

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name:           ***Edwin L. Fountain***
2. Name of Organization(s) You are Representing at the Hearing:  
  
***World War I Memorial Foundation***
3. Business Address:  
***401 F Street, N.W., Suite 324***  
***Washington DC 20001***
4. Business Email Address:  
***info@wwimemorial.org***
5. Business Phone Number:  
***202-879-7645***

Name/Organization Edwin L. Fountain

Title/Date of Hearing Subcommittee on National Parks hearing on H.R. 938, January 24, 2012

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

*N/A*

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

*N/A*

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

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

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

*None.*

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

*None.*

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

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

Name/Organization Edwin L. Fountain  
Title/Date of Hearing Subcommittee on National Parks hearing on H.R. 938, January 24, 2012

In addition, for witnesses representing organizations:

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

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

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) 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-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public  
Inspection**

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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**World War I Memorial Foundation**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**401 F Street N.W.** **324**

City or town, state or country, and ZIP + 4  
**Washington, DC 20001**

**D Employer identification number**  
**80-0256396**

**E Telephone number**  
**202-879-7645**

**F Group Exemption Number** ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ [www.wwimemorial.org](http://www.wwimemorial.org)

**J Tax-exempt status** (check only one) —  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H Check** ▶  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **27,636**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>27,636</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>0</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>0</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	<b>0</b>
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>0</b>
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>0</b>
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	<b>0</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	<b>27,636</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>9795</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>0</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>1039</b>
	<b>16</b> Other expenses (describe ▶ <u>Website, bank &amp; credit card fees, travel, office</u> ) . . . . .	<b>16</b>	<b>5592</b>
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>16,426</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>11,210</b>
	<b>19</b> 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) . . . . .	<b>19</b>	<b>20,677</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	<b>250</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>20,427</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	<b>0</b>	<b>0</b>
<b>23</b>	Land and buildings . . . . .	<b>0</b>	<b>0</b>
<b>24</b>	Other assets (describe ▶ _____)	<b>0</b>	<b>0</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>20,427</b>	<b>31,637</b>
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)	<b>0</b>	<b>0</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>20,427</b>	<b>31,637</b>

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)			<b>Expenses</b> <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</small>	
What is the organization's primary exempt purpose? <b>Advocacy, fund-raising for national World War I memorial</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.				
28	<b>Public advocacy efforts contributed to National Park Service restoration of the District of Columbia War Memorial and enhanced visibility of memorial in NPS signage and wayfinding</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	N/A	
29	<b>Lobbying efforts contributed to legislation that would authorize re-dedication of the DC War Memorial as a national and District of Columbia World War I Memorial. That legislation is pending in Congress.</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	N/A	
30				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31	Other program services (attach schedule)			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32		

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>David DeJonge, Hudsonville, MI</u>	President, Director; 10	0	0	0
<u>Edwin Fountain, Arlington, VA</u>	Sec/Treas, Director; 5	0	0	0
<u>Edith Brewster, Washington DC</u>	Director; 5	0	0	0
<u>Douglas Emery, Jenison, MI</u>	Director; 10	0	0	0
<u>Lawrence Provost, Lynchburg, VA</u>	Director; 5	0	0	0
<u>Susannah Flanagan, Charles Town, WV</u>	Director; 10	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>   0		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>   0		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>District of Columbia</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Edwin Fountain</b> Telephone no. ▶ <b>202-879-7645</b> Located at ▶ <b>401 F Street N.W., Washington DC</b> ZIP + 4 ▶ <b>20001</b>		
<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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	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 . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

<b>46</b>	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 . . . . .	<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None.		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public Inspection**

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

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

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

**World War I Memorial Foundation**

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

**401 F Street N.W.** **324**

City or town, state or country, and ZIP + 4

**Washington DC 20001**

**D** Employer identification number

**80-0256396**

**E** Telephone number

**202-879-7645**

**F** Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ [www.wwimemorial.org](http://www.wwimemorial.org)

**J** Tax-exempt status (check only one) —  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **33,602**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .															<b>33,602</b>															
	<b>2</b>	Program service revenue including government fees and contracts . . . . .															<b>0</b>															
	<b>3</b>	Membership dues and assessments . . . . .															<b>0</b>															
	<b>4</b>	Investment income . . . . .															<b>0</b>															
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .																														
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .																														
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .															<b>0</b>															
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .																														
	<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .																														
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .															<b>0</b>															
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .																														
<b>b</b>	Less: cost of goods sold . . . . .																															
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .															<b>0</b>																
<b>8</b>	Other revenue (describe ▶ _____)															<b>0</b>																
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶															<b>33,602</b>																
Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .														<b>0</b>																
	<b>11</b>	Benefits paid to or for members . . . . .														<b>0</b>																
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .														<b>0</b>																
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .														<b>5,405</b>																
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .														<b>0</b>																
	<b>15</b>	Printing, publications, postage, and shipping . . . . .														<b>1,950</b>																
	<b>16</b>	Other expenses (describe ▶ <u>Website, CC merchant fees, banking fees, travel, fundraising</u> ) . . . . .														<b>10,202</b>																
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶														<b>17,557</b>																	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .														<b>16,045</b>																
	<b>19</b>	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) . . . . .														<b>4,632</b>																
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .														<b>0</b>																
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶														<b>20,677</b>																

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	<b>4,632</b>	<b>20,677</b>
<b>23</b>	Land and buildings . . . . .	<b>0</b>	<b>0</b>
<b>24</b>	Other assets (describe ▶ _____)	<b>0</b>	<b>0</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>4,632</b>	<b>20,677</b>
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)	<b>0</b>	<b>0</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>4,632</b>	<b>20,677</b>



<b>Part III</b> Statement of Program Service Accomplishments (See the instructions for Part III.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <b>Advocacy, fund-raising for national World War I Memorial</b> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
<b>28 Public advocacy efforts contributed to National Park Service decision to allocate \$7.3 million of ARRA (stimulus) funds to restoration of the District of Columbia War Memorial</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <span style="float: right;"><b>N/A</b></span>
<b>29 Lobbying efforts contributed to introduction of H.R. 482 and S. 2097, legislation that would authorize re-dedication of the D.C. War Memorial as a National and District of Columbia World War I Memorial. Those bills are presently pending in Congress.</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> <span style="float: right;"><b>N/A</b></span>
<b>30</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (attach schedule)</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b> <span style="float: right;"><b>N/A</b></span>

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>David DeJonge</u> <u>Hudsonville, MI</u>	<b>President, Director; 10</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>
<u>Edwin Fountain</u> <u>Arlington, VA</u>	<b>Sec/Treas, Director; 10</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>
<u>Bobbie Brewster</u> <u>Washington DC</u>	<b>Director; 5</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>
<u>Dan Alexander (resigned during 2009)</u>	<b>Director; 5</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>
<u>Tim Sipols (resigned during 2009)</u> <u>Grand Rapids, MI</u>	<b>Director; 5</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>District of Columbia</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Edwin Fountain</b> Telephone no. ▶ <b>202-879-7645</b> Located at ▶ <b>401 F Street N.W., Washington DC</b> ZIP + 4 ▶ <b>20001</b>		
<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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	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 . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

<b>46</b>	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 . . . . .	<b>46</b>		<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	✓		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>			✓
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>			✓
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>			
<b>50</b>	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>None.</b>				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None.</b>		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**Edwin L. Fountain, Secretary and Treasurer** **May 10, 2010**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ Preparer's identifying number (See instructions) \_\_\_\_\_

EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**