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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)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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 JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <b>MCLEAN ORCHESTRA</b>		D Employer identification number <b>51-0176806</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 760</b>		E Telephone number <b>(703) 893-8646</b>
		City or town, state or country, and ZIP + 4 <b>MCLEAN, VA 22101</b>		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: **HTTP://WWW.MCLEAN-ORCHESTRA.ORG**

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

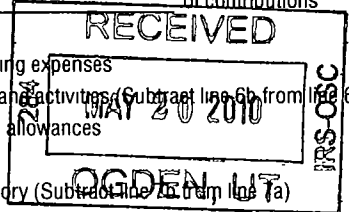
J Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 231,493.**

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	95,152.
	2	Program service revenue including government fees and contracts	2	19,004.
	3	Membership dues and assessments	3	
	4	Investment income	4	488.
	5a	Gross amount from sale of assets other than inventory <b>STMT 5</b>	5a	7,202.
	b	Less: cost or other basis and sales expenses	5b	6,419.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	783.
	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)	6a	65,565.
b	Less: direct expenses other than fundraising expenses	6b	33,325.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	32,240.	
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 <b>SEE STATEMENT 4</b> )	8	44,082.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	191,749.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	85,426.
	13	Professional fees and other payments to independent contractors	13	6,051.
	14	Occupancy, rent, utilities, and maintenance	14	2,732.
	15	Printing, publications, postage, and shipping	15	6,981.
	16	Other expenses (describe <b>SEE STATEMENT 1</b> )	16	81,590.
17	<b>Total expenses.</b> Add lines 10 through 16	17	182,780.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,969.
	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	20,745.
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 6</b>	20	-4,596.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	25,118.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,679.	10,005.
23 Land and buildings		
24 Other assets (describe <b>SEE STATEMENT 2</b> )	52,385.	45,634.
25 <b>Total assets</b>	63,064.	55,639.
26 <b>Total liabilities</b> (describe <b>SEE STATEMENT 3</b> )	42,319.	30,521.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	20,745.	25,118.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 12 2009

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

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? SEE STATEMENT 11

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 SEE STATEMENT 9

(Grants \$ ) If this amount includes foreign grants, check here

28a 95,833.

29 SEE STATEMENT 10

(Grants \$ ) If this amount includes foreign grants, check here

29a 21,263.

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

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)

32 117,096.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (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. Row 1 contains 'SEE STATEMENT 8' and '25,675.'.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <input type="checkbox"/> 0. ; section 4912 <input type="checkbox"/> 0. ; section 4955 <input type="checkbox"/> 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X

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

42a The books are in care of  MCLEAN ORCHESTRA OFFICERS Telephone no.  (703) 893-8646  
 Located at  P.O. BOX 760, MCLEAN, VA ZIP + 4  22101

		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)?		X
	If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
	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: <input type="checkbox"/>		

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

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

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

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

Table with 2 columns: Yes, No. Rows 46-49b with 'X' marks in the 'No' column.

Table for line 50: Compensation of top 5 employees. Column (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions, (e) Expense account. All entries are 'NONE'.

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."

Table for line 51: Compensation of top 5 independent contractors. Column (a) Name and address, (b) Type of service, (c) Compensation. All entries are 'NONE'.

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: John Huling, Date: 5/17/10, Type or print name and title: John Huling, Executive Director.

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 5/17/10, Check if self-employed: [ ], Preparer's Identifying Number (See instr): [ ], Firm's name (or yours if self-employed), address, and ZIP + 4: FRANK & COMPANY, P.C., 1360 BEVERLY ROAD, SUITE 300, MCLEAN, VA 22101, EIN: [ ], Phone no.: 703-821-0702.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,035.	108,727.	178,418.	158,063.	95,935.	638,178.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	97,035.	108,727.	178,418.	158,063.	95,935.	638,178.
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						638,178.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	97,035.	108,727.	178,418.	158,063.	95,935.	638,178.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	719.			310.	36.	1,065.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,864.	9,638.		3,637.	723.	22,862.
<b>11 Total support.</b> Add lines 7 through 10						662,105.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	511,743.

**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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.39 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.70 %

**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

**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

**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

**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

**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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add 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**

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

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

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

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 (Add col (a) through col. (c))
		PATRONS ' GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	60,529.		60,529.
	2	Less. Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	60,529.		60,529.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	29,319.		29,319.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 29,319.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			31,210.

**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			
	2	Cash prizes			
Direct Expenses	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? b If "No," Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain. _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

- 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?

**15a**

- 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?

**17a**

- 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 ► \$ \_\_\_\_\_

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL EXPENSES		89.	
MISCELLANEOUS PERFORMANCE EXPENSES		49,994.	
ADVERTISING & PROMOTION		2,137.	
EQUIPMENT RENTAL		9,155.	
MISCELLANEOUS		1,818.	
ASSOCIATION DUES		2,360.	
OFFICE SUPPLIES		971.	
RECEPTIONS		2,096.	
RETREAT & EDUCATION		2,100.	
GRANT WRITING		627.	
PAYROLL TAXES		2,710.	
INSURANCE		3,146.	
MERCHANT CREDIT CARD FEE		1,895.	
LOAN INTEREST		2,492.	
TOTAL TO FORM 990-EZ, LINE 16		81,590.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	1,552.	2,156.	
PLEDGES RECEIVABLE	1,750.	1,250.	
PREPAID EXPENSES	2,815.	190.	
INVESTMENTS - ONE AMERICA	19,852.	15,622.	
MUSIC LIBRARY	26,416.	26,416.	
TOTAL TO FORM 990-EZ, LINE 24	52,385.	45,634.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	586.	0.	
DEFERRED REVENUE	9,443.	0.	
PAYROLL LIABILITIES	2,290.	521.	
1ST SERVICE LINE OF CREDIT	30,000.	30,000.	
TOTAL TO FORM 990-EZ, LINE 26	42,319.	30,521.	

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
PROGRAM ADVERTISING	5,025.
TUITION	38,455.
MISCELLANEOUS	602.
TOTAL TO FORM 990-EZ, LINE 8	44,082.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 5

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	7,202.	6,419.	0.	783.
TO FORM 990-EZ, LINE 5	7,202.	6,419.	0.	783.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-4,596.
TOTAL TO FORM 990-EZ, LINE 20	-4,596.

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JENNIFER SEAMSTER P.O. BOX 760, MCLEAN, VA 22101	EXECUTIVE DIRECTOR 40.00	25,675.	0.	0.
ANN PAGE P.O. BOX 67, MCLEAN, VA 22101	PRESIDENT 1.00	0.	0.	0.
MARSHALL J. HYMAN 7017 ALICENT PLACE, MCLEAN, VA 22101	VICE PRESIDENT, ADMINISTRATIO 1.00	0.	0.	0.
MARY KINGMAN 6610 WEATHEFORD CT., MCLEAN, VA 22101	VICE PRESIDENT, HOSPITALITY 1.00	0.	0.	0.
PHILIP CHUNG, 1224 POTOMAC SCHOOL ROAD, MCLEAN, VA 22101	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
ELIZABETH A. MCDANIEL, 4523 RALEIGH AVE. APT 402, ALEXANDRIA, VA 22304	SECRETARY, PRESIDENT-ELECT 1.00	0.	0.	0.
DONALD WORKMAN, 6904 GEORGETOWN PIKE, MCLEAN, VA 22101	TREASURER 1.00	0.	0.	0.
ANDREAS CAMPBELL, 9858 PALACE GREEN WAY, VIENNA, VA 22181	TRUSTEE 1.00	0.	0.	0.
ANTHONY CORSO, 8749 OLD DOMINION DR., MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
ANTOINETTE MAC AULAY 8954 BROOK RD., MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
KENNETH J. NUNNENKAMP 7785 SOLITUDE CT., MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
SCOTT SMITH, 25240 LAKE SHORE SQ. #101, SOUTH RIDING, VA 20152	TRUSTEE 1.00	0.	0.	0.
AMY THOMAS 6005 KIRBY ROAD, BETHESDA, MD 20817	TRUSTEE 1.00	0.	0.	0.
ROBERT WIELAND, 6673 AVIGNON BLVD., FALLS CHURCH, VA 22043	TRUSTEE 1.00	0.	0.	0.

MCLEAN ORCHESTRA

51-0176806

PAT FRIEND 7307 CHURCHILL ROAD, MCLEAN, VA 22101	TRUSTEE 1.00	0.	0.	0.
MAFALDA MARROCCO, 7706 CROSSOVER DRIVE, MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
JAMES SCHENCK 7303 LINGANORE CT., MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
WAYNE SHARP, 4121 N. RIVER STREET, MCLEAN, VA 22101	TRUSTEE 1.00	0.	0.	0.
DAVID A. YOUNG, 10519 WALTER THOMPSON DR., VIENNA, VA 22181	TRUSTEE 1.00	0.	0.	0.
LAWRENCE A. YOUNG 5820 BENT TWIG ROAD, MCLEAN, VA 22101	TRUSTEE 1.00	0.	0.	0.
FRED MYERS, 3015 FAIRMONT STREET, FALLS CHURCH, VA 22042	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		25,675.	0.	0.

ORCHESTRA - PREPARE ORCHESTRAL WORKS FOR PUBLIC PERFORMANCE AND TO PROVIDE THOSE INDIVIDUALS WITH AN INTEREST IN ORCHESTRAL MUSIC THE OPPORTUNITY TO EXPRESS INTEREST IN A MANNER THAT WILL FURTHER ITS APPRECIATION.

YOUTH ORCHESTRA - TO PROVIDE MUSIC STUDENTS THE OPPORTUNITY TO PLAY IN AN ACCOMPLISHED ORCHESTRA, WHILE INCREASING MUSICAL SKILLS THROUGH PRACTICE AND VARIOUS PUBLIC AND PRIVATE CONCERTS THROUGHOUT THE YEAR.

TO EXTEND THE APPRECIATION AND ENJOYMENT OF LIVE ORCHESTRAL PERFORMANCES INTO ALL SEGMENTS OF THE MCLEAN COMMUNITY AND ADJACENT AREAS; TO ENABLE QUALIFIED LOCAL INSTRUMENTALISTS, WITHOUT REGARD TO AGE, RACE, OR PHYSICAL HANDICAP, THE CHANCE TO STUDY AND PERFORM IN A PERMANENT ENSEMBLE; TO PROVIDE OPPORTUNITIES FOR TALENTED AREA MUSICIANS TO PERFORM SOLO WORKS WITH AN ORCHESTRA; AND TO CONTINUE TO SUPPORT THE MCLEAN ORCHESTRA YOUTH ORCHESTRA AS A CHANCE FOR YOUNG PEOPLE TO PERFORM ORCHESTRAL MUSIC.

# 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*

<b>Type or print</b>	Name of Exempt Organization <b>MCLEAN ORCHESTRA</b>	Employer identification number <b>51-0176806</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 760</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MCLEAN, VA 22101</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 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 |

**MCLEAN ORCHESTRA OFFICERS**

- The books are in the care of ▶ **P.O. BOX 760 - MCLEAN, VA 22101**  
Telephone No ▶ **(703)893-8646** FAX No. ▶ **(703)893-8654**
- 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 **FEBRUARY 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 **JUL 1, 2008**, and ending **JUN 30, 2009**

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

<b>3a</b> 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	<b>3a</b>	\$	
<b>b</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	<b>3b</b>	\$	
<b>c 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.	<b>3c</b>	\$	<b>N/A</b>

**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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>MCLEAN ORCHESTRA</b>	Employer identification number <b>51-0176806</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 760</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MCLEAN, VA 22101</b>	

**Check type of return to be filed** (File a separate application for each return):

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**MCLEAN ORCHESTRA OFFICERS**

• The books are in the care of **P.O. BOX 760 - MCLEAN, VA 22101**  
 Telephone No **(703) 893-8646** FAX No **(703) 893-8654**

• 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 is for \_\_\_\_\_

4 I request an additional 3 month extension of time until **MAY 15, 2010**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**  
 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension

**THE ORGANIZATION IS AWAITING INFORMATION TO ENSURE A COMPLETE AND ACCURATE FILING.**

<b>8a</b> 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.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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	<b>8c</b>	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Jung Eun Lee, CPA* Title *CPA* Date *2/9/2010*