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## CHANGE OF ACCOUNTING PERIOD

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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

A For the 2008 calendar year, or tax year beginning JAN 1, 2009 and ending JUN 30, 2009

|  |  |   |
|--|--|---|
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>BETHESDA CHAPTER AFCEA</b><br>Number and street (or P.O. box, if mail is not delivered to street address)<br><b>1280 BARTONSHIRE WAY</b><br>City or town, state or country, and ZIP + 4<br><b>POTOMAC, MD 20854</b> | D Employer identification number<br><b>52-2093286</b> |
|  | Room/suite   | E Telephone number<br><b>571-323-2587</b>             |
|  |  | F Group Exemption Number ► <b>3185</b>                |

- 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: ► **WWW.BETHESDA-AFCEA.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)(6) (insert no.)  4947(a)(1) or  527K 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 ► **\$ 251,352.**

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

|  |    |
|--|----|
| 1 Contributions, gifts, grants, and similar amounts received   | 1  |
| 2 Program service revenue including government fees and contracts  | 2  |
| 3 Membership dues and assessments  | 3  |
| 4 Investment income  | 4  |
| 5a Gross amount from sale of assets other than inventory   | 5a |
| b Less: cost or other basis and sales expenses   | 5b |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  | 5c |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>         | 6c |
| a Gross revenue (not including \$ _____) of contributions reported on line 1)  | 6a |
| b Less: direct expenses other than fundraising expenses  | 6b |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c |
| 7a Gross sales of inventory, less returns and allowances   | 7a |
| b Less: cost of goods sold   | 7b |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c |
| 8 Other revenue (describe ► )  | 8  |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   | 9  |
| 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 |
| 13 Professional fees and other payments to independent contractors   | 13 |
| 14 Occupancy, rent, utilities, and maintenance   | 14 |
| 15 Printing, publications, postage, and shipping   | 15 |
| 16 Other expenses (describe ► )  | 16 |
| 17 Total expenses. Add lines 10 through 16   | 17 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18 |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A))<br>(must agree with end-of-year figure reported on prior year's return) | 19 |
| 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 |

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SOSC  
SEE STATEMENT 1 )  
SEE STATEMENT 2 )  
DUE TO AFCEA )  
2008-11

## 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  | 520,192.22            | 303,617.        |
| 23 Land and buildings  | 23                    |                 |
| 24 Other assets (describe ► )  | 24                    |                 |
| 25 Total assets  | 520,192.25            | 303,617.        |
| 26 Total liabilities (describe ► DUE TO AFCEA )                                | 0.26                  | 5,319.          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 520,192.27            | 298,298.        |

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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 4

**Expenses**  
Required for 501(c)(3)  
(4) organizations and  
(a)(1) trusts; optional  
others.)

|   |   |     |          |
|---|---|-----|----------|
| (Grants \$ 29   | ) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 28a | 225,262. |
| _____   |   |     |          |
| _____   |   |     |          |
| (Grants \$ 30   | ) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 29a |          |
| _____   |   |     |          |
| _____   |   |     |          |
| (Grants \$ 31   | ) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 30a |          |
| Other program services (attach schedule)  |   |     |          |
| (Grants \$ 32   | ) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 31a |          |
| Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/> |   |     |          |
| 225,262.  |   |     |          |

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

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 34  Yes  No

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? 35a  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36  Yes  No

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? 37b  Yes  No

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? 38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A 40a  Yes  No

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 40b  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.

d Enter amount of tax on line 40c reimbursed by the organization 40d 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 40e  Yes  No

41 List the states with which a copy of this return is filed. ► **NONE**42a The books are in care of ► **BETH KELLEY** Telephone no. ► **240-997-5556**  
Located at ► **1280 BARTONSHIRE WAY, POTOMAC, MD** ZIP + 4 ► **20854-6102**

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: ► 42b  Yes  No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► 42c  Yes  No

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 43  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No

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  Yes  No

**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   | 46  |    |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  |    |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a |    |
| b If "Yes," was the related organization(s) a section 527 organization?   | 49b |    |
| 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<br><b>N/A</b> | (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 |
|--|--|------------------|---|--|
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| 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<br><b>N/A</b> | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| 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 *DK* Date *1/25/10*  
 ► Type or print name and title *Steve Krause, President*

|                          |  |                                 |   |  |
|--------------------------|--|---------------------------------|---|--|
| Paid Preparer's Use Only | Preparer's signature ► <i>DANIEL J. BENDER</i>                                   | Date <i>01/04/10</i>            | Check if self-employed <input type="checkbox"/> | Preparer's Identifying Number (See instr.) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>PBGH, LLP</i> | EIN ► <i>540-371-3566</i>       |   |  |
|                          |  | Phone ► no. <i>540-371-3566</i> |   |  |

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

| FORM 990-EZ                   | OTHER EXPENSES | STATEMENT 1 |
|-------------------------------|----------------|-------------|
| DESCRIPTION                   |                | AMOUNT      |
| SUPPLIES                      |                | 739.        |
| TELEPHONE                     |                | 945.        |
| TECHNOLOGY EXPENSE            |                | 3,774.      |
| RECEPTIONS                    |                | 3,381.      |
| BOARD AND BUSINESS MEETINGS   |                | 13,179.     |
| BREAKFAST PANELS              |                | 67,766.     |
| EXCELLENCE AWARDS             |                | 13,025.     |
| HEALTH IT DAY                 |                | 2,407.      |
| LE IT DAY CONVENTION          |                | 102,645.    |
| YAFCEA SPECIAL EVENTS         |                | 18,176.     |
| MEMBERSHIP EVENT EXPENSES     |                | 525.        |
| TOTAL TO FORM 990-EZ, LINE 16 |                | 226,562.    |

| FORM 990-EZ   | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT 2 |
|---|--|-------------|
| DESCRIPTION   |  | AMOUNT      |
| AFCEA EDUCATION FOUNDATION ADJUSTMENT FROM PRIOR YEAR |  | <246,684. > |
| TOTAL TO FORM 990-EZ, LINE 20                         |  | <246,684. > |

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 3**

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

THE CHAPTER ORGANIZED 10 BREAKFAST FORUMS WHICH ATTRACTED AN AVERAGE OF 180 PARTICIPANTS FROM THE FEDERAL GOVERNMENT AND INDUSTRY. THE CHAPTER SPONSORED A MISSION IT DAY AND A HEALTH IT DAY CONFERENCE. THE CHAPTER ALSO HELD A YOUNG AFCEAN GOLF TOURNAMENT TO SUPPORT STUDENT SCHOLARSHIPS AS WELL AS A SMALL BUSINESS LUNCHEON AND A SENIOR EXECUTIVE DINNER.

A NON-PROFIT PATRIOTIC, EDUCATIONAL AND SCIENTIFIC ORGANIZATION OF AMERICAN CITIZENS DEDICATED TO SCIENTIFIC, INDUSTRIAL, AND MILITARY PREPAREDNESS FOR THE COMMON DEFENSE, CONTRIBUTING TO NATIONAL SECURITY AND PEACE, AS WELL AS TO ADVANCING THE ACHIEVEMENT OF CIVIL AGENCIES' MISSIONS AND GOALS.