Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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*

OMB No 1545-1150

2009

Open to Public Inspection

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

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: FEDERAL MANAGERS ASSOCIATION #167

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 1722 | Room/suite

City or town, state or country, and ZIP + 4: TRAVIS AFB CA 94535-1722

D Employer identification number 94 2654460

E Telephone number 707423-7858

F Group Exemption Number ▶ 1345

• ***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) ▶

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

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c) ( ) ◀ (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 ▶ $ 47,405 00

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	
	2	Program service revenue including government fees and contracts		2	22502.00
	3	Membership dues and assessments		3	24683.00
	4	Investment income		4	220.00
	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	47405.00
Expenses	10	Grants and similar amounts paid (attach schedule)		10	8392.00
	11	Benefits paid to or for members		11	25589.00
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	488.00
	16	Other expenses (describe ▶ **conferences, meetings, chamber, zone dues**)		16	6276.00
	17	**Total expenses.** Add lines 10 through 16 ▶		17	40,745.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6660.00
	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	9847.00
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	16507.00

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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
22	Cash, savings, and investments	9847.00	22	16507.00
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	9847.00	25	16507.00
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	9847.00	27	16507.00

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

Cat No 10642I Form **990-EZ** (2009)

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Enhance through Federal Managers DOD employment**

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)	
28	College Scholorship Timothy Samartino 632-24-1828; UC DAVIS, DAVIS CA (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	1000.00
29	Monthly FMA membership drawing for its members Raffle (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	530.00
30	NATIONAL, ZONE DUES (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	6862.00
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (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
PATRICIA NIEHAUS, 429 MORALES CT; VACAVILLE CA 95688-6802	PRESIDENT 8	0	0	0
LYNN ROLLIN 713 W MONTE VISTA AVE; VACAVILLE CA 95688-3540	VICE PRESIDENT 2	0	0	0
LIZAIDA L CLARK P.O. BOX 373; DIXON CA 95620-0373	TREASURER 8	0	0	0
LINDA CORPUS 3222 MUSTANG; FAIRFIELD CA 94533-7722	SECRETARY 2	0	0	0
PATRICK BLATCHER P.O. BOX 335; VACAVILLE CA	SGT OF ARMS 1	0	0	0
BILL WELKER JR 4632 SAGAR AVE; SACRAMENTO CA 95821	TRUSTEE 1	0	0	0
STEVEN LOW 700 Oakbrook Dr. Vacaville CA 95687-5006	TRUSTEE 1	0	0	0
MICHAEL PROSTMAN 2192 Madrone Dr. Fairfield CA 94534-1717	TRUSTEE 1	0	0	0
CAMILLE ROLAND 1131 Terrace Avenue Vacaville CA 95687-6534	TRUSTEE 1	0	0	0
FRANK BENCIVENGO 1165 Revelle Drive Dixon CA 95620-4813	TRUSTEE 1	0	0	0
KARI L SUMNER 360 Clipper Court Dixon CA 95620-4513	TRUSTEE 1	0	0	0
DEBORAH A. FOWLSTON 349 Edwin Dr. Vacaville CA 95687-5209	TRUSTEE 1	0	0	0
DAVID M GARRISON 384 Eagle Lane Vacaville CA 95687-7227	TRUSTEE 1	0	0	0
CLARISSA HUSTON 112 Dundee Court Vacaville CA 95687-5627	TRUSTEE 1	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions 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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ _____

42a The organization's books are in care of ▶ LIZAIDA L CLARK Telephone no. ▶ 707 423-7858

Located at ▶ P.O. BOX 373 DIXON CA ZIP + 4 ▶ 95620-0373

			Yes	No
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)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓

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	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

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

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 . . . . ▶ _____

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 . . ▶ _____

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 — Date 13 Apr 10

▶ LIZAIDA L CLARK — 13 APR 10

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

Federal Managers #167 End of Year 2009					
		Balance Forward	1,501.39		
Membership Dues	45,509.61				
Retiree Luncheon	374.00				
voided check	20.00				
	Total	45,903.61			
			47,405.00		
Operating Expenses					
National Dues	6,714.00				
Zone Dues	148.00				
	Total	6,862.00			
Dental Plans					
Dental	22,502.28				
Postage	20.89				
	Total	22,523.17			
Supplies					
Postage					
Printing					
Checking Account Fees	28.78				
P.O. Box Rental	58.00				
	Total	86.78			
Recruiting					
Printing					
Postage					
lunches					
NSPS Seminar Snacks					
Brochures					
	Total	0.00			
Membership appreciation events					
Lotto	90.00				
Cash Drawings	140.00				
Speaker lunch	37.75				
	Total	267.75			
Conference Expenses					
National					
Registration (2008)					
Hotel	2,072.70				
Airfare	919.60				
CX Insurance Fee					
Expenses	850.00				
Airport Parking	78.00				
Raffle prizes	75.00				
Donations	80.00				
	Total	4,075.30			

Conferences					
Mid Year					
Registration	200.00				
Hotel	434.00				
Airfare	358.70				
CX Insurance Fee					
Airport Parking					
Expenses					
	Total	992.70			
Zone					
Registration					
Hotel					
Airfare					
CX Insurance Fee					
Expenses					
Airport Parking					
Rental Car					
	Total				
Membership appreciation events					
Printing	53.28				
Retirement Seminar	372.30				
Lunches					
Snacks	178.98				
	Total	604.56			
Summer Social					
Printing	67.29				
Cater	1,568.73				
	Total	1,636.02			
Holiday Social					
name tags	9.64				
Cater (2008)	1,518.30				
Prizes	300.00				
Printing	67.29	1,895.23			
	Total				
Calendar and membership products					
Calendar	139.86				
Envelopes	106.99				
mailing	26.10				
	Total	272.95			
Scholarship					
Printing					
Postage	5.87				
Award	1,000.00				
Lunches	24.00				
Snacks					
	Total	1,029.87			
TRAF					
Lunches	114.00				
Dues	135.00				
	Total	249.00			
Vacaville Chamber					
Dues	250.00				
Events					
	Total	250.00			

Donations					
Fisher house					
	Total				
	Total Expenses	40,745 33			
Checking Account Balance			6,659.67		
		Checking account	6659.67		
		Savings Account	312.18		
		CD	8,000.00		
		Scholarship Benefi	1534.89		
			16506.74		