

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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.

**A** For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 20 09

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

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

**C** Name of organization  
**BURTONSVILLE VOLUNTEER FIRE DEPARTMENT**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 215**

City or town, state or country, and ZIP + 4  
**BURTONSVILLE, MD 20866**

**D** Employer identification number  
**52 0846078**

**E** Telephone number  
**( 301 ) 384-8058**

**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) ▶ **BUDGET/CASH**

**I** Website: ▶ WWW.BURTONSVILLEVFD.COM

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

**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 ▶ \$ **740,916**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received														643,930	
	2	Program service revenue including government fees and contracts															
	3	Membership dues and assessments															
	4	Investment income														73,635	
	5a	Gross amount from sale of assets other than inventory					612										
	b	Less: cost or other basis and sales expenses															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							612								
	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 \$ _____ of contributions reported on line 1)								22,739							
b	Less: direct expenses other than fundraising expenses								6,959								
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										15,780						
7a	Gross sales of inventory, less returns and allowances																
b	Less: cost of goods sold																
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																
8	Other revenue (describe ▶ _____)																
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.															733,957	
Expenses	10	Grants and similar amounts paid (attach schedule)															
	11	Benefits paid to or for members															
	12	Salaries, other compensation, and employee benefits														83,546	
	13	Professional fees and other payments to independent contractors														24,767	
	14	Occupancy, rent, utilities, and maintenance														27,471	
	15	Printing, publications, postage, and shipping														12,490	
	16	Other expenses (describe ▶ <u>See attached statement</u> )														730,584	
17	<b>Total expenses.</b> Add lines 10 through 16															878,858	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														(144,901)	
	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)														1,371,250	
	20	Other changes in net assets or fund balances (attach explanation)														(142,541)	
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)															1,083,808

### 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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,389,780	1,109,724
23	Land and buildings		
24	Other assets (describe ▶ <u>Accounts Receivable</u> )		4,900
25	<b>Total assets</b>	1,389,780	1,114,624
26	<b>Total liabilities</b> (describe ▶ <u>See attached statement</u> )	18,531	30,816
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	1,371,249	1,083,808

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Cat. No 106421 Form 990-EZ (2008)

SCANNED JUN 30 2010

59

8



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		✓
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		✓
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?		✓
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		✓
37a	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?		✓
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 unpaid at the start of the period covered by this return?		✓
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 ▶ 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		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶		
42a	The books are in care of ▶ THE BOOKKEEPER Telephone no. ▶ (301) 384-8058 Located at ▶ 13900 OLD COLUMBIA PIKE, SILVER SPRING MD ZIP + 4 ▶ 20904		
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.	42b	✓
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		<input type="checkbox"/>
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 only.** All section 501(c)(3) organizations must answer questions 46-49 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 . . . . . |     | ✓  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   |     | ✓  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | ✓  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   |     | ✓  |
| b If "Yes," was the related organization(s) a section 527 organization? . . . . .   |     |    |
- 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
NOT APPLICABLE				
Total number of other employees paid over \$100,000 ▶				

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
NOT APPLICABLE		
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** ▶ *Clay Steven B* | 05-12-2010  
 Signature of officer | Date

▶ Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ *Kathy R C* | Date 5/4/10 | Check if self-employed  | Preparer's Identifying Number (See instructions) 219-90-5001

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KATHY R. CUTTITTA | EIN ▶ | Phone no. ▶ ( )

4803 TIMBER DRIVE, MT AIRY, MD 21771

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



**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.") . . . . .	486,584	614,254	515,551	610,913	568,930	2,796,232
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	40,500	88,000	83,598	50,000	75,000	337,098
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1-3 . . . . .	527,084	702,254	599,149	660,913	643,930	3,133,330
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) . . . . .						0
6 Public support. Subtract line 5 from line 4.						3,133,330

**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 . . . . .	527,084	702,254	599,149	660,913	643,930	3,133,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	80,673	172,469	109,528	92,548	74,247	529,465
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 . . . . .						3,662,795
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	115,619
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	86 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	84 %
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 checked="" 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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 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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>CARNIVAL</u> (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	22,739		22,739
	2	Less: Charitable contributions . . . . .			
	3	Gross revenue (line 1 minus line 2) . . . . .	22,739		22,739
Direct Expenses	4	Cash prizes . . . . .			
	5	Non-cash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Other direct expenses . . . . .	6,959		6,959
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶			( 6,959 )
	9	Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶			15,780

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	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	<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 and 7 in column (d) . . . . . ▶			

	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? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
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:
- a The organization's facility
  - b An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Provide 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 contract 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:

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**Burtonsville Volunteer Fire Department, Inc.**  
**Form 990 - 2008**  
**FEIN:52-0846078**

**Part I Revenue, Expenses and Changes in Fund Balances**

**Line 5c Gain from sale of assets other than inventory**

Capital Gain distributions	<u><u>612</u></u>
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**Line 16 Other expenses:**

Public education	1,427
Volunteer support	79,133
Fire/EMS/Supplies equipment	363,176
Vehicle management	179,060
Facilities management	95,855
Supplies- other	6,366
Travel & meetings	<u>5,567</u>
<b>Total other expenses</b>	<b><u><u>730,584</u></u></b>

**Line 20 Other changes in fund balances**

Timing difference between books and tax return. (Unrealized loss on investments)	<u><u>(142,541)</u></u>
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**Part IV Balance Sheets**

**Line 65, Other Liabilities:**

	<u>06/30/08</u>	<u>06/30/09</u>
Accounts Payable	9,531	21,816
Deposit	9,000	9,000
	<u><u>18,531</u></u>	<u><u>30,816</u></u>

Burtonsville Volunteer Fire Department, Inc.

Form 990 (2008)

Part V: List of Officers, Directors, Trustees, and Key Employees

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation to employee benefit plans	(D) Contributions	(E) Expense account and other allowances
Craig S. Baker 18401 Fairweather Dr. Olney, MD 20832	President/ Director 15	0	0	0
Tamera G. Bulla 15701 Haynes Road Laurel, MD 20707	Vice President/ Director 15	0	0	0
Andrew W. Tarbell 13900 Old Columbia Pike Silver Spring, MD 20904	Secretary/ Director 2	0	0	0
Drew Dunn 11616 35 <sup>th</sup> Avenue Beltsville, MD 20705	Treasurer/ Director 2	0	0	0
Adam C. Brock 607 Lanark Way Silver Spring, MD 20901	Director 1	0	0	0
Kirk A. Risinger 302 Darlene Avenue Linthicum, MD 21090	Director 1	0	0	0
Peter Ukstins 7916 Helmart Drive Laurel, MD 20723	Director 1	0	0	0
Jon C. Grover, II #1 Brahms Court Silver Spring, MD 20904	Director 1	0	0	0
David N. Bossie 1508 Lost Creek Drive Ashton, MD 20861	Director 1	0	0	0
Glenn Fitzpatrick 2905 Duvall Road Burtonsville, MD 20866	Director 1	0	0	0
Robert E. Ryan 17717 New Hamp. Ave. Ashton, MD 20861	Director 1	0	0	0
John J. Sollers 330 Riverside Road Edgewater, MD 21037	Director 1	0	0	0
Leonard E. Newman 1805 Cullen Drive Silver Spring, MD 20905	Director 1	0	0	0