

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: Nelson F. Rimensnyder
2. Name of Organization(s) You are Representing at the Hearing:
The Association of the Oldest Inhabitants of the District of Columbia
3. Business Address: 4425 Greenwich Parkway, N.W., Washington, D.C. 20007-2010
4. Business Email Address: aoi_of_dc@verizon.net
5. Business Phone Number: 202-342-1638

Name/Organization: The Association of the Oldest Inhabitants of D.C.

Title/Date of Hearing: Committee on Natural Resources subcommittee on National Parks, Forests and Public Lands in re: H.R. 938, "The Frank Buckles World War I Memorial Act", Tuesday, Jan. 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.

Historian of the AOI of DC for 15 years

Director of Research (Retired), House Committee on the District of Columbia, 1974-1992

Analyst in American Government (specializing in the District of Columbia), Congressional Research Service, 1970-1974

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.

NONE

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.

See A above

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.

As a veteran and Historian for the AOI of DC, I have spent many years dealing with matters that affect historic preservation, preserving the legacy of the District of Columbia, the L'Enfant and McMillan Plans and other issues related to history and development of the District of Columbia.

Name/Organization: The Association of the Oldest Inhabitants of D.C.

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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.

Historian for the Association of the Oldest Inhabitants of D.C.

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)).

2010 990N Filed (Postcard)

2009 Attached

2008 Attached

Form **990-N**
Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)
for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-
2085

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 1/1/2010, and ending 12/31/2010.

B Check if applicable
 Terminated, Out of Business
 Gross receipts are normally
\$50,000 or less

C Name of organization: ASSOCIATION OF THE OLDEST INHABITANTS
OF THE DISTRICT OF COL
d/b/a:

D Employer
Identification
Number
52-6047134

% William N Brown President
4425 Greenwich Parkway NW
Washington, DC, US, 20007

E Website: aidc.org

F Name of Principal Officer: William Brown

4425 Greenwich Parkway NW
Washington, DC, US, 20007

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

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

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

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

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

2009

Department of the Treasury
 Internal Revenue Service

▶ 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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION OF THE OLDEST INHABITANTS OF THE DISTRICT OF COLUMBIA Number and street (or P O box, if mail is not delivered to street address) Room/suite 4425 GREENWICH PARKWAY, NW City or town, state or country, and ZIP + 4 WASHINGTON DC 20007-2010	D Employer identification number 52-6047134	E Telephone number (202) 342-1638	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.aoidc.org**

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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. ▶ \$ **35,080.**

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

1 Contributions, gifts, grants, and similar amounts received			1	6,620.
2 Program service revenue including government fees and contracts			2	
3 Membership dues and assessments			3	5,020.
4 Investment income			4	6,385.
5a Gross amount from sale of assets other than inventory	5a			
b Less: cost or other basis and sales expenses	5b			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 6,620. of contributions reported on line 1)	6a	16,710.		
b Less: direct expenses other than fundraising expenses	6b	16,736.		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	-26.
7a Gross sales of inventory, less returns and allowances	7a	80.		
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	80.
8 Other revenue (describe ▶ REBATES)			8	265.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	18,344.
10 Contributions and similar amounts paid (attach schedule)			10	3,443.
11 Benefits paid to or for members			11	
12 Salaries, other compensation, and employee benefits			12	
13 Professional fees and other payments to independent contractors			13	620.
14 Occupancy, rent, utilities, and maintenance			14	
15 Printing, publications, postage, and shipping			15	3,389.
16 Other expenses (describe ▶ See Other Expenses Statement)			16	3,189.
Total expenses. Add lines 10 through 16			17	10,641.
Excess or (deficit) for the year (Subtract line 17 from line 9)			18	7,703.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	236,751.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt			20	-33,676.
21 Net assets or fund balances at end of year Combine lines 18 through 20			21	210,778.

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	213,101.	22 186,174.
23	Land and buildings	0.	23 0.
24	Other assets (describe ▶ See L-24 Stmt)	23,650.	24 24,604.
25	Total assets	236,751.	25 210,778.
26	Total liabilities (describe ▶)	0.	26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	236,751.	27 210,778.

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

SCANNED MAR 25 2010
 RECEIVED
 ASSISTANTS

14

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? Attached			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>George Washington University, Philip W. Ogilvie Award</u> (named for former, deceased AOI President) awarded annually to highest academic achiever in Accelerated Masters Tourism Admin Program. (Grants \$ 500.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	500.
29	<u>Friends of Washingtonana Division of the DC Public Library System in support of the annual Washington History Conference</u> (Grants \$ 1,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,000.
30	<u>Heurich House Museum Foundation</u> (Grants \$ 500.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	500.
31	Other program services (attach schedule) <u>N/A</u> (Grants \$ 1,443.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,443.
32	Total program service expenses (add lines 28a through 31a)	32	3,443.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>William N. Brown</u> 4425 Greenwich Parkway, NW Washington, DC 20007	President 20.00	0.	0.	0.
<u>Hulit P. Taylor</u> 1713 Surrey Lane, NW Washington DC 20007	Treasurer 20.00	0.	0.	0.
<u>John Gill, Sr</u> 1722 Wisconsin Ave, NW Washington, DC 20007	Vice-President 1.00	0.	0.	0.
<u>Seymour Selig</u> 10910 Mariner Drive Ft. Washington MD 20744	Secretary 2.00	0.	0.	0.
<u>Nelson Rimensnyder</u> 13 6th Street, NE Washington DC 20002	Historian 1.00	0.	0.	0.
<u>Carl Cole</u> 1431 S Street, SE Washington DC 20020	Director 0.00	0.	0.	0.
<u>John Jay Daly (Deceased 9/09)</u> 5630 Wisconsin Ave #903 Chevy Chase MD 20815	Director 0.00	0.	0.	0.
<u>James Gaffney (Deceased 12/09)</u> 6228 30th Street, NW Washington DC 20015	Director 0.00	0.	0.	0.
<u>Jan Evans Houser</u> 3033 Woodland Dr, NW Washington DC 20008	Director 0.00	0.	0.	0.
<u>John p. Richardson</u> 5510 North 18th Street Arlington VA 22205	Director 0.00	0.	0.	0.
<u>Sherwood Smith</u> 4201 Butterworth Pl, NW Washington DC 20016	Director 0.00	0.	0.	0.
<u>A.L. Wheeler, Past Pres</u> 1522 Wisconsin Ave, NW Washington DC 20007	Director 0.00	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35 a	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?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39 a	Initiation fees and capital contributions included on line 9		
39 b	Gross receipts, included on line 9, for public use of club facilities		
40 a	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.		
40 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		X
40 c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40 d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40 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		X
41	List the states with which a copy of this return is filed ▶		

42 a The organization's books are in care of ▶ WILLIAM N. BROWN, PRESIDENT Telephone no ▶ (202) 342-1638
 Located at ▶ 4425 GREENWICH PARKWAY, NW WASHINGTON, DC ZIP + 4 ▶ 20007-2010

		Yes	No
42 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 ▶		X
42 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 ▶		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

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 and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

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 ▶ _____

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

▶ William N. Brown Signature of officer Date 2/28/2010

▶ WILLIAM N. BROWN, PRESIDENT Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [Signature] Date 2/26/10 Check if self-employed Preparer's Identifying Number (See instructions) 000083018

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRUEN & WICHANSKY, P.C. EIN 75-3078622

4545 42ND ST NW, STE 208 Phone no ▶ (202) 244-6202

WASHINGTON DC 20016

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ASSOCIATION OF THE OLDEST INHABITANTS OF THE DISTRICT OF COLUMBIA	Employer identification number 52-6047134
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	3,760.	6,610.	5,435.	9,160.	11,640.	36,605.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	10,630.	12,875.	12,780.	14,225.	16,710.	67,220.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	14,390.	19,485.	18,215.	23,385.	28,350.	103,825.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						103,825.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	14,390.	19,485.	18,215.	23,385.	28,350.	103,825.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,516.	11,456.	17,286.	8,584.	6,385.	54,227.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,516.	11,456.	17,286.	8,584.	6,385.	54,227.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						158,052.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	65.69%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	69.08%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	34.31%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	30.92%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>Luncheon</u> (event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts	16,710.		16,710.
2	Less. Charitable contributions			
3	Gross income (line 1 minus line 2)	16,710.		16,710.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	16,736.	16,736.
	8	Entertainment		
	9	Other direct expenses		
	10	Direct expense summary Add lines 4- through 9 in column (d)		
11	Net income summary Combine lines 3, column (d) and line 10			-26.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain. _____	10a	
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in.

13a	_____ %
13b	_____ %

	YES	NO
13		
14		
15a		
16		
17a		

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If 'Yes,' enter name and address of the third party

Name. ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ASSOCIATION OF THE OLDEST INHABITANTS OF THE DISTRICT OF COLUMBIA

Identifying number

52-6047134

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	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	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	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	
13	Carryover of disallowed deduction to 2010 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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
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		<input type="checkbox"/>

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,192.	5.0 yrs	HY	200 DB	238.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a 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	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	238.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction						(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25					
26 Property used more than 50% in a qualified business use.													
27 Property used 50% or less in a qualified business use:													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1											28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1											29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/>	<input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Supporting Statement of:

Form 990-EZ/Line 31, Grants & Alloc

Description	Amount
University of Michigan for H-Net/DC List-Serve	50.
Military Road School Preservation Trust	250.
African-American Civil War Museum	50.
First U.S. Colored Troop Cadet Regiment Academy	500.
Committee to Save Rhodes Tavern (Call Box Project)	250.
Historical Society of Washington DC in memory of deceased AOI members to rebuild/preserve historic maps	343.
Total	<u>1,443.</u>

Name as Shown on Return ASSOCIATION OF THE OLDEST INHABITANTS OF THE DISTRICT OF COLUMBIA	Employer Identification No 52-6047134
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
ANTIQUE FIRE APPARATUS & MEMORABILIA & RARE MAP	23,650.	23,650.
LAP TOP, PROJECTOR AND ACCESSORIES-NET OF DEPRECIATION	0.	954.
Totals to Form 990-EZ, Part II, line 24	23,650.	24,604.
Line 26 - Total Liabilities:		
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

GRATUITY/HONORARIUM	<u>100.</u>
FEEES	<u>18.</u>
INSURANCE	<u>140.</u>
MEMBERSHIP FEES	<u>160.</u>
MISCELLANEOUS	<u>13.</u>
REFRESHMENTS	<u>79.</u>
TELEPHONE	<u>441.</u>
RESEARCH-METHODOLOGY FOR COLLECTING ORAL HISTORIES	<u>2,000.</u>
Depreciation	<u>238.</u>
Total	<u><u>3,189.</u></u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	<u>-33,676.</u>
Total	<u><u>-33,676.</u></u>

Association of the Oldest Inhabitants of D.C.

52-6047134

Part III - Statement of Program Service Accomplishments

The Association of the Oldest Inhabitants of the District of Columbia is the city's oldest civic organization, founded Dec. 7, 1865 and Incorporated in the District of Columbia in 1903.

AOI is dedicated to preserving memories and matters of historic interest and strives to preserve and promote the city's stability, security and advancement.

Through its series of eight (8) luncheon meetings a year, guest speakers present narrated slide lectures or talks on matters of interest to the membership. These have included: talks on advancements in the city's economic resurgence, transportation issues/improvements, public safety history, and/or achievement of other heritage-based, historic organizations (Jewish Historical Society of Washington, The Art Deco Society, The Charles Sumner Museum & Archives, The Washingtoniana Division of the DC Public Library, etc.). Two meetings are set aside to provide an opportunity for members to reminisce about matters of historic interest ("open mike").

With a membership of approximately 330 dues-paying members, city council members and complimentary memberships to other non-profits, the organization is noteworthy for having between 90-130 members and guests partake in these monthly luncheon meetings.

The organization's four largest sources of contributions/income and grants/expenditures are for:

#1 - AOI's monthly luncheons account for \$16,710 income from members/guests and cost \$16,736 in restaurant charges. The \$26 difference was absorbed by the organization and covered our guest speakers. In years where receipts exceed the expenses, the difference helps off-set the cost of our guest speakers' meals.

#2 - 2009 was the fifth year in which the organization asked its members to contribute above and beyond the \$15 annual membership fee. These donations are directed to support the Philip W. Ogilvie Scholarship, the maintenance/care of the Gov. Shepherd Statue located on the grounds of the District Building (1350 Pa. Ave., NW), support the Kiplinger Research Library of the Historical Society of Washington, D.C., and/or other projects the association's Board chooses to support.

#3 - In 2009, AOI donated \$1,000 to the Friends of the Washingtoniana Division of the DC Public Library system to co-sponsor/support its annual Washington History Conference and an additional \$343 to the Historical Society's Kiplinger Research Library for the preservation and conservation of historic maps, books and documents.

#4 – In 2009, the AOI was a co-applicant for a grant from the Humanities Council of Washington, DC to conduct a study and devise a methodology for collecting oral histories of the residents of historic 14th Street, NW. The grant award was for \$2,000 and the entire \$2,000 was expended in support of the research.

Part III - Program Service Accomplishments (Cont'd.)

28. George Washington University for the annual Philip W. Ogilvie Award (named for former AOI President) given for highest academic achievement in Accelerated Masters of Tourism Admin.	\$500
29. Friends of Washingtoniana Division of the DC Public Library System in support of the annual Washington History Conference	\$1000
30. Heurich House Museum Foundation	\$500
31. Other Program Services: (\$1,443 sub-total)	
University of Michigan for H-Net/DC List-serve	\$ 50
Military Road School Preservation Trust	\$250
African-American Civil War Museum	\$ 50
First U.S. Colored Troop Cadet Regiment Academy	\$500
Committee to Save Rhodes Tavern (Call Box Project)	\$250
Historical Society of Washington D.C. in memory of deceased AOI members to rebind/preserve historic maps	\$343
32. Total Program Service	\$3443

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

2008

**Open to Public
Inspection**

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 \$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.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.

C Name of organization: **ASSOCIATION OF THE OLDEST INHABITANTS OF THE D.C.**

D Employer identification number: **52-6047134**

E Telephone number: **202-342-1638**

F Group Exemption Number: **▶**

G Accounting method: Cash Accrual. Other (specify) **▶**

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

I Website: **▶ www.aoidc.org**

J Organization type (check only one): 501(c) (3) (insert no) 4947(a)(1) or 527

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

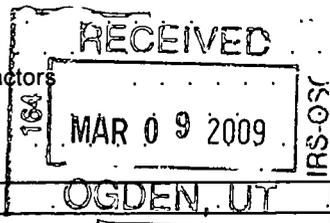
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 52,059**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,580
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,580
	4 Investment income	4	8,584
	5a Gross amount from sale of assets other than inventory	5a	20,000
	b Less: cost or other basis and sales expenses	5b	20,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 4,580 of contributions reported on line 1)	6a	14,225
b Less direct expenses other than fundraising expenses	6b	13,986	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	239	
7a Gross sales of inventory, less returns and allowances	7a	90	
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	90	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	18,073	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4,366
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	600
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,281
	16 Other expenses (describe ▶ See attached statement)	16	1,686
	17 Total expenses. Add lines 10 through 16	17	9,933
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,140	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	228,611
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	236,751

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
2 Cash, savings, and investments	205,301	213,101
3 Land and buildings		
4 Other assets (describe ▶ Antique Fire Apparatus, Memorabilia, and Rare Map)	23,650	23,650
5 Total assets	228,951	236,751
6 Total liabilities (describe ▶ Credit Card Payable)	340	0
7 Net assets or fund balances (line 27 of column (B) must agree with line 21)	228,611	236,751

SCANNED MAR 25 2009



Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? See Statement of Program Service Accomplishments Attachments. Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
28	George Washington University for the annual Philip W. Ogilvie Award (named for former AOI President) given for highest academic achievement in Accelerated Masters of Tourism Admin. (Grants \$ 750) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	750
29	Historical Society of Washington, DC: \$1,000 in support of The Annual DC History Conference and \$850 on behalf of deceased AOI members to rebind/preserve historic maps (Grants \$ 1,850) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,850
30	Heurich House Musuem Foundation (Grants \$ 500) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	500
31	Other program services (attach schedule) (Grants \$ 1,266) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	1,266
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	4,366

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
Name William N Brown Str 4425 Greenwich Pkw City Washington ST DC ZIP 20007	Title President Hr/WK 20.00	0	0	0
Name John W Gill, Sr Str 1722 Wisconsin Ave, City Washington ST DC ZIP 20007	Title Vice-President Hr/WK 1.00	0	0	0
Name Hulit P Taylor Str 1713 Surrey Lane, NW City Washington ST DC ZIP 20007	Title Treasurer Hr/WK 20.00	0	0	0
Name Seymour Selig Str 10910 Mariner Drive City Ft Washington ST MD ZIP 20744	Title Secretary Hr/WK 2.00	0	0	0
Name Nelson Rimensnyder Str 13 6th Street, NE City Washington ST DC ZIP 20002	Title Historian Hr/WK 1.00	0	0	0
Name Carl Cole Str 1431 S Street, SE City Washington ST DC ZIP 20020	Title Director Hr/WK .00	0	0	0
Name John Jay Daly Str 5630 Wisconsin Ave City Chevy Chase ST MD ZIP 20815	Title Director Hr/WK 00	0	0	0
Name James Gaffney Str 6228 30th Street, NW City Washington ST DC ZIP 20015	Title Director Hr/WK 00	0	0	0
Name Jan Evans Houser Str 3033 Woodland Dr, N City Washington ST DC ZIP 20008	Title Director Hr/WK .00	0	0	0
Name John P Richardson Str 5510 North 18th Street City Arlington ST VA ZIP 22205	Title Director Hr/WK .00	0	0	0
Name Sherwood Smith Str 4201 Butterworth Place City Washington ST DC ZIP 20016	Title Director Hr/WK 00	0	0	0
Name A.L. Wheeler, Past Pr Str 1522 Wisconsin Ave City Washington ST DC ZIP 20007	Title Director Hr/WK 00	0	0	0
Name Harold Gray, Past Pre Str 5901 MacArthur Blvd, City Washington ST DC ZIP 20016	Title Director Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	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	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
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 ▶ 0		
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		X
41	List the states with which a copy of this return is filed ▶		
42 a	The books are in care of ▶ Name Association of the Oldest Inhabitants of D.C. Telephone no ▶ 202-342-1638 Located at ▶ Page 1 Address City ST ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
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: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

	Yes	No
48		X
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X
- b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49b		
- 50 Complete this table for the 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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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

Signature of officer: William N. Brown Date: 2/28/2009

Type or print name and title: WILLIAM N. BROWN, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/24/2009 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP +4: Gruen & Wichansky, PC EIN: 75-3078622

4545 42nd Street, NW, Washington, DC 20016 Phone no: 202-244-6202

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

Employer identification number

ASSOCIATION OF THE OLDEST INHABITANTS OF THE D C

52-6047134

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0 00%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,247	6,911	6,610	5,435	9,160	31,363
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,512	10,630	12,875	12,780	14,225	62,022
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	14,759	17,541	19,485	18,215	23,385	93,385
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						93,385

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	14,759	17,541	19,485	18,215	23,385	93,385
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,528	10,516	11,456	17,286	8,584	50,370
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,528	10,516	11,456	17,286	8,584	50,370
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12)						143,755

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	64.96%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	68.99%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	35.04%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	31.01%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Association of the Oldest Inhabitants of D.C.

52-6047134

Part III - Statement of Program Service Accomplishments

The Association of the Oldest Inhabitants of the District of Columbia is the city's oldest civic organization, founded Dec. 7, 1865 and Incorporated in the District of Columbia in 1903.

AOI is dedicated to preserving memories and matters of historic interest and strives to preserve and promote the city's stability, security and advancement.

Through its series of eight (8) luncheon meetings a year, guest speakers present narrated slide lectures or talks on matters of interest to the membership. These have included: talks on advancements in the city's economic resurgence, transportation issues/improvements, public safety history, and/or achievement of other heritage-based, historic organizations (Jewish Historical Society of Washington, The Art Deco Society, The Charles Sumner Museum & Archives, The Washingtonian Division of the DC Public Library, etc.). Two meetings are set aside to provide an opportunity for members to reminisce about matters of historic interest ("open mike").

With a membership of approximately 330 dues-paying members, city council members and complimentary memberships to other non-profits, the organization is noteworthy for having between 70-90 members and guests partake in these monthly luncheon meetings.

The organization's two largest sources of contributions/income and grants/expenditures are for:

#1 - AOI's monthly luncheons account for \$14,225 income from members/guests but cost only \$13,986 in restaurant charges, leaving \$239 which helped off-set the cost of our guest speakers' meals.

#2 - 2008 was the fourth year in which the organization asked its members to contribute above and beyond the \$15 annual membership fee. These donations are directed to support the Philip W. Ogilvie Scholarship, the maintenance/care of the Gov. Shepherd Statue located on the grounds of the District Building (1350 Pa. Ave., NW), support the Kiplinger Research Library of the Historical Society of Washington, D.C., and/or other projects the association's Board chooses to support.

#3 - In 2008, AOI donated \$1,000 to the Historical Society of Washington DC to co-sponsor/support its annual Washington History Conference and an additional \$1,850 to the Historical Society's Kiplinger Research Library for the preservation and conservation of historic maps, books and documents.

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
University of Michigan for H-Net/DC List-Serve	
(Grants and allocations \$ <u>50</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	50
Military Road School Preservation Trust	
(Grants and allocations \$ <u>250</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	250
Marie H. Reed Civil War Cadet Academy (renamed First U.S. Colored Troop Cadet Regiment)	
(Grants and allocations \$ <u>716</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	716
Walter Perce Park Cemeteries Project	
(Grants and allocations \$ <u>250</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	250
Walter Perce Mill Research Support for Book on Mill	
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
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(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total	1,266

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	4,580
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	4,580

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	
2	Dividends and interest from securities	2	8,584
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	8,584

Part I, Line 16 (990-EZ) - Other Expenses

1,686

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	285
10	Unrelated business income taxes	10	0
11	Bank Charges	11	43
12	Other Fees	12	
13	Gratuity/Honorarium	13	100
14	Insurance	14	140
15	Membership Fees	15	260
16	Refreshments	16	84
17	Miscellaneous	17	774
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	