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AMENDED

Form **990**

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 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

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

C Name of organization Falls Church Community Service Council Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) _____ Room/suite _____
PO BOX 141
 City or town, state or country, and ZIP + 4
Falls Church, VA 22040

D Employer identification number
23-7404772

E Telephone number
703-237-2562

G Gross receipts \$ 231,055

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.fcsweicare.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation 1973 **M** State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Provides assistance to individuals for medical, rent utilities, food, shelter, clothes, transportation special needs

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 7

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 7

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 70

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	219,626	231,040
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	15
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	219,632	231,055
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	226,657	153,050
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	36,683	76,599
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	263,340	229,649
19 Revenue less expenses. Subtract line 18 from line 12	-43,708	1,406
20 Total assets (Part X, line 16)	Beginning of Current Year 35,748	End of Year 37,781
21 Total liabilities (Part X, line 26)	0	5,189
22 Net assets or fund balances. Subtract line 21 from line 20	35,748	32,602

Part II Signature Block

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

Sign Here Signature of officer Michael Madde Date 7/14/12
 Type or print name and title MICHAEL MADDE, TREASURER

Paid Preparer Use Only Print/Type preparer's name T. R. Conlon Preparer's signature TR Conlon Date 7-9-12 Check ☐ If self-employed PTIN _____
 Firm's name Conlon and Associates, LLC. Firm's EIN 301-598-6851
 Firm's address P.O. Box 6213, Silver Spring, MD 20916-6213 Phone no _____

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2010)

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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

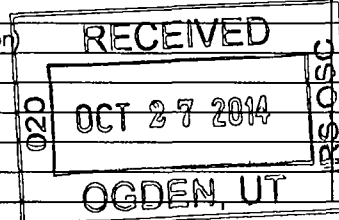
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization Falls Church Community Service Council Inc	Employer identification number 23-7404772
	Number, street, and room or suite no. If a P.O. box, see instructions 7416 Arlington Blvd	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Falls Church, VA 22042	

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-T (corporation)	07
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



- The books are in the care of ► **Michael Moore**

Telephone No ► **703-237-2562**

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year 20 _____ or
► ☒ tax year beginning **July 1**, 20 **10**, and ending **June 30**, 20 **11**.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

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.