



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

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**

OMB No 1545-1150

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 MCLEAN ORCHESTRA		D Employer identification number 51-0176806
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number (703) 893-8646
		Room/suite		F Group Exemption Number
		City or town, state or country, and ZIP + 4 MCLEAN, VA 22101		

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)

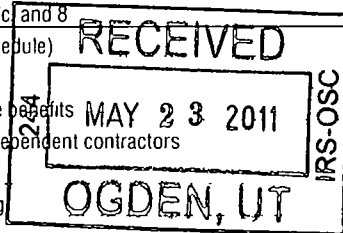
J Tax-exempt status (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

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 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 **\$ 272,313.**

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	99,533.	10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2	33,360.	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	84,712.
4	Investment income	4	145.	13	Professional fees and other payments to independent contractors	13	5,010.
5a	Gross amount from sale of assets other than inventory	STMT 5	5,520.	14	Occupancy, rent, utilities, and maintenance	14	5,281.
5b	Less: cost or other basis and sales expenses	5b	5,531.	15	Printing, publications, postage, and shipping	15	6,304.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		-11.	16	Other expenses (describe) SEE STATEMENT 1	16	115,821.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses Add lines 10 through 16	17	217,128.
6a	Gross revenue (not including \$ 2,898. of contributions reported on line 1)	6a	88,604.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,377.
6b	Less: direct expenses other than fundraising expenses	6b	41,277.	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	25,118.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		47,327.	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	1,677.
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	35,172.
7b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe) SEE STATEMENT 4	8	45,151.				
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	225,505.				



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	10,005.	8,521.
23	Land and buildings		
24	Other assets (describe) SEE STATEMENT 2	45,634.	55,223.
25	Total assets	55,639.	63,744.
26	Total liabilities (describe) SEE STATEMENT 3	30,521.	28,572.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,118.	35,172.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

1168

Form 990-EZ (2009)

SCANNED JUN 22 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 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, and other relevant information for each program title.			
28	SEE STATEMENT 9		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	101,433.
29	SEE STATEMENT 10		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	41,567.
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31	Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32	Total program service expenses (add lines 28a through 31a)	32	143,000.

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
JENNIFER SEAMSTER, 11808 BRETON CT. #11, RESTON, VA 20191	EXECUTIVE DIRECTOR 30.00	2,693.	0.	0.
ELIZABETH A. MCDANIEL, 4523 RALEIGH AVE. APT 402, ALEXANDRIA, VA 22304	PRESIDENT 1.00	0.	0.	0.
WAYNE SHARP, 4121 N. RIVER STREET, MCLEAN, VA 22101	VICE PRESIDENT 1.00	0.	0.	0.
MARY KINGMAN 6610 WEATHEFORD CT., MCLEAN, VA 22101	VICE PRESIDENT, HOSPITALITY 1.00	0.	0.	0.
MAFALDA MARROCCO, 2041 WESTMORELAND ST., FALLS CHURCH, VA 22043	SECRETARY 1.00	0.	0.	0.
LAUREN SIMMONS, 8110 MADRILLON SPRINGS LANE, VIENNA, VA 22182	TREASURER 1.00	0.	0.	0.
ANN PAGE P.O. BOX 67, MCLEAN, VA 22101	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
ANDREAS CAMPBELL, 9858 PALACE GREEN WAY, VIENNA, VA 22181	TRUSTEE 1.00	0.	0.	0.
TONY GIACHINTA, 45155 RESEARCH PLACE SUITE 300, ASHBURN, VA 20147	TRUSTEE 1.00	0.	0.	0.
RADM WILLIAM HOULEY, 1002 NORTHWOODS TRAIL, MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
LORI JENKINS 1203 ALPS DRIVE, MCLEAN, VA 22102	TRUSTEE 1.00	0.	0.	0.
FRITZ MCDUGALL, 2103 WOLFTRAP VALE COURT, VIENNA, VA 22182	TRUSTEE 1.00	0.	0.	0.
HAIDA SALE MCGOVERN, 9401 LAGOVISTA COURT, GREAT FALLS, VA 22066	TRUSTEE 1.00	0.	0.	0.
WESLEY NICHOLS, 3920 OLIVER STREET, CHEVY CHASE, MD 20815	TRUSTEE 1.00	0.	0.	0.
DAREN SHUMATE, 3920 MELVERN PLACE, ALEXANDRIA, VA 22312	TRUSTEE 1.00	0.	0.	0.
AMY THOMAS 6005 KIRBY ROAD, BETHESDA, MD 20817	TRUSTEE 1.00	0.	0.	0.
LAWRENCE A. YOUNG 5820 BENT TWIG ROAD, MCLEAN, VA 22101	TRUSTEE 1.00	0.	0.	0.

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?	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		X
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?		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	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	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.		
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 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ▶ <u>MCLEAN ORCHESTRA OFFICERS</u> Telephone no ▶ <u>(703) 893-8646</u> Located at ▶ <u>P.O. BOX 760, MCLEAN, VA</u> ZIP + 4 ▶ <u>22101</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	Yes	No
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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
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
46		X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		
- 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 ▶ _____
- 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 each receiving over \$100,000 ▶ _____

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 Date 5/13/11

Signature of officer John Hulung

Type or print name and title John Hulung, Executive Director

Paid Preparer's Use Only

Preparer's signature Maitte Myers CPA Date 5/13/11 Check if self-employed

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 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) 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.")	108,727.	178,418.	158,063.	95,935.	99,533.	640,676.
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	108,727.	178,418.	158,063.	95,935.	99,533.	640,676.
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						640,676.

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	108,727.	178,418.	158,063.	95,935.	99,533.	640,676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			310.	36.	145.	491.
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)	9,638.		3,637.	723.	8,531.	22,529.
11 Total support. Add lines 7 through 10						663,696.
12 Gross receipts from related activities, etc. (see instructions)					12	515,571.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.53 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.39 %
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 checked="" 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"/>	

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.")						
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						
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 Public support (Subtract line 7c from line 6)						

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

Section D. Computation of Investment Income Percentage

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

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

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	79,938.		79,938.
	2	Less: Charitable contributions	2,898.		2,898.
	3	Gross income (line 1 minus line 2)	77,040.		77,040.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	34,812.		34,812.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(34,812)
	11	Net income summary Combine line 3, column (d), and line 10			42,228.

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	Noncash 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 line 1, column (d), and line 7			

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 _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," explain _____

 11 Does the organization operate gaming activities with nonmembers?
 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?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter 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	
<p>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____</p> <p>c If "Yes," enter name and address of the third party</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p>			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 to be 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	199.
MISCELLANEOUS PERFORMANCE EXPENSES	75,341.
ADVERTISING & PROMOTION	6,781.
EQUIPMENT RENTAL	12,270.
MISCELLANEOUS	5,161.
ASSOCIATION DUES	2,293.
OFFICE SUPPLIES	845.
RECEPTIONS	2,629.
RETREAT & EDUCATION	400.
GRANT WRITING	1,459.
PAYROLL TAXES	2,134.
INSURANCE	2,647.
MERCHANT CREDIT CARD FEE	894.
LOAN INTEREST	1,812.
COMPUTER EXPENSE/PRINTER	120.
BANK FEES	836.
TOTAL TO FORM 990-EZ, LINE 16	115,821.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,156.	967.
PLEDGES RECEIVABLE	1,250.	0.
PREPAID EXPENSES	190.	190.
INVESTMENTS - ONE AMERICA	15,622.	17,424.
MUSIC LIBRARY	26,416.	26,416.
MYO ESCROW ACCOUNT	0.	8,874.
OTHER DEPRECIABLE ASSETS	0.	1,352.
TOTAL TO FORM 990-EZ, LINE 24	45,634.	55,223.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	521.	1,157.
1ST SERVICE LINE OF CREDIT	30,000.	27,415.
TOTAL TO FORM 990-EZ, LINE 26	30,521.	28,572.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
PROGRAM ADVERTISING	2,700.
TUITION	33,920.
MISCELLANEOUS	8,531.
TOTAL TO FORM 990-EZ, LINE 8	45,151.

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)
	5,520.	5,531.	0.	-11.
TO FORM 990-EZ, LINE 5	5,520.	5,531.	0.	-11.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,677.
TOTAL TO FORM 990-EZ, LINE 20	1,677.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 7

DESCRIPTION	AMOUNT
DEPRECIATION	1,939.
OTHER EXPENSES	3,342.
TOTAL TO FORM 990-EZ, LINE 14	5,281.

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

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.

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MCLEAN ORCHESTRA

FORM 990-EZ PAGE 1

51-0176806

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	1,616.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,615.	5 YRS.	HY	200DB	323.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	1,939.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use % % %

27 Property used 50% or less in a qualified business use % % % S/L S/L S/L

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements for qualified automobile demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2009 tax year

43 Amortization of costs that began before your 2009 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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 and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization MCLEAN ORCHESTRA	Employer identification number 51-0176806
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 760	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCLEAN, VA 22101	

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, 2011**, 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, 2009**, and ending **JUN 30, 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	\$	
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 File by the extended due date for filing your return See instructions	Name of exempt organization MCLEAN ORCHESTRA	Employer identification number 51-0176806
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 760	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MCLEAN, VA 22101	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• 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, 2011**
 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
 6 If the tax year entered in line 5 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.

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 **Madison Lee, CPA** Title **CPA** Date **2/11/11**