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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

2009

Open to Public
Inspection

► 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 and ending

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type
See Specific InstructionsAFCEA EDUCATIONAL FOUNDATION CENTRAL
MARYLAND CHAPTER

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 908

City or town, state or country, and ZIP + 4

SAVAGE, MD 20763

D Employer identification number

52-1482756

E Telephone number
(301) 575-2800F Group Exemption
Number ► 3185

• 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.AFCEACMD.ORG](http://WWW.AFCEACMD.ORG)J Tax-exempt status (check only one) — 501(c)(3) ► (insert no.) 4947(a)(1) or 527H Check ► if the organization is not

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 159,655.

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	159,655.
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)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenues not including \$ <u>10</u> of contributions reported on line 1) NOV 08 2010 OSC	6b	
b	Less: direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	159,655.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	120,000.
10	Grants and similar amounts paid (attach schedule)	STMT 2	11
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	
15	Printing, publications, postage, and shipping	16	
16	Other expenses (describe ►)	17	120,000.
17	Total expenses. Add lines 10 through 16	18	39,655.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	318,388.
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)	20	7,544.
20	Other changes in net assets or fund balances (attach explanation)	21	365,587.
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

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.

(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	318,388.	22 365,587.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	318,388.	25 365,587.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	318,388.	27 365,587.

G-8
J

**AFCEA EDUCATIONAL FOUNDATION CENTRAL
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Form 990-EZ (2009)

Department of Program Service Activities

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

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, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT 5

(Grants \$ 120,000.) If this amount includes foreign grants, check here 28a 120,000.

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

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)

→ 32 120,000.

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

(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
SEE STATEMENT 4				

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33	X	
34	X	

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?
 b If "Yes," has it filed a tax return on Form 990-T for this year?

35a	X
35b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0.

37a	X
38a	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?

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ► **0.** ; section 4912 ► **0.** ; section 4955 ► **0.**

40b	X
40c	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

40d	0.
40e	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

40f	0.
40g	X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

40h	0.
40i	X

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

40j	X
40k	X

41 List the states with which a copy of this return is filed. ► **NONE**

42a The organization's books are in care of ► **JEN JONES** Telephone no. ► **(301) 575-2800**
 Located at ► **P. O. BOX 908, SAVAGE, MD** ZIP + 4 ► **20763**

	Yes	No
42b	X	

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)?

42c	X
42d	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.?

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 and enter the amount of tax-exempt interest received or accrued during the tax year

43	N/A
44	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	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

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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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization 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 a section 527 organization?

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."

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

(a) Name and address of each employee paid more than \$100,000 NONE	(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

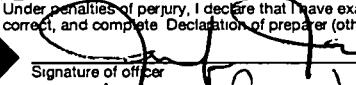
f Total number of other employees paid over \$100,000 ►

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."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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 	Date <u>10/29/10</u>	Date <u>10/29/10</u>
► Jennifer Jones, Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date <u>10/27/10</u>	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey, INC. ► 100 INTERNATIONAL DRIVE, SUITE 1400 ► BALTIMORE, MARYLAND 21202		Preparer's identifying number (See instr.) P80188419
		EIN ►	
		Phone ►	
		no. (410) 246-9300	

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

Form 990-EZ (2009)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public
Inspection

Name of the organization **AFCEA EDUCATIONAL FOUNDATION CENTRAL MARYLAND CHAPTER** Employer identification number **52-1482756**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 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 exempt 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). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No		Yes	No	
Total								

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

Schedule A (Form 990 or 990-EZ) 2009

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) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

AFCEA EDUCATIONAL FOUNDATION CENTRAL

Schedule A (Form 990 or 990-EZ) 2009

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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.")	127,000.		42,343.	129,490.	159,655.	458,488.
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 through 5	127,000.		42,343.	129,490.	159,655.	458,488.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						458,488.

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	127,000.		42,343.	129,490.	159,655.	458,488.
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)	137,460.	15,560.	52,620.	130,540.	159,655.	495,835.

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 2009 (line 8, column (f) divided by line 13, column (f))	..	15	92.47	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	..	16	88.89	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	..	17	7.53	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	..	18	11.11	%

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 ►

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 1
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DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSS)	7,544.
TOTAL TO FORM 990-EZ, LINE 20	7,544.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT 2
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL SCHOLARSHIPS	NONE	97,500.
EDUCATION AND ADOPT A SCHOOL	NONE	22,500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		120,000.

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

FORM 990-EZ

**PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES**

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFF HAMSTRA P.O. BOX 908, SAVAGE, MD 20763	PRESIDENT 2.00	0.	0.	0.
JERRY SCHEPERS P.O. BOX 908, SAVAGE, MD 20763	EXECUTIVE VP 2.00	0.	0.	0.
JENNIFER JONES P.O. BOX 908, SAVAGE, MD 20763	TREASURER 2.00	0.	0.	0.
KEITH WIBLE P.O. BOX 908, SAVAGE, MD 20763	VP EDUCATION 2.00	0.	0.	0.
TERRY THOMPSON P.O. BOX 908, SAVAGE, MD 20763	VP PROGRAMS 2.00	0.	0.	0.
ANNE SMITH P.O. BOX 908, SAVAGE, MD 20763	VP EVENTS 2.00	0.	0.	0.
JENNIFER KYLE P.O. BOX 908, SAVAGE, MD 20763	VP OUTREACH 2.00	0.	0.	0.
JENNIFER STACEY P.O. BOX 908, SAVAGE, MD 20763	VP FUNDRAISING 2.00	0.	0.	0.
JENNIFER PHILLIPS P.O. BOX 908, SAVAGE, MD 20763	VP COMMUNICATIONS 2.00	0.	0.	0.
SUSAN LEPERA P.O. BOX 908, SAVAGE, MD 20763	SECRETARY 2.00	0.	0.	0.
QUENTIN SMITH P.O. BOX 908, SAVAGE, MD 20763	VP MEMBERSHIP 2.00	0.	0.	0.
COLLEEN DILLY P.O. BOX 908, SAVAGE, MD 20763	VP INDIVIDUAL MEMBERSHIP 2.00	0.	0.	0.
JOE MARRAPOD P.O. BOX 908, SAVAGE, MD 20763	VP CORPORATE MEMBERSHIP 2.00	0.	0.	0.
MARTY LESHIN P.O. BOX 908, SAVAGE, MD 20763	VP SMALL BUSINESS 2.00	0.	0.	0.

AFCEA EDUCATIONAL FOUNDATION CENTRAL MAR

52-1482756

BETH SHEEHY P.O. BOX 908, SAVAGE, MD 20763	PRESIDENT OF YOUNG AFCEANS 2.00	0.	0.	0.
RANDY FINDLEY P.O. BOX 908, SAVAGE, MD 20763	VP TECHNOLOGY 2.00	0.	0.	0.
ED GRIMES P.O. BOX 908, SAVAGE, MD 20763	MONTHLY LUNCHEON PROGRAM 2.00	0.	0.	0.
KEVIN MCMAHON P.O. BOX 908, SAVAGE, MD 20763	AWARDS PROGRAM 2.00	0.	0.	0.
JOE GREANEY P.O. BOX 908, SAVAGE, MD 20763	CHAIRMAN OF THE BOARD 2.00	0.	0.	0.
BRIAN COOPER P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
CHRISTINA KUHN P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
SHERRI RAMSAY P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
CHARLES TAYLOR P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
BOB LEWIS P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
KEVIN FORD P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
KATHY ADAMS-SEAY P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
JOHN JOLLY P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
BILL DUNAHOO P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
LAURIE VILLANO P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
DICK SCHAEFFER P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
ROD ISLER P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.

AFCEA EDUCATIONAL FOUNDATION CENTRAL MAR

52-1482756

JOHN GARCIA P.O. BOX 908, SAVAGE, MD 20763	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

THE ARMED FORCES COMMUNICATIONS AND ELECTRONICS ASSOCIATION (AFCEA) CENTRAL MARYLAND CHAPTER IS A SUBCHAPTER ORGANIZATION OF THE ARMED FORCES COMMUNICATIONS AND ELECTRONICS ASSOCIATION (AFCEA) INTERNATIONAL ORGANIZATION. THIS CHAPTER PROVIDES A FORUM FOR THE ENGINEERING, SCIENCE, AND INFORMATION TECHNOLOGY PROFESSIONALS TO COME TOGETHER TO EXCHANGE KNOWLEDGE, IDEAS, AND EDUCATIONAL ACTIVITIES. THE CENTRAL MARYLAND CHAPTER AWARDS SCHOLARSHIPS TO OUTSTANDING GRADUATING HIGH SCHOOL SENIORS WITH AN INTEREST IN A FIELD OF STUDY SUPPORTIVE OF NATIONAL DEFENSE.

990-EZ PG 2

STATEMENT 6

PROVIDE FUNDING FOR EDUCATION SCHOLARSHIPS.

Application for Extension of Time To File an
Exempt Organization Return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ► **X**
- 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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization AFCEA EDUCATIONAL FOUNDATION CENTRAL MARYLAND CHAPTER	Employer identification number 52-1482756
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. P. O. BOX 908	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAVAGE, MD 20763	

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

JEN JONES

- The books are in the care of ► **P. O. BOX 908 - SAVAGE, MD 20763**

Telephone No. ► **(301) 575-2800** 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 **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- calendar year **2009** or
- tax year beginning **_____**, and ending **_____**

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	\$
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	\$
c Balance Due. 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	\$
		N/A

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

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).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization AFCEA EDUCATIONAL FOUNDATION CENTRAL MARYLAND CHAPTER	Employer identification number 52-1482756
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 908	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAVAGE, MD 20763	

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

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 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.

JEN JONES

- The books are in the care of ► **P. O. BOX 908 - SAVAGE, MD 20763**

Telephone No. ► **(301) 575-2800** 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____.
- 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

ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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	8a \$
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.	8b \$
c Balance Due. 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.	8c \$ N/A

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 ► *Jen Jones* Title ► **CPA**

Date ► **8/9/10**

Form 8868 (Rev. 4-2009)