

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 04/01, 2009, and ending 03/31/2010

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: AFFILIATED COMMUNITY COUNSELORS, INC. D Employer identification number: 52-1291997. E Telephone number: (301) 251-8965. 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 [X] Accrual [ ] Other (specify).

I Website: WWW.ACCIROCKVILLE.ORG

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

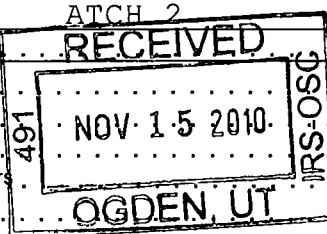
J Tax-exempt status (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527

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. \$ 180,583.

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

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 180,583. Total expenses is 182,598. Net assets at end of year is 43,880.



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.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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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 . . . . .		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		
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
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> NONE 0.		
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 outstanding at the end of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE 0., section 4912 ▶ NONE 0., section 4955 ▶ NONE 0.		
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
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 . . . . .		X
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ ELLERY OWENS Telephone no ▶ 301-251-8965 Located at ▶ 50 WEST MONTGOMERY AVENUE ROCKVILLE, MD ZIP + 4 ▶ 20850-4216		
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)? . . . . .		X
	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 ? . . . . .		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
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.

- 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
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
  - 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
  - 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
  - 49b If "Yes," was the related organization a section 527 organization? Yes No
- 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 . . . . . NONE

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 receiving over \$100,000 . . . . . NONE

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

**Sign Here**

Signature of officer: Ellery Allen Owens Date: 11-10-10

Type or print name and title: Ellery Allen Owens, LCSW-C Clinical Director

**Paid Preparer's Use Only**

Preparer's signature: Harvey J Berger Date: 11/8/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: HARVEY J BERGER CPA EIN: 20-8238090

500 COSGRAVE WAY SILVER SPRING, MD 20902-1571 Phone no: 2406057591

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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2009, 2008. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	700	250	2,100	0	1,095	4,145
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 . . . . .	204,744	201,450	203,756	194,788	155,922	960,660
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 <b>Total.</b> Add lines 1 through 5 . . . . .	205,444	201,700	205,856	194,788	157,017	964,805
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						964,805

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .	205,444	201,700	205,856	194,788	157,017	964,805
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	26,124	32,407	25,320	21,156	21,202	126,209
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	26,124	32,407	25,320	21,156	21,202	126,209
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	231,568	234,107	231,176	215,944	178,219	1,091,014
14 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	88.43%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	0.00%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	11.57%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 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 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 ▶

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**Part VI** **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.

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ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
RENT AND ROYALTY INCOME	21,202.
TOTAL	<u>21,202.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME

2,364.

TOTALS

2,364.

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	5,954.
DEPRECIATION	498.
ADVERTISING	4,216.
BANK FEES	693.
CONTRACTOR THERAPISTS	67,022.
INSURANCE	4,600.
INTERNET SERVICES	1,248.
PERSONAL PROPERTY TAXES	126.
EMPLOYEE EXPENSES	746.
OTHER EXPENSES	906.
TOTAL	<u>86,009.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	27,948.	8,689.
TOTALS	<u>27,948.</u>	<u>8,689.</u>

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	34,267.	39,742.
PREPAID EXPENSES OR DEFERRED CHARGES	8,969.	8,969.
DEPOSITS	6,050.	6,050.
TOTALS	<u>49,286.</u>	<u>54,761.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	32,721.	21,980.
TOTALS	<u>32,721.</u>	<u>21,980.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE COMPETENT COUNSELING AND PSYCHOTHERAPY SERVICES TO CHILDREN AND ADULTS, AND RELATED SERVICES TO THE COMMUNITY AT LARGE.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 8

PROGRAM SERVICE ACCOMPLISHMENT 1

WE PROVIDE COMPREHENSIVE QUALITY MENTAL HEALTH CARE SERVICES TO APPROXIMATELY 126 CLIENTS FOR AFFORDABLE FEES; TRAINING, SUPERVISION, CONTINUING EDUCATION, SPEAKERS AND CONSULTANTS TO GRADUATE STUDENTS, PROFESSIONALS AND THE COMMUNITY

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
ELLERY OWENS 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	CLINICAL DIRECTOR 15.00	17,975.	0.	0.
ZITA RUDOLPH 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
STEVEN LEE 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
F. BLIX WINSTON 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	PRESIDENT & DIRECTOR 2.00	0.	0.	0.
LESLIE BARDEN 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
VIRGINIA FOLEY 50 WEST MONTGOMERY AVENUE	SECT & DIRECTOR 2.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
110 ROCKVILLE, MD 20850-4216				
THOMAS HARLOW 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
AMY KNOWLAND 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
USHA KAUL 50 WEST MONTGOMERY AVENUE 110 ROCKVILLE, MD 20850-4216	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS				
		17,975.	0.	0.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
TV/VCR	01/01/1995	260	100 000			260	260	260	SL		5 000				
FURNITURE	01/01/1996	2,730	100 000			2,730	2,730	2,730	SL		7 000				
TELEPHONES	01/01/1997	600	100 000			600	600	600	SL		5 000				
FURNITURE	01/01/1998	261	100 000			261	261	261	SL		7 000				
RUG & PICTURE	01/01/1998	176	100 000			176	176	176	SL		7 000				
COUCHES	01/01/1998	718	100 000			718	718	718	SL		7 000				
COMPUTER	03/31/1999	899	100 000			899	899	899	SL		5 000				
PRINTER	03/31/1999	140	100 000			140	140	140	SL		5 000				
FURNITURE	03/31/1999	250	100 000			250	234	234	SL		7 000				
EQUIPMENT	10/01/2000	598	100 000			598	598	598	SL		5 000				
FURNITURE	10/01/2000	4,527	100 000			4,527	4,527	4,527	SL		7 000				
FURNITURE	10/01/2001	1,199	100 000			1,199	1,199	1,199	SL		7 000				
FURNITURE	10/01/2002	631	100 000			631	631	631	SL		7 000				
FURNITURE	10/01/2003	223	100 000			223	176	208	SL		7 000				32
EQUIPMENT	10/01/2004	160	100 000			160	103	126	SL		7 000				23
EQUIPMENT	10/01/2005	157	100 000			157	77	99	SL		7 000				22
FURNITURE	09/06/2006	70	100 000			70	26	36	SL		7 000				10
COUCH & DESK	11/22/2006	245	100 000			245	82	117	SL		7 000				35
END TABLES	06/14/2007	20	100 000			20	5	8	SL		7 000				3
Less Retired Assets															
<b>Subtotals</b>						16,641	13,782	14,280							498

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
<b>Subtotals</b>		16,641	13,782	14,280			498

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
<b>TOTALS</b>		16,641	13,782	14,280			498

TOTALS  
\*Assets Retired USA 9A9024 1 000



# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization AFFILIATED COMMUNITY COUNSELORS, INC.	Employer identification number 52-1291997
	Number, street, and room or suite no. If a P O box, see instructions 50 WEST MONTGOMERY AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ROCKVILLE, MD 20850-4216	

### Check type of return to be filed (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► ELLERY OWENS

Telephone No ► 301 251-8965 FAX No ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is

for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year \_\_\_\_\_ or  
►  tax year beginning 04/01, 2009, and ending 03/31, 2010

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**