

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning JUNE 1, 2007, and ending MAY 31, 2008

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 <u>PERFORMING ARTS ASSOCIATION of LINTHICUM</u>	D Employer identification number <u>521302626</u>
Number and street for P.O. box, if mail is not delivered to street address; Room/suite <u>P.O. BOX 321</u>	E Telephone number <u>(410) 859-1082</u>
City or town, state or country, and ZIP + 4 <u>LINTHICUM HTS, MD 21090-0321</u>	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: ▶ PAALconcerts.org

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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<u>10062.</u>
	2 Program service revenue including government fees and contracts	2	<u>6989</u>
	3 Membership dues and assessments	3	<u>28088</u>
	4 Investment income	4	<u>-363.36</u>
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<u>58</u>
	6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	<u>58</u>	
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c 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	<u>45660.36</u>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	<u>282</u>
	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	<u>35422.68</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>9560.87</u>
	15 Printing, publications, postage, and shipping	15	<u>4409.36</u>
	16 Other expenses (describe ▶ _____)	16	<u>561</u>
17 Total expenses. Add lines 10 through 16. ▶	17	<u>5425.04</u>	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	<u>(4675.55)</u>
	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	<u>10227</u>
	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	<u>5551</u>

-50,145.91

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

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>10227</u>	22 <u>5551</u>
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	<u>10227</u>	25 <u>5551</u>
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>10227</u>	27 <u>5551</u>

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Produce Concerts</u>		
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>Produced 7 Concerts</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a <u>50,146</u>
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a
31 Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32 Total program service expenses. Add lines 28a through 31a		32 <u>50,146</u>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>See Attached List</u>	<u>hours variable</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	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," attach a statement.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
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?		X
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- 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? . . .

	Yes	No
40b		X
40c		
40d		
40e		X

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

42a The books are in care of ▶ WILLIAM A SKILLMAN Telephone no. ▶ (410) 859-1052
 Located at ▶ 605 FOREST VIEW RD, LINTHICUM HTS, MD ZIP + 4 ▶ 21090-2819

- 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.
- 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: ▶ _____

	Yes	No
42b		X
42c		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** |

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.

Please Sign Here

Signature of officer: William A. Skillman Date: 8/29/08

Type or print name and title: WILLIAM A. SKILLMAN, Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no.: () _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

PERFORMING ARTS ASSOCIATION OF LINTHVA

Employer identification number

52-1302626

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
<i>NONE</i>				

Total number of other employees paid over \$50,000 . ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<i>NONE</i>		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1	X
---	---

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

2a	X
2b	X
2c	X
2d	X
2e	X

a Sale, exchange, or leasing of property?

2a	X
----	---

b Lending of money or other extension of credit?

2b	X
----	---

c Furnishing of goods, services, or facilities?

2c	X
----	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d	X
----	---

e Transfer of any part of its income or assets?

2e	X
----	---

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a	X
----	---

b Did the organization have a section 403(b) annuity plan for its employees?

3b	X
----	---

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c	X
----	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d	X
----	---

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a	X
----	---

b Did the organization make any taxable distributions under section 4966?

4b	X
----	---

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c	X
----	---

d Enter the total number of donor advised funds owned at the end of the tax year ▶

0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

0

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10062	6760	5680	6769	29278
16 Membership fees received	28088	22942	19765	18241	89036
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	363	244	111	100	818
19 Net income from unrelated business activities not included in line 18		0	0	0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		0	0	0	
21 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		0	0	0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		0	0	0	
23 Total of lines 15 through 22	38513	29946	25556	25110	119132
24 Line 23 minus line 17	38513	29946	25556	25110	119132
25 Enter 1% of line 23	385.13	299.46	255.56	251.10	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2006) None (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) None (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 <u>29278</u> 16 <u>89036</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27c	118314
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>	27d	0
e Public support (line 27c total minus line 27d total)	27e	118314
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	119132
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.3 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.7 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying).	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is—	The lobbying nontaxable amount is—	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41).	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

PAAL 26th season Officers and Board Members

Jun 1 2007 To MAY 31, 2008

LastName	FirstName	Street	City/State	Zip	Phone	Office
Barister	David	106 Shortcross Rd	Linthicum, MD	21090	884-2854	First V.P.
Barker	Josephine	310 Darlene Ave.	Linthicum, MD	21090	859-3308	President
Booth	Skip	303 Ridgewood Rd	Linthicum, MD	21090	684-2931	Director-10
Borsuk	Susan P.	310 Alexis Dr	Glen Burnie, MD	21061	766-8898	Recrd Sec'y
Cross	Carolyn C.	1117 Armistead St.	Glen Burnie, MD	21061	859-5374	Director-10
Dirndorfer	Theresa	561 Shipley Rd.	Linthicum, MD	21090	859-5423	Director-09
Eastland	Frank & Irma	6311 Homewood Rd	Linthicum, MD	21090	859-0434	Director-10
Ericson	Patricia	8223 Grainfield Rd.	Severn, MD	21144	969-5610	Corres. Sec'y
Fries	Theresa and Bob	104 S. Hammonds Fy Rd	Linthicum, MD	21090	684-2536	Director-09
Hamlin	Janice	203 8th Ave.	Baltimore, MD	21225	636-1067	Director-09
Johnson	Richard P. & Mary	768 Trenton Ave.	Severna Park, MD	21146	647-1487	Director-08
Kvech	Seamus & Joseph	123 N. Longcross Rd.	Linthicum, MD	21090	859-1780	Director-09
Lanier	William B. & Hilda	218 Homewood Rd	Linthicum, MD	21090	859-5678	Director-10
Linthicum	Verena V.	302 S. Hammonds Fy. Rd.	Linthicum, MD	21090	859-3117	Second V.P.
Lundquist	Anne M.	408 Forest View Rd	Linthicum, MD	21090	859-3106	Director-08
Maynard	William & Joan	6233 Medora Rd	Linthicum, MD	21090	859-5144	Director-10
McIninch	Edward & Christa	716 Andover Rd.	Linthicum, MD	21090	859-3409	Director-08
Moran	Mary Ley	108 Country Club Dr	Glen Burnie, MD	21060	761-8723	Director-09
Murphy	Mrs. Shirley	454 Gayle Dr	Linthicum, MD	21090	859-0777	Director-09
Musiker	Nilda	1381 Trysty Friend Pl.	Severn, MD	21144	551-0095	Director-08
O'Keefe	Victoriana	419 Jerome Ave.	Linthicum, MD	21090	859-8479	Director-09
Pippen	Treeva	439 W. Hawthorne Rd	Linthicum, MD	21090	859-8063	Director-09
Rechner	Carol	214 Wintergull Lane	Annapolis, MD	21401	757-3421	Director-08
Reusch	Mr William Donald	414 Sudbury Rd.	Linthicum, MD	21090	859-1269	Director-08
Rock	Jean	590 Forest View Rd	Linthicum, MD	21090	859-1593	Director-10
Schreiber	Gerald J.	709 Partridge Ln	Glen Burnie, MD	21060	761-7694	Director-08
Schuman	Mr Mrs Robert	20 Lake Front Dr	Linthicum, MD	21090	789-7546	Director-08
Skillman	William Robert	605 Forest View Rd	Linthicum, MD	21090	859-1082	Treasurer
Sulin	Victor A.	85 Burns Crossing Rd.	Severn, MD	21144	551-7349	Director-09
Vaughan	William & Eloise	513 Forest View Rd	Linthicum, MD	21090	859-8047	Director-10

TOTALS
Households

11/1/07