted inde	pen	den <sup>.</sup>	t cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
(A) Name and business address  (B) Description of Services								) of Services	(C) Compensation	
2 Total number of independent contractors (including	but not	lımı	ited	to f	hos	e lis	ted a	above) who receive	ved more than	
\$100,000 in compensation from the organization >				(						-

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Par	t VIII   Statement of Revenue	<del>                                     </del>			
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1a Federated campaigns     1a       b Membership dues     1b     117,525.       c Fundraising events.     1c       d Related organizations     1d       e Government grants (contributions)     1e			3 * * * * * * * * * * * * * * * * * * *	, , , , , , , , , , , , , , , , , , ,
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribns included in lns 1a-1f.  h Total. Add lines 1a-1f	117,525.			
	Business Code		, Jak	(\$°¥32.	1 ( 1 )
N	2a CONFERENCES AND WORKSHOPS 541700	397,308.	397,308.		
ا يَوْ	b PUBLICATIONS 541700	5,188.	5,188.	<del></del>	
핑	c OTHER INCOME 541700	250.	250.		
Ž		230.	230.		
SE	d				
PROGRAM SERVICE REVENUE	f All other program service revenue				
Ě	g Total. Add lines 2a-2f	402,746.			
	3 Investment income (including dividends, interest and other similar amounts)	8,869.			8,869.
	4 Income from investment of tax-exempt bond proceeds	<u> </u>			
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
}	<b>b</b> Less <sup>,</sup> rental expenses				ş î
	c Rental income or (loss)				
	d Net rental income or (loss)				. TA // N
	(v) Securities (v) Other				, , , ,
	/a Gross amount from sales of				
	assets other than inventory		,	>	
	<b>b</b> Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NOE	8a Gross income from fundraising events (not including \$				,
OTHER REVEN	of contributions reported on line 1c).	į., ·	,,,	li 12 i 98	1
2	See Part IV, line 18	* ·	3"		
₩	<b>b</b> Less direct expenses <b>b</b>	1	.0		7
5	c Net income or (loss) from fundraising events	-		- Minana - Minanana makilika karatan araway - saraa	
	9a Gross income from gaming activities. See Part IV, line 19	>			, X, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
ĺ	<b>b</b> Less: direct expenses <b>b</b>	1			* 2
	c Net income or (loss) from gaming activities		Lancar demo Dar adlema o o occiditante	##	
		k.			-
	10 a Gross sales of inventory, less returns and allowances			* * *	
	<b>b</b> Less: cost of goods sold <b>b</b>	<u> </u>			
	c Net income or (loss) from sales of inventory	<b>-</b>			
	Miscellaneous Revenue Business Code	· <u> </u>		**********************	
	11a	<u> </u>	<u> </u>		
	b				
	c				
	d All other revenue	1	_		
	e Total. Add lines 11a-11d		· · · · · ·		
	12 Total revenue. See instructions	529,140.	402,746.	0.	8,869.
	12 TOTAL LEAGURE. OCC HISTIACHOUS	1 363,140.	102,140.	<u> </u>	0,003.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	( <b>D)</b> Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,000.	10,000.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,000.	10,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				t.
4	Benefits paid to or for members				·
5	Compensation of current officers, directors, trustees, and key employees	71,280.	66,500.	4,780.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	_			_
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	-			_
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				<del></del>
	Investment management fees			<del></del>	
-	Other	40,480.	40,480.		
13	Advertising and promotion	40,400.	40,400.		
14	Office expenses Information technology	11,561.	11,561.		
15	Royalties	11,501.	11,501.		
16	Occupancy				
17	Travel	29,981.	25,832.	4,149.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22,730=1	20,002.	-/	
19	Conferences, conventions, and meetings.				
20	Interest				
21	Payments to affiliates	4,223.	4,223.		<u> </u>
22	Depreciation, depletion, and amortization	1,848.	1,848.		
23 24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ).				
;	MEALS	136,569.	136,569.		
	MANAGEMENT & STAFFING SERVICE	109,738.	82,304.	27,434.	<u> </u>
	NEWSLETTER	26,240.	26,240.		<del></del>
	FACILITIES/AUDIO/VIDEO	19,131.	19,131.		
	GIVEAWAYS	16,171.	16,171.		
f	All other expenses	101,838.	62,667.	39,171.	
25	Total functional expenses. Add lines 1 through 24f	579,060.	503,526.	75,534.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ВАА					Form <b>990</b> (2009)

<u>P</u> a	rt X	Balance Sheet				<del></del>
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		51,175.	1	39,891.
	2	Savings and temporary cash investments		477,748.	2	428,546.
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net		2,850.	4	1,906.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	T T	, , , , , , , , , , , , , , , , , , ,	5	
	6	Receivables from other disqualified persons (as define				
٨		and persons described in section 4958(c)(3)(B) Comp	plete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net	ļ		7	<del></del>
Ē	8	Inventories for sale or use	ļ		8	
Ś	9	Prepaid expenses and deferred charges	, ,	16,386.	9	29,552.
	10 a	Land, buildings, and equipment cost or other basis.	10a 16,411.			
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation.	10b 15,785.	2,474.	10 c	626.
	11	Investments — publicly-traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	550,633.	16	500,521.
	17	Accounts payable and accrued expenses		17	5,845.	
	18	Grants payable		<del></del>	18	
	19	Deferred revenue		89,875.	19	83,838.
L	20	Tax-exempt bond liabilities			20	
A	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	<del>. ,</del>
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, key employees, rsons Complete Part II			THE RESERVE THE PROPERTY OF THE PARTY OF THE
E		of Schedule L			22	
Š	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	l parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		89,875.	26	89,683.
N E T		Organizations that follow SFAS 117, check here ▶	X and complete lines			
		27 through 29 and lines 33 and 34.			<u> </u>	******************
Ş	27	Unrestricted net assets		460,758.	27	410,838.
Ē T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	_		29	
R		Organizations that do not follow SFAS 117, check he	ere ► and complete			
F		lines 30 through 34.				
FUZD	30	Capital stock or trust principal, or current funds			30	
BAL	31	Paid-in or capital surplus, or land, building, and equip	oment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income	, or other funds		32	
I Z C E S	33	Total net assets or fund balances.		460,758.	33	410,838.
Š	34	Total liabilities and net assets/fund balances		550,633.	34	500,521.

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Form <b>990</b> (2009)	AMERICAN	MEMBRANE	TECHNOLOGY	ASSOCIATION

23-7370592

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Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	-		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
1	b Were the organization's financial statements audited by an independent accountant?	2b	Х	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		,	
(	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			*****
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form **990** (2009)

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

# Political Campaign and Lobbying Activities

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete

	_	,' to Form 990, Part IV, line 5 (Proxy Tax), a rganizations Complete Part III	then		
	of organization	rganizations Complete Fait III	<del></del>	Employer identifica	tion number
	<b>3</b>	HNOLOGY ASSOCIATION		23-737059	
		rganization is exempt under section	on 501(c) or is a s		
		organization's direct and indirect political of			<u>ationi</u>
	Political expenditures	organization's direct and maneet political c	ampaign activities in	r ait iv ►\$	
	Volunteer hours			Ψ.	
		rganization is exempt under section	on 501(c)(3)		
1		use tax incurred by the organization under		. Þ\$	
-	•	ise tax incurred by organization managers		► \$	
		a section 4955 tax, did it file Form 4720 for		▼.	Yes No
	Was a correction made?	section 4300 tax, did it me form 4720 for	uno yeur		Yes Ho
	If 'Yes,' describe in Part IV				
		rganization is exempt under section	on 501(c) except	section 501(cV3)	
		pended by the filing organization for section			-
	•		•	•	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ►\$	
3	Total of exempt function exp line 17b	enditures Add lines 1 and 2 Enter here a	nd on Form 1120-PO	-, ▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?		•	Yes X No
5	made For each organization contributions received that w	and employer identification number (EIN) i listed, enter the amount paid from the filit were promptly and directly delivered to a se se (PAC). If additional space is needed, pr	ng organization's func parate political organ	ds Also enter the amou	nt of political
	(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				"	

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Schedule C (Form 990 or 990-EZ) 2009

		MBRANE TECHNOLOG		23-7370	
Part II-A Complete if t section 501(h		n is exempt under se	ction 501(c)(3) ar	nd filed Form 5768 (el	ection under
A Check ► if the filing	g organization belo	ongs to an affiliated group			
B Check ► If the filing	g organization che	cked box A and 'limited co	ntrol' provisions appl	у	
(The term 'e	Limits on Lobbying expenditures' mea	ng Expenditures — ins amounts paid or incuri	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	iblic opinion (grass roots lo	bbying).		
<b>b</b> Total lobbying expenditu	res to influence a	legislative body (direct lobb	oying).		
c Total lobbying expenditu	res (add lines 1a a	and 1b)			
<b>d</b> Other exempt purpose ex	xpenditures				
e Total exempt purpose ex	penditures (add lii	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the am	nount from the following tal	ole in		
If the amount on line 1e, colu	mn (a) or (b) is:	The lobbying nontaxable a	mount is:	} vž	*
Not over \$500,000		20% of the amount on line 1e.		<b>*</b>	
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
<b>g</b> Grassroots nontaxable a	mount (enter 25%	of line 1f).			
<b>h</b> Subtract line 1g from line	e 1a. If zero or les	s, enter -0-			
i Subtract line 1f from line	1c. If zero or less	, enter -0-			
j If there is an amount oth section 4911 tax for this	er than zero on er year?	ther line 1h or line 1i, did t	he organization file F	form 4720 reporting	☐Yes ☐No
(Some	organizations tha column	4-Year Averaging Period l It made a section 501(h) el Is below. See the instructi	Inder Section 501(h) ection do not have to ons for lines 2a thro	o complete all of the five ugh 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Po	eriod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	`			anna d uma di	
f Grassroots lobbying expenditures				Schodulo C /Farm	990 or 990-EZ) 2009

<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of.</li> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> </ul>	Yes	No		Amour	nt
legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of.  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?	1,	*			
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>					
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>		-	* ,	ž.	•
<ul> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>		1			
<ul> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> </ul>			•	A	*
<ul><li>e Publications, or published or broadcast statements?</li><li>f Grants to other organizations for lobbying purposes?</li></ul>					
f Grants to other organizations for lobbying purposes?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1:	XX				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	sam beniam	A A -		\$ 25	8: · · *
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912	1 美:			Malix	<u> </u>
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	***				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or s	ection	n 501(	c)(6)
		,,			-/(-/-
				Ye	s No
1 Were substantially all (90% or more) dues received nondeductible by members?			Γ	1 >	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			<u> </u>		ζ
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	X
Part III-B   Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	), or s	ectio	n 501(	
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A,	line 3 is a	nswe	ered '\	es.'	
Dues, assessments and similar amounts from members.		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of po expenses for which the section 527(f) tax was paid).	itical	٧, ١			
a Current year		2 a			
<b>b</b> Carryover from last year		2 b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			-
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	excess				
expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Also, complete this part for any additional information.	e 5, and Par - <del>-</del>	t II-B, 	line 1:	<b></b>	
	- <b></b>				
				<b>-</b> -	

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Part IV	Supplemental Information (continued)		
<del>_</del>			
	•		
		<del>'</del>	<del>-</del>
		<del></del>	
	<del></del>		
			<b></b>
			- <b>-</b>

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION 23-7370592 JANET JAWORSKI C/0: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Nο funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 AMERI	CAN MEME	RANE	TECHNOLOGY	ASSOCIATION	23 <u>-73</u> 7			Page 2
Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	rical Treasures, o	Other Similar Ass	ets (co	ontınu	ied)
3 Using the organization's acquisition items (check all that apply)	on accession	and oth	ner records, ched	ck any of the following	that are a significant us	e of its	collection	on
a Public exhibition			d Loan o	or exchange programs				
<b>b</b> Scholarly research			e Other		······			
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV.						se in		
5 During the year, did the organiza assets to be sold to raise funds r						Yes		No
Part IV Escrow and Custodia	Arrangen	nents	Complete if o	rganization answei	red 'Yes' to Form 9	90, Pa	rt IV,	line
9, or reported an amo			·					<del> </del>
1a Is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV a	and com	nplete the follow	ng table		A		
D ma halamaa					10	Amoun	<u> </u>	<del></del>
c Beginning balance					1 c	-		<del></del>
d Additions during the year					1 e			
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>					1f			
2a Did the organization include an a	mount on Fo	rm 990	Part Y line 212	ı		Yes	Т	No
<b>b</b> If 'Yes,' explain the arrangement		1111 990,	Tan A, mie 21				L	
Part V Endowment Funds Co		rganiz	ation answere	ed 'Yes' to Form 99	90. Part IV. line 10.			
i dit i midowii diti diido oo	(a) Current		(b) Prior year				Four year	s back
1 a Beginning of year balance.	(=) == // ==		(2)			1		
<b>b</b> Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships				*, ,				
Other expenditures for facilities and programs								
f Administrative expenses								E
<b>g</b> End of year balance								
2 Provide the estimated percentage of the year end balance held as								
a Board designated or quasi-endov	vment ►		<b>%</b>					
<b>b</b> Permanent endowment ▶	8							
c Term endowment ►	<b></b> %							
3a Are there endowment funds not	ın the posses	sion of	the organization	that are held and adm	inistered for the	Γ	Yes	No
organization by						3a(i)	162	110
(i) unrelated organizations						3a(ii)		<del></del>
(ii) related organizations b If 'Yes' to 3a(ii), are the related of	organizations	licted a	se required on S	shadula P2		3b		<del>                                     </del>
4 Describe in Part XIV the intended	-					<u> </u>		<del></del>
Part VI Investments—Land, B					. line 10.	<del></del>		
Description of investment			st or other basis	(b) Cost or other	(c) Accumulated	(d)	Book V	alue
			nvestment)	basis (other)	` Depreciation			
<b>1 a</b> Land								
<b>b</b> Buildings		<u> </u>		<del> </del>				
c Leasehold improvements								
<b>d</b> Equipment				1.0 411	15 705			626
e Other	. (-1)		000 Bad V	16,411.	15,785.			626. 626.
Total. Add lines 1a through 1e (Column	ın (a) must e	quai Foi	ım 990, Part X, 0	column (B), line (U(c)).		dulo <b>D</b> (	- Or - O/	
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Part VII	Investments-Other Securities See	Form 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial d	derivatives			
Closely-he	ld equity interests			
Other				
<del>-</del>		-		
	<b></b>			
<b>-</b>	<b></b>			
	mn (h) must squal Form 900 Part Y col. (R) line 12.)			
	mn (b) must equal Form 990 Part X, col. (B) line 12.)  Investments—Program Related (See	e Form 990 Part X June	13) N/A	
Part VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
	in (b) mast oqual i sim oos, i artii, oor (b) mis is	/ line 15) N/3		
Part IX	Other Assets (See Form 990, Part )	K, line 15) N/A Description	(b) Book value	
	(a)	Description	(b) Book value	<u> </u>
-				
Total. (Co	olumn (b) must equal Form 990, Part X, col (B)	), line 15)	<b>&gt;</b>	
Part X	Other Liabilities (See Form 990, Pa	rt X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes			
			4	
-			-{	
			-{	
			-	
			4	
			4	
Total (Osl	mn (h) must squal Form 000 Post V sel (D) lise 25		4	
	mn (b) must equal Form 990, Part X, col. (B) line 25)	antanto to the areas-s-trasts	financial statements that reports the argonization is	
for uncerta	Footnote. In Part XIV, provide the text of the fain tax positions under FIN 48	oothote to the organization's	financial statements that reports the organization's lia	ionity

Schedule D (Form 990) 2009 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

23-7370592

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Part XI Reconciliation of Change in Net Assets fro	m Form 990 to Financial Sta	tements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			529,140.
2 Total expenses (Form 990, Part IX, column (A), line 25).			579,060.
3 Excess or (deficit) for the year Subtract line 2 from line 1			-49,920.
4 Net unrealized gains (losses) on investments		<del> </del>	
5 Donated services and use of facilities			<del></del>
6 Investment expenses		<del></del>	<del></del>
7 Prior period adjustments		<del>                                     </del>	
8 Other (Describe in Part XIV)		<del>                                     </del>	<del></del>
<ul><li>9 Total adjustments (net) Add lines 4 through 8</li><li>10 Excess or (deficit) for the year per audited financial stateme</li></ul>	nts Combine lines 3 and 9		-49,920.
Part XII Reconciliation of Revenue per Audited Fin		nue ner Return	40,020.
1 Total revenue, gains, and other support per audited financia		1	529,140.
2 Amounts included on line 1 but not on Form 990, Part VIII, II		· <del>-  </del>	
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d.	<u> </u>	2e	
3 Subtract line 2e from line 1		3	529,140.
4 Amounts included on Form 990, Part VIII, line 12, but not or	ı line 1		
a Investments expenses not included on Form 990, Part VIII, I			
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	<u></u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 9		5	529,140.
Part XIII   Reconciliation of Expenses per Audited Fi	nancial Statements With Ex	penses per Return	
1 Total expenses and losses per audited financial statements		1	579,060.
2 Amounts included on line 1 but not on Form 990, Part IX, lir			
a Donated services and use of facilities			
<b>b</b> Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d.		2e	
3 Subtract line 2e from line 1	1 1	3	579,060.
4 Amounts included on Form 990, Part IX, line 25, but not on			
a Investments expenses not included on Form 990, Part VIII,			
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	F70 060
5 Total expenses. Add lines 3 and 4c (This must equal Form	990, Part I, line 18)	5	579,060.
Part XIV   Supplemental Information			
Complete this part to provide the descriptions required for Part II, ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; an information.	d Part XIII, lines 2d and 4b Also co	mplete this part to prov	ide any additional
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Schedule D (Form 990) 2009 AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

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Part XIV Supplementa	Information (continued	<i>t</i> )		
				. – – – -
	<b></b>			
				- <b></b> -
				<b></b> _
	<del>_</del>			
	<del>-</del>			
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<b></b>				

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Schedule **D** (Form 990) 2009

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# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

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OMB No 1545-0047

Open to Public Inspection Employer identification number X Yes 23-7370592 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I General Information on Grants and Assistance AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION Department of the Treasury Internal Revenue Service Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV  Part II Grants and Other Accietance to Covernments and Organizations in the United States Complete if the organization answered 'Ves' to Form	procedures for moni	toring the use of grant	ant funds in the United	States SEE PART IV	RT IV	Y' berewage doi	se' to Form
	y recipient that re	eceived more th	ian \$5,000. Check	this box if no one r	ecipient received	more than \$5,00	0. Use
Part IV and Schedule I-1 (Form 990) if additional	Form 990) if addi	tional space is needed	needed .		•		<b>▲</b>
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL WATER RESEARCH INSTITUT  18700 WARD STREET FOUNTAIN VALLEY, CA 92708	33-0481107 501 (C)	501 (C) (3)	10,000.	0			GIFT FOR STUDENT SCHOLARSHIP
1							
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!							
				-			
2 Enter total number of section 501(c)(3) and government organizat	3) and government or	rganizations					1
3 Enter total number of other organizations	Suoi					•	

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 23-7370592 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED. REQUEST OF RECIPIENT'S NAME AND AMOUNT OF SCHOLARSHIP GIVEN AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

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

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION **Employer identification number** JANET JAWORSKI 23-7370592 C/0: Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Ś • \$ Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (g) Written agreement? (b) Loan to or from the organization? (e) In default? (f) Approved by board or committee? (a) Name of interested person and purpose (c) Original principal amount (d) Balance due Yes То From No Yes Yes No **Total ►** \$ Part III **Grants or Assistance Benefitting Interested Persons.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the organization (e) Sharing of organization's revenues? (c) Amount of transaction \$ (a) Name of interested person (d) Description of transaction Yes No WATEK ENGINEERING - BEN MOVAHED BOARD DIRECTOR 10,000. INTRACTIVE MAP DATA UPDATE

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI	Employer identification number 23-7370592
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICE	
AMTA BOARD MEMBERS ARE IN THE MEMBRANE INDUSTRY AND MAY HAVE	
SERVICES TO OTHER BOARD MEMBERS, EXAMPLE, BOARD MEMBER A COU	LD_HAVE_PURCHASED_A_PUMP
FROM BOARD MEMBER B'S COMPANY FOR HIS/HER MEMBRANE PLANT. BO.	ARD MEMBER C MAY HAVE
PURCHASED MEMBRANES FROM BOARD MEMBER D'S COMPANY FOR HIS/HE	R_MEMBRANE_PLANTBOARD
MEMBER E MAY HAVE PROVIDED CONSULTING OR ENGINEERING SERVICE	S_TO_BOARD_MEMBER_F'S
UTILITY	
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL	LDOCUMENTS
BYLAWS WERE AMENDED 1/21/09	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SI	HAREHOLDE
MEMBERS OF AMTA PAY A MEMBERSHIP FEE AND ELECT DIRECTORS OF	THE BOARD WHO GOVERN THE
DECISIONS FOR THE ORGANIZATION.	·
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GO	OVERNING BODY
THERE ARE A TOTAL OF 26 BOARD MEMBERS (19 ELECTED - VOTING M	EMBERS, 3 APPOINTED -
VOTED MEMBERS, AND 4 APPOINTED - NON-VOTING MEMBERS)	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE AMTA BOARD IS ISSUED A COPY OF THE 990 PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORC	EMENT OF CONFLICTS
EACH AMTA BOARD MEMBER OR COMMITTEE VOLUNTEER SIGNS A CONFLI	CT OF INTEREST POLICY
STATEMENT. THE AMTA BOARD REVIEWS POTENTIAL CONFLICTS OF IN	TEREST DURING THE BOARD
MEETINGS PRIOR TO ANY ACTION TAKEN BY THE BOARD OR ITS MEMBE	RS.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROC	ESS FOR CEO, EXEC. DIR., OR TOP MO
IAN WATSON IS COMPENSATED AS THE EXECUTIVE DIRECTOR BASED UP	ON HIS CONTRACT APPROVED
BY THE AMTA BOARD.	

Schedule <b>O</b> (Form 990) 2009	Page <b>2</b>
Name of the organization AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI	Employer identification number 23-7370592
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
	·
	<del></del>
	<b></b>
	. <b>_</b>

Schedule O (Form	990) 2009			 	Page <b>2</b>
Name of the organization	AMERICAN C/O: JA	MEMBRANE TECHNOLO NET JAWORSKI	OGY ASSOCIATION	 Employer identification numb 23-7370592	er
	0,0. 011	MBT OTMORORE		 1	
				 - <del></del>	
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				 	<del>-</del>
			<b></b>	 	- <b></b> -
				 <del>-</del>	

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172 2009

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Attachment Sequence No 67

Name(s)	shown	on	return
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AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI

Identifying number 23-7370592

	ess or activity to which this form relate	5						
	M 990/990-PF				<del></del>			
Par	t I Election To Expension Note: If you have an	ense Certain F y listed property,	Property Under Sec complete Part V before	tion 179 you complete_f	Part I			
1	Maximum amount See the	instructions for a	higher limit for certain	businesses			1_1	\$250,000.
2	Total cost of section 179 pr	operty placed in s	service (see instructions	s)			2	
3	Threshold cost of section 1	79 property before	e reduction in limitation	(see instruction	s)		3	\$800,000.
4	Reduction in limitation Sub	tract line 3 from	line 2. If zero or less, e	nter -0-			4	
5	Dollar limitation for tax yea separately, see instructions		from line 1. If zero or le	ess, enter -0- If	married	filing	5	
6		Description of property		(b) Cost (business	use only)	(C) Elected co	st	
								1
		-···				-		1
7	Listed property. Enter the a	mount from line	29	<u> </u>	7	-		1 :
8	Total elected cost of section			c), lines 6 and 7	,		8	
9	Tentative deduction Enter						9	<u> </u>
10	Carryover of disallowed ded	duction from line	13 of your 2008 Form 4	562			10	
11	Business income limitation				o) or line	e 5 (see instrs)	11	
12	Section 179 expense deduc	ction. Add lines 9	and 10, but do not ente	r more than line	e 11		12	
13	Carryover of disallowed ded	duction to 2010 A	Add lines 9 and 10, less	line 12	▶ 13			
Note	: Do not use Part II or Part	III below for listed	property Instead, use	Part V		<del>.</del>		
Par	t II Special Deprecia	ation Allowan	ce and Other Depre	ciation (Do n	ot includ	e listed property	) (See	instructions)
14	Special depreciation allowatax year (see instructions)	ince for qualified	property (other than list	ed property) pla	ced in se	ervice during the	14	
15	Property subject to section	168(f)(1) election	1				15	
16	Other depreciation (including	ng ACRS)					16	
			clude listed property)	See instructions				
	,		Section		•			
17	MACRS deductions for asse	ets placed in serv	ice in tax vears beginni	na before 2009			17	1,848.
	If you are electing to group asset accounts, check here	anv assets place	-	-	e or mor	e general ►		
			n Service During 2009	Tay Year Heing	the Gen	eral Depreciation	n Syst	· · ·
	(a)	(b) Month and	(C) Basis for depreciation	(d)	(e		. <del> </del>	(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Conve		od	deduction
19 a	3-year property	*			<u> </u>			
	5-year property	****						
(	7-year property	,						
	10-year property							
•	15-year property							
1	20-year property	,						
	25-year property	**		25 yrs		S/1		
	Residential rental			27.5 yrs	M			
	property		<del>-                                    </del>	27.5 yrs	M			<del> </del>
	Nonresidential real			39 yrs	M			<del></del>
'	property			33 113	M			
	<u> </u>	Accete Discodin	Service During 2009 T	av Vaar Ilsing ti				
		Assets Placed In	Service During 2009 1	ax rear Using ti	ie Aitern			Stem
	Class life.			10	+	S/1		
	12-year			12 yrs	<del> </del>	S/1		
	40-year			40 yrs	MI	M S/	<u> </u>	<u> </u>
	t IV Summary (See in		<del>- ::-</del>					
	Listed property. Enter amo						21	
22	Total. Add amounts from line 12, the appropriate lines of your return	lines 14 through 17, lii	nes 19 and 20 in column (g), a	and line 21. Enter he	re and on		22	1,848.
	For assets shown above ar			F				

# (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

		_ <del>-</del>			
• If you are	e filing for an Automatic 3-Month	Extension, complete only Part I and check this box			<u>► X</u>
• If you are	e filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II (o	n page 2 of thi	s form)	
Do not comp	<i>plete Part II unless</i> you have alrea	dy been granted an automatic 3-month extension or	n a previously f	iled Form 8868	
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copie	es needed).		
					_
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension — check	this box and o	complete Part I only	▶ [_]
All other corp income tax r	porations (including 1120-C filers) eturns	, partnerships, REMICS, and trusts must use Form 7	7004 to request	t an extension of tim	e to file
returns noted the additiona Form 990-T	d below (6 months for a corporational distribution of the comments of the design of the comments of the commen	lectronically file Form 8868 if you want a 3-month au on required to file Form 990-T). However, you canno- ion or (2) you file Forms 990-BL, 6069, or 8870, grou y completed and signed page 2 (Part II) of Form 886 e-file for Charities & Nonprofits	t file Form 886 up returns, or a	8 electronically if (1) a composite or conso	you want olidated
	Name of Exempt Organization			Employer identification r	number
Type or	AMERICAN MEMBRANE TE	CHNOLOGY ASSOCIATION			
print	C/O: JANET JAWORSKI	CHMOLOGI ASSOCIATION		23-7370592	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions		100	
filing your return See	2409 SE DIXIE HWY				
instructions	City, town or post office, state, and ZIP coo	se For a foreign address, see instructions	····		
	STUART, FL 34996				
Check type o	of return to be filed (file a separa	te application for each return)			
X Form 990		Form 990-T (corporation)	☐ Form 472	20	
Form 990	<u> </u>	Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 99	<u> </u>	Form 990-T (trust other than above)	Form 606		
Form 99	<u> </u>	Form 1041-A	Form 887		
<ul><li>If the org</li><li>If this is</li></ul>	for a Group Return, enter the org	e or place of business in the United States, check this anization's four digit Group Exemption Number (GEN the group, check this box	۷) If		
	nsion will cover				
1   reque	est an automatic 3-month (6 mont	hs for a corporation required to file Form 990-T) exte	ension of time		
<del>-</del>	8/15 , 20 $10$ , to file	the exempt organization return for the organization eturn for	named above		
► <u>X</u>	calendar year 20 09 or				
▶		, 20, and ending, 20			
2 If this t	tax year is for less than 12 month			Change in accounting	g period
3a If this a	application is for Form 990-BL, 99 undable credits. See instructions	00-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	0.
<b>b</b> If this a made	application is for Form 990-PF or Include any prior year overpayme	990-T, enter any refundable credits and estimated to ent allowed as a credit	ax payments	3b \$	0.
	ce <b>Due.</b> Subtract line 3b from line t with FTD coupon or, if required, structions	3a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment S	red, system)	3c \$	0.
Caution. If y payment ins	you are going to make an electror structions	nic fund withdrawal with this Form 8868, see Form 84	453-EO and Fo	rm 8879-EO for	
BAA For Pr	ivacy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form <b>8868</b> (F	Rev 4-2009)

Form **990-EŽ** 

# Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

**Open to Public** Inspection

8 Other revenue (describe 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 744, 095.  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, utilities, and maintenance 15 Printing, publications, postage, and shipping	Α	For the 2008 calendar year, or tax year beginning	, 2008, and ending	•
Revenue   Expenses   AMERICAN   Exhibition	В	Check if applicable C		D Employer identification number
The companies of the		Address change   Please   AMERICAN MEMBRANE TECHNOLOGY ASSO	23-7370592	
Translation periods   Septendic   Septen		Name change   label or   C / O . TANET TAWORSKT		E Telephone number
Permission   Per		Initial return type 2409 SE DIXIE HWY		772-463-0820
*Section 301(x3) organizations and 4947(x17) noneweight charitable trusts wast affice. **Common and the common		Termination   Specific   STUART, FL 34996		
**Section 501(x3) organizations and 4897(x1) nonexempt charitable trusts must after the completed schedule (Form 950 or 950-22).    Website: * WWW. MEDISTATION 54 CAT		tions.		
Website: WWW   MEMBERANTS   ASTAL SING	Ш	···	lc	
Website: \( \sum \) Www. Mchistonies - Mitta. Calco   Organization projec (bette only only   X  Sign (2) (4)   (meet no		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (spec	ıfy) ►
Contributions, gifts, grants, and similar amounts received   Part   Solicity   Solicit	ı	Website: ► WWW.MEMBRANES AMTA ORG	required to	attach Schedule B (Form 990,
Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990	J		1) 01   321	
Instead of Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  Revenue, Expenses, and Samilar amounts received  2 Program service revenue including government fees and contracts  3 130, 459.  3 Membership dues and assessments  4 Investment income 5 Goss amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 56 from in 59) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from sale of assets of schedule (Subtract line 56 from line 6a) 7 Giross 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 > 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 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 1 17 Total expenses (describe > SEE STATEMENT 1 17 Total expenses (describe > SEE STATEMENT 1 19 Net assets or fund balances at beginning of year (from line 27, column(A)) (husbaegree with end-of-year internal publications) and add ines 10 from professions lines 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990.  21 Net assets or fund balances (atted explanation) 22 Net assets or fund balances (atted of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) must agree with line 21) 23 Lond	K	Check  if the organization is not a section 509(a)(3) supporting organization A return is not required, but if the organization chooses to file a re	zation <b>and</b> its gross receipts a turn, be sure to file a complet	re normally <b>not</b> more than e return
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   130, 758.     4   Investment income	L	instead of Form 990-EZ.		
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   130, 758.     4   Investment income	Pa	rt I Revenue, Expenses, and Changes in Net Assets or F	und Balances (See the	instructions for Part I.)
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c can or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c can or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a 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 6b from line 7a) 7 to 3 Other revenue (describe * 9 Total revenue (describe * 9 Total revenue (describe * 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 7 Total expenses (describe * SEE STATEMENT 1 7 Total expenses (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, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column(A)) (head affee with end-of-year line) and the payments of the payments o			•	1
4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) c Gapcal events and activities (complete applicable parts of Schedule 6) if any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c lett income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a 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 > 9 Total revenue (describe > 9 Total revenue (describe > 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 Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 the expenses (describe > SEE STATEMENT 1 17 Total expenses (describe > SEE STATEMENT 1 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column(A)) (A) (A) Segree with end-of-year line of the sasets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other changes in net assets or fund balances (attach explanation) 25 Total liabilities (describe > SEE STATEMENT 2 26 Total liabilities (describe > SEE STATEMENT 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310, 388, 127 310, 381, 27 310, 381, 27 310, 381, 37 310, 388, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 27 310, 383, 2		2 Program service revenue including government fees and contracts		
5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c and or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule (s) If any amount is from gaming, check here a Gross revenue (not including \$\frac{1}{2}\$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 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 * 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 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) 20 Cost, sand investments 21 Return 1 Balance Sheets, If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990 EZ. 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe * SEE STATEMENT 2 25 Total lassets 26 Total liabilities (describe * SEE STATEMENT 3 27 Net assets or fund balances (ine 27 of column (B) must agree with line 21) 310,388. 27 460,758.		3 Membership dues and assessments		
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule (s) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line I) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a 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 * 9 Total revenue (edition) 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, utilities, and maintenance 15 Funting, publications, postage, and shipping 16 Other expenses (dad lines 10 through 16) 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 end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 (See the instructions for Part II) 21 Leand and buildings 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe * SEE STATEMENT 2 25 Total assets 26 Total liabilities (describe * SEE STATEMENT 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310, 388, 27 460, 758.		4 Investment income .		4 12,878.
c San or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here reported on line 1) b Less direct expenses other than fundraising expenses 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 > 9 Total revenue (describe > 9 Total revenue (describe > 9 Total revenue (describe > 10 Caronts 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, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 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(AI) (hust agree with end-of-year figure reported on prior year's return) 20 Cother changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets 26 Total lassifies (describe > SEE STATEMENT 2 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 See the instructions for Part II ) 310, 388. 27 32 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310, 388. 27 310, 38		5a Gross amount from sale of assets other than inventory		
6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a 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 (dadd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 744,095. 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, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 17 Total expenses (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets of fund balances at beginning of year (from line 27, column (A)) (half-affec with end-of-year figure reported on prior year's return) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other changes in net assets or fund balances (attach explanation) 25 Cash, savings, and investments 26 Total lassets 27 Let assets (describe * SEE STATEMENT 2 28 SEE STATEMENT 2 31 Cotal sasets 31 Cash, savings, and investments 32 Land and buildings 33 Land and buildings 34 Other assets (describe * SEE STATEMENT 2 35 Cash savings, and investments 36 SEE STATEMENT 3 37 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310 Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan				
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9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)  9 744, 095.  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, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 1 17 Total expenses (add lines 10 through 16) 19 Net assets or fund balances at beginning of year (from line 9) Net assets or fund balances at beginning of year (from line 27, column(A)) (holds agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total lassets 26 Total liabilities (describe > SEE STATEMENT 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310, 388, 27 310,	$\sim$	c Gross profit or (loss) from sales of inventory (Subtract line 7b from lin	e 7a)	<del></del>
10   Grants and similar amounts paid (attach schedule)   10   11   12   12   1000.   12   13   15   15   15   15   15   15   16   17   17   18   18   15   17   18   18   15   18   15   18   15   19   19   19   19   19   19   19		·		
12   21,000.   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 1   17   Total expenses (add lines 10 through 16)   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   150,370.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (nots agree with end-of-year figure reported on prior year's return)   20   Other changes in net assets or fund balances (attach explanation)   20   Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   460,758.   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.		9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		
12   21,000.   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 1   17   Total expenses (add lines 10 through 16)   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   150,370.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (nots agree with end-of-year figure reported on prior year's return)   20   Other changes in net assets or fund balances (attach explanation)   20   Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   460,758.   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.	2	10 Grants and similar amounts paid (attach schedule)		
12   21,000.   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 1   17   Total expenses (add lines 10 through 16)   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   150,370.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (nots agree with end-of-year figure reported on prior year's return)   20   Other changes in net assets or fund balances (attach explanation)   20   Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   460,758.   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.	ج د	11 Benefits paid to or for members		
16 Other expenses (describe SEE STATEMENT 1  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)) (nust agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  16 572, 725.  17 593, 725.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 150, 370.  19 10, 388.  20 21 460, 758.  19 460, 758.	⊃a X		TED TED	
16 Other expenses (describe SEE STATEMENT 1  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)) (nust agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  16 572, 725.  17 593, 725.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 150, 370.  19 10, 388.  20 21 460, 758.  19 460, 758.	U, E	1	SECE 18	
16 Other expenses (describe SEE STATEMENT 1  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)) (nust agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  16 572, 725.  17 593, 725.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 150, 370.  19 10, 388.  20 21 460, 758.  19 460, 758.	≨ §	l ' '	W Pling	\
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)) (Nust agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  310, 388.  27 460, 758.	हें इ		1 1 2 500. Ja	
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)) (Nust agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  310, 388.  27 460, 758.	⅀		MAY	
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Total assets or fund balances (attach explanation)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  310, 388. 27 460, 758.		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	COPE	18 150,370.
Total assets or fund balances (attach explanation)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  310, 388. 27 460, 758.	NŜ	19 Net assets or fund balances at beginning of year (from line 27, column	n(A)) (houst agree with end o	f-year 310 300
20 Other changes in net assets or fund balances (attach explanation)   21 Net assets or fund balances at end of year Combine lines 18 through 20   21   460,758.     22 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     22 Cash, savings, and investments   480,860.   22   528,923.     23 Land and buildings   23     24 Other assets (describe   SEE STATEMENT 2   )   23,583.   24   21,710.     25 Total assets   504,443.   25   550,633.     26 Total liabilities (describe   SEE STATEMENT 3   )   194,055.   26   89,875.     27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   310,388.   27   460,758.	E S	Ingure reported on prior year's return)		32070001
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           22 Cash, savings, and investments         480,860. 22         528,923.           23 Land and buildings         23           24 Other assets (describe ► SEE STATEMENT 2 )         23,583. 24         21,710.           25 Total assets         504,443. 25         550,633.           26 Total liabilities (describe ► SEE STATEMENT 3 )         194,055. 26         89,875.           27 Net assets or fund balances (line 27 of column (B) must agree with line 21)         310,388. 27         460,758.	S	20 Other changes in net assets or fund balances (attach explanation)	20	
(See the instructions for Part II )         22 Cash, savings, and investments       480,860.22       528,923.         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 2 )       23,583.24       21,710.         25 Total assets       504,443.25       550,633.         26 Total liabilities (describe ► SEE STATEMENT 3 )       194,055.26       89,875.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388.27       460,758.				
22 Cash, savings, and investments       480,860. 22       528,923.         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 2 )       23,583. 24       21,710.         25 Total assets       504,443. 25       550,633.         26 Total liabilities (describe ► SEE STATEMENT 3 )       194,055. 26       89,875.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388. 27       460,758.	Pa			
23       23         24       Other assets (describe ► SEE STATEMENT 2 )       23,583. 24 21,710.         25       Total assets (describe ► SEE STATEMENT 3 )       504,443. 25 550,633.         26       Total liabilities (describe ► SEE STATEMENT 3 )       194,055. 26 89,875.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388. 27 460,758.				
24 Other assets (describe ► SEE STATEMENT 2 )       23,583. 24 21,710.         25 Total assets       504,443. 25 550,633.         26 Total liabilities (describe ► SEE STATEMENT 3 )       194,055. 26 89,875.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388. 27 460,758.	•	· · · · · · · · · · · · · · · · · · ·	480,	
25 Total assets       504, 443. 25       550, 633.         26 Total liabilities (describe ► SEE STATEMENT 3 )       194,055. 26       89,875.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388. 27       460,758.			22	
26 Total liabilities (describe ► SEE STATEMENT 3 )       194,055. 26 89,875.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       310,388. 27 460,758.				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 310, 388. 27 460, 758.				
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Form	990-EZ (2008) AMERICAN MEMBRA	ANE TECHNOLOGY ASSO	CIATION	23	<del>-</del> 731	70592 Page <b>2</b>
Par	t III Statement of Program Se	rvice Accomplishments	s (See the instruction	ons.)		Expenses
Desc	s the organization's primary exempt purpose? <u>SE</u> ribe what was achieved in carrying out tribe the services provided, the number of	E STATEMENT 4 he organization's exempt pury of persons benefited, or other	poses. In a clear and co relevant information for	oncise manner,	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional
prog	ram title			-	for o	thers)
28	SEE STATEMENT 5					
	(Out 1)				28 a	402 220
20	(Grants \$ ) If t	his amount includes foreign g		AND	28 a	402,329.
29	RELATIONS ACTIVITIES TO THROUGHOUT THE UNITED ST	PROMOTE MEMBRANE TE				
		his amount includes foreign g	rants check here		29 a	118,530.
30	LEGISLATIVE AND REGULATO NATION'S LEADING ADVOCAT	RY ADVOCACY: THE CO E OF MEMBRANE TECHN	ORPORATION IS T NOLOGY, AND CON			
	BE A STRONG VOICE FOR RE				20.0	1 574
31	(Grants \$ ) If t	his amount includes foreign g	rants, check here		30 a	1,574.
٥.	, ,	his amount includes foreign g	rants, check here	▶ □	31 a	
32	Total program service expenses (add			•	32	522,433.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o	ne even if not cor	npens	
	(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
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<u>SEE</u>	STATEMENT 6	-	21,000.		0.	0.
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	<u> </u>					
		]				
			<u> </u>			
BAA		TEEA0812L 0	01/14/09			Form <b>990-EZ</b> (2008)

			Yes	No
33	B 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 but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	<b>7a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . ► 37a 0. <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b		х
38	Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/6		
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		<u> </u>
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A			
	<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . 0.			
	d Enter amount of tax on line 40c reimbursed by the organization			
	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		Х
41	List the states with which a copy of this return is filed   CA			
42	Pa The books are in care of ► AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION  Telephone no ► 772-4  Located at ► 2409 SE DIXIE HWY, STUART, FL  ZIP + 4 ► 34996	<u>63-0</u> :	<u>820</u>	
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	No
	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.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country	42c		х
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			N/A N/A
44	and the organization maintain any define defined in 100, 100, 100, 100, 100, 100, 100, 100	44	Yes	No X
45	of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	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 rm 990	<u></u> _	<u>X</u>

	990-EZ (2008) AMERICAN MEMBRANE TE						aç
Part	VIC Section 501(c)(3) organizations of and complete the tables for lines	only. All se 50 and 51.	ction 501(c)(3)	organizations must answer ques	stions	46-4	.9
46	Did the erganization engage in direct or indirect	nolitical camp	alan activities on b	hehalf of or in opposition to candidates		Yes	П
40	Did the organization engage in direct or indirect	Fourier ramp	algii activities on t	benan or or in opposition to candidates	46		г

Page 4

_	and complete the tables for inf	es 30 and 31.					
46	Did the organization engage in direct or indire for public office? If 'Yes,' complete Schedule	ect political campaign ac C, Part I	ctivities on behalf	of or in opposition to candidates	46	Yes	No
47	Did the organization engage in lobbying activi		Schedule C, Part	H	47		
48	Is the organization operating a school as desc				48		
49	Did the organization make any transfers to an				49a		
	If 'Yes,' was the related organization(s) a sec	•	_		49b		
	Complete this table for the five highest compered more than \$100,000 of compensation	ensated employees (oth	er than officers, d If there is none,	rectors, trustees and key employenter 'None'	yees) w	ho ead	h
	(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 (d) Contributions to employee benefit plans and deferred compensation		pense int and lowances	
			· -·				
Total	number of other employees paid over \$100,000						
51	Complete this table for the five highest competer from the organization. If there is none, enter	ensated independent co None '	ntractors who eac	h received more than \$100,000 c	of comp	ensatı	on
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Comp	pensation	1
					_	_	
Tota	I number of other independent contractors rece	eiving over \$100,000	<b>•</b>				
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer (	nined this return, including acco	mpanying schedules and all information of which p	d statements, and to the best of my knowled preparer has any knowledge	ige and be	elief, it is	

Sign Here resurer Type or print name and title Preparer's Identifying Number (See instructions) Check if self-employed Preparer's signature **Paid** STEVEN W. NORTHCOTE 4/29/09 ► X P00085554 Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 LEAF & COLE, parer's Use 1843 HOTEL CIRCLE SOUTH, **▶** 95-2076568 619.294.7200 Only SAN DIEGO, CA 92108-3322 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions BAA Form **990-EZ** (2008)

# Form 4562

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2008

Department of the Treasury Internal Revenue Service Name(s) shown on return

AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION

Identifying number

JANET JAWORSKI C/0: 23-7370592 Business or activity to which this form relates FORM 990/990-PF Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I Maximum amount. See the instructions for a higher limit for certain businesses. \$250,000 Total cost of section 179 property placed in service (see instructions) 2 2 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7. 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2008. 3,282 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) Classification of property (g) Depreciation deduction (b) Month and (e) (business/investment use Convention Recovery period year placed in service only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27.5 yrs MM S/L h Residential rental property 27.5 vrs MM S/L 39 yrs MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions ) 21 Listed property Enter amount from line 28 21

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

23

22

3,282.

2008	FEDERAL STATEMENTS		PAGE 1
CLIENT 01-054	AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI	N	23-7370592
STATEMENT 1 FORM 990-EZ, PART I, L OTHER EXPENSES	INE 16		
ADVERTISING AND PRO AMTA PUBLICATIONS AWARDS BINDERS BOARD MEETINGS/RETR BOARD PLANNING MEET BROADCASTS/MAILINGS CONFERENCES - CEU DEPRECIATION DISPLAY BOOTH EXHIBITS/EXPO FACILITIES/AUDIO/VIFELLOWSHIP GIVEAWAYS INFORMATION TECHNOL INSURANCE MANAGEMENT & STAFFIMATERIALS MEALS MEMBERSHIP BENEFITS MEMBERSHIP PACKETS MEMBERSHIP SOURCE BMISCELLANEOUS NEWSLETTER OPTIONAL EXCLUSIONS OUTSIDE SERVICE PHOTOGRAPHER POSTAGE SHIPPING STATIONARY/SUPPLIES TELEPHONE TRAVEL	EATS INGS  DEO  OGY NG SERVICE  /GIVEAWAYS OOK	\$ TOTAL \$	46,349. 3,277. 3,479. 13,911. 9,261. 2,334. 445. 1,258. 3,282. 7,371. 5,290. 18,599. 10,000. 13,397. 4,903. 6,093. 104,750. 3,557. 164,921. 6,173. 6,346. 7,143. 29,098. 28,400. 19,457. 4,627. 2,145. 349. 7,947. 9,514. 5,651. 23,398. 572,725.
STATEMENT 2 FORM 990-EZ, PART II, I OTHER ASSETS	INE 24		
ACCOUNTS RECEIVABLE FURNITURE AND FIXTU PREPAID EXPENSES AN		6,661. \$ 5,756. 11,166. 23,583. \$	2,850. 2,474. 16,386. 21,710.
STATEMENT 3 FORM 990-EZ, PART II, I TOTAL LIABILITIES			
ACCOUNTS PAYABLE AN DEFERRED REVENUE		350. \$ 193,705. 194,055. \$	ENDING 0. 89,875. 89,875.

**200**&

### FEDERAL STATEMENTS

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**CLIENT 01-054** 

# AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI

23-7370592

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

INCREASE UNDERSTANDING AND USE OF WATER DESALINATION THROUGH EDUCATION

# STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONFERENCES AND WORKSHOPS: MEETINGS AND WORKSHOPS HELD TO ENABLE MEMBERS AND THE PUBLIC TO MEET AND DISCUSS TECHNICAL PAPERS ON DESALTING, WATER SUPPLIES, WATER REUSE, WATER TREATMENT AND WATER QUALITY AND GAIN KNOWLEDGE OF DESALTING AND OTHER WATER TREATMENT PROCESSES AND PROGRAMS.

#### STATEMENT 6 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
LYNNE GULIZIA 13435 DANIELSON ST POWAY, CA 92064	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
DAVID BROWN P.O. BOX 8900 JUPITER, FL 33468	DIRECTOR 0	0.	0.	0.
DAVID DERR P.O. BOX 9426 HOUSTON, TX 77261-9426	2ND VICE PRES 0	0.	0.	0.
DOUGLAS EISBERG 1908 DOOLITTLE DRIVE SAN LEANDRO, CA 94577	DIRECTOR 0	0.	0.	0.
STEVE MALLOY 15600 SAND CANYON AVE IRVINE, CA 92618	TREASURER 0	0.	0.	0.
ROBERT CASTLE 220 NELLEN AVE CORTE MADERA, CA 94925-1169	DIRECTOR 0	0.	0.	0.
MICHAEL GABALDON PO BOX 25007 ATTN: D-2000 DENVER, CO 80225	DIRECTOR 0	0.	0.	0.

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# **FEDERAL STATEMENTS**

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AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI

**CLIENT 01-054** 

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STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
TOM SEACORD 12592 WEST EXPLORER DRIVE #200 BOISE, ID 83713	DIRECTOR 0			\$ 0.
C. ROBERT REISS 12001 RESEARCH PARKWA, STE 228 ORLANDO, FL 32826	DIRECTOR 0	0.	0.	0.
BEN MOVAHED 12122-B HERTIGAGE PARK CIRCLE SILVER SPRING, MD 20906	DIRECTOR 0	0.	0.	0.
JOHN KIERNAN 333 SOUTH ST, STE 300 SHREWSBURY, MA 01545	DIRECTOR 0	0.	0.	0.
ROBERT ORESKOVICH 5503 AVENUE DU SOLEIL LUTZ, FL 33558	DIRECTOR 0	0.	0.	0.
JEFF MOSHER 18770 WARD ST. FOUNTAIN VALLEY, CA 92708-0896	DIRECTOR 0	0.	0.	0.
CHRISTINE A. OWEN 2575 ENTERPRISE RD. CLEARWATER, FL 33763-1102	DIRECTOR 0	0.	0.	0.
IAN WATSON 2409 SE DIXIE HWY STUART, FL 34996	EXECUTIVE DIREC 0	21,000.	0.	0.
PETER WALDRON PO BOX 767 SAGAMORE BEACH, MA 02562	1ST VICE PRES 0	0.	0.	0.
STEVE MESSNER 3301 EAST TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 0	0.	0.	0.
STEVEN DURANCEAU 3820 LAKE MIRAGE BLVD ORLANDO, FL 32817	PRESIDENT 0	0.	0.	0.
ROBERT P. HUEHMER 15010 CONFERENCE CTR DR #200 CHANTILLY, VA 20151	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 21,000.	<u>\$ 0.</u>	\$ 0.

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## **FEDERAL STATEMENTS**

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**CLIENT 01-054** 

AMERICAN MEMBRANE TECHNOLOGY ASSOCIATION C/O: JANET JAWORSKI

23-7370592

STATEMENT 7 FORM 990-EZ, PART VI 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

