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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.

C Name of organization: AMERICAN COUNCIL FOR CAPITAL FORMATION: CENTER FOR POLICY RESEARCH

D Employer identification number: 52-1091172

E Telephone number: (202) 293-5811

F Group Exemption Number: []

G Accounting method: Cash, Accrual. Other (specify): []

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

I Website: WWW.ACCF.ORG

J Organization type (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 642,807.

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	641,500.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,307.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	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"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	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	
7b	Less: cost of goods sold	7b	
7c	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	642,807.
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	270,800.
13	Professional fees and other payments to independent contractors	13	40,719.
14	Occupancy, rent, utilities, and maintenance	14	29,668.
15	Printing, publications, postage, and shipping	15	3,050.
16	Other expenses (describe _____ SEE STATEMENT 1)	16	143,469.
17	Total expenses. Add lines 10 through 16	17	487,706.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	155,101.
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	104,470.
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	259,571.

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.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	120,700.	168,638.
23 Land and buildings	21,487.	27,002.
24 Other assets (describe CONTRIBUTIONS RECEIVABLE)	134,000.	85,500.
25 Total assets	276,187.	281,140.
26 Total liabilities (describe SEE STATEMENT 2)	171,717.	21,569.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,470.	259,571.

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

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

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

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 5	28a	198,464.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 SEE STATEMENT 6	29a	195,058.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30 SEE STATEMENT 7	30a	25,479.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (attach schedule)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	32	419,001.

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		194,857.	23,131.	6,613.

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 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.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X

41 List the states with which a copy of this return is filed. ▶ DC, NY, NJ

42a The books are in care of ▶ JOHN MAGUIRE Telephone no. ▶ 202-293-5811
 Located at ▶ 1750 K STREET, N.W., WASHINGTON, D.C. ZIP + 4 ▶ 20006

		Yes	No
42b	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.		X
42c	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

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

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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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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				
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	(b) Type of service	(c) Compensation
NONE		
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
 Signature of officer: *Mark Bloomfield*
 Date: 11/12/09
 Type or print name and title: Mark Bloomfield, President & CEO

Paid Preparer's Use Only
 Preparer's signature: *Ellen C. Horner, CPA* Date: 11/11/09
 Check if self-employed:
 Preparer's Identifying Number (See instr):
 Firm's name (or yours if self-employed), address, and ZIP + 4: CHAPIN, OWEN & SANDSTROM, P.A., 3901 NATIONAL DRIVE SUITE 260, BURTONSVILLE, MD 20866-1189
 EIN: _____
 Phone no.: 301-421-1330

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization **AMERICAN COUNCIL FOR CAPITAL FORMATION:
CENTER FOR POLICY RESEARCH** Employer identification number **52-1091172**

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: (Please check only **one** organization.)

- 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). (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 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?

	Yes	No
11g(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?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the organizations the organization supports.

(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	Yes	No	
Total									

AMERICAN COUNCIL FOR CAPITAL FORMATION:

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,174,767.	1,100,969.	594,700.	694,621.	641,500.	4,206,557.
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 - 3	1,174,767.	1,100,969.	594,700.	694,621.	641,500.	4,206,557.
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)						1,455,320.
6 Public Support. Subtract line 5 from line 4						2,751,237.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,174,767.	1,100,969.	594,700.	694,621.	641,500.	4,206,557.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	754.	2,921.	9,063.	7,779.	1,307.	21,824.
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						4,228,381.
12 Gross receipts from related activities, etc (see instructions)					12	2,293.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	65.07 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	65.52 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SUPPLIES		11,060.	
TELEPHONE		3,764.	
EQUIP MAINT.		12,325.	
SUBS/PUBS/DUES		10,396.	
CONF. & MEETINGS		48,422.	
TAX AND INTEREST		31.	
DEPRECIATION		8,985.	
ANNUAL REPORT		5,843.	
ICCF EXPENSES		8,668.	
PAYROLL TAXES		13,248.	
TRAVEL		20,727.	
TOTAL TO FORM 990-EZ, LINE 16		143,469.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	2,134.	345.	
RELATED PARTY PAYABLE	169,583.	21,224.	
TOTAL TO FORM 990-EZ, LINE 26	171,717.	21,569.	

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, STATEMENT 4
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. CHARLS E. WALKER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	CHAIRMAN EMERITUS 5.00	0.	0.	0.
MR. MARK A. BLOOMFIELD, ESQ, SAME AS ORGANIZATION, WASHINGTON, DC 20006	PRESIDENT, DIRECTOR 6.00	78,177.	10,810.	3,951.
DR. MARGO THORNING, SAME AS ORGANIZATION, WASHINGTON, DC 20006	SR VICE PRES, & CHF. ECON 6.00	62,542.	5,729.	943.
MS. MARI LEE DUNN, SAME AS ORGANIZATION, WASHINGTON, DC 20006	SR VICE PRES, SEC'Y/TREAS 5.00	34,203.	4,637.	1,008.
MS. ERNESTINE JOHNSON, SAME AS ORGANIZATION, WASHINGTON, DC 20006	AST SECY/TREAS. 6.00	19,935.	1,955.	711.
PROF. B. DOUGLAS BERNHEIM, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. JAGDISH N. BHAGWATI, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
MICHAEL J. BOSKIN, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
ERNEST S. CHRISTIAN JR., ESQ., SAME AS ORGANIZATION, WASHINGTON, DC	TRUSTEE 0.20	0.	0.	0.
MS. JOSEPHINE S. COOPER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	TRUSTEE 0.20	0.	0.	0.
PROF. ROBERT E. HALL, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. ARNOLD C. HARBERGER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. KEVIN A. HASSETT, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. DOUGLAS HOLTZ-EAKIN, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.

AMERICAN COUNCIL FOR CAPITAL FORMATION:

52-1091172

HON. R. GLENN HUBBARD, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. GARY C. HUFBAUER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. MANUEL H. JOHNSON, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. SIDNEY L. JONES, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. DALE W. JORGENSON, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. BURTON G. MALKIEL, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. N. GREGORY MANKIW, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. CHARLES MCLURE, JR., SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. LAURENCE H. MEYER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. RUDOLPH G. PENNER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. ROGER B. PORTER, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. JAMES M. POTERBA, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
DR. EDWARD C. PRESCOTT, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. HARVEY S. ROSEN, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. RICHARD L. SCHMALENSEE, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
PROF. JOHN B. SHOVEN, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
HON. MURRAY L. WEIDENBAUM, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.

AMERICAN COUNCIL FOR CAPITAL FORMATION:

52-1091172

HON. ED ZSCHAU, SAME AS ORGANIZATION, WASHINGTON, DC 20006	DIRECTOR 0.20	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>194,857.</u>	<u>23,131.</u>	<u>6,613.</u>

CONFERENCES AND MEETINGS - IN 2008, IN CONJUNCTION WITH ITS AFFILIATE, THE AMERICAN COUNCIL FOR CAPITAL FORMATION, THE ACCF CENTER FOR POLICY RESEARCH COSPONSORED A SERIES OF MEETINGS WITH HIGH-RANKING ECONOMIC POLICYMAKERS FROM CONGRESS. SYMPOSIA COSPONSORED WITH THE AMERICAN COUNCIL FOR CAPITAL FORMATION INCLUDED ACCF ECONOMIC POLICY EVENINGS AND ACCF CAPITAL FORMATION FORUMS. SPEAKING AT CAPITAL FORMATION FORUMS WERE SENATOR JON KYL (R-AZ), FEBRUARY 13, 2008, AND HOUSE MAJORITY LEADER STENY HOYER, JULY 17, 2008. THE CENTER AND THE ACCF CO-SPONSORED 6 ACCF ECONOMIC POLICY EVENINGS IN 2008. THESE EVENTS INCLUDED MEMBERS OF CONGRESS, THE MEDIA, AND INDIVIDUALS FROM THE PRIVATE SECTOR.

RESEARCH - IN 2008, THE ACCF CENTER FOR POLICY RESEARCH FUNDED NEW RESEARCH ON CAPITAL GAINS TAXATION, THE ECONOMIC IMPACT OF FEDERAL ESTATE TAXATION. THE CENTER ALSO CONTINUED ITS RESEARCH INTO THE ECONOMIC IMPACT OF THE VARIOUS ENERGY/CLIMATE POLICY PROPOSALS, INCLUDING THE IMPACT ON THE U.S. ECONOMY OF CAP-AND-TRADE PROPOSALS RELATIVE TO A CARBON TAX.

ECONOMIC EDUCATION - IN 2008, CENTER OFFICERS SPOKE AT PUBLIC FORUMS ON THE MACRO- AND MICROECONOMIC IMPLICATIONS OF TAX AND ENERGY/ENVIRONMENTAL POLICIES FOR THE U.S. ECONOMY. CENTER OFFICERS MET WITH POLICYMAKERS AND SPOKE WITH THE MEDIA TO DISCUSS THESE ISSUES. THE CENTER ALSO PUBLISHED ITS RESEARCH AND POSTED RESEARCH PAPERS ON ITS WEBSITE, WWW.ACCF.ORG TO PROMOTE PUBLIC ACCESS TO ITS WORK. THINK PIECES AND OP-EDS BY CENTER OFFICERS APPEARED IN SEVERAL NEWSPAPERS IN 2008 AND CENTER OFFICERS WERE CALLED ON TO SPEAK ON TV AND RADIO BROADCASTS TO DISCUSS TAX AND ENERGY/ENVIRONMENTAL POLICIES.

THE MISSION OF THE ACCF CENTER FOR POLICY RESEARCH IS TO PROMOTE U.S. TAX, TRADE, AND ENERGY/ENVIRONMENTAL POLICIES THAT WILL HELP INCREASE THE PACE OF U.S. ECONOMIC GROWTH, PROVIDE HIGH QUALITY JOBS, AND COMPETE EFFECTIVELY IN WORLD MARKETS THROUGH ITS ECONOMIC RESEARCH AND EDUCATION PROJECTS.

AMERICAN COUNCIL FOR CAPITAL FORMATION: [952]
Net Book Value - Depreciation

Financial

01/01/2008 - 12/31/2008

System No.	Asset Balances				Reductions				Net Book Value	
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/Bonus	Other Reductions		Deletion Reductions
EQUIPMENT										
Subtotal:	94,581	12,770	0	107,351	76,670	7,462	0	0	0	84,132
Less dispositions and exchanges:	0	0	0	0	0	0	0	0	0	0
Net for:	94,581	12,770	0	107,351	76,670	7,462	0	0	0	84,132
EQUIPMENT FURNITURE & OFFICE EQUIP.										
Subtotal:	3,090	371	0	3,461	472	334	0	0	0	806
Less dispositions and exchanges:	0	0	0	0	0	0	0	0	0	0
Net for:	3,090	371	0	3,461	472	334	0	0	0	806
OFFICE EQUIP. SOFTWARE										
Subtotal:	22,783	1,359	0	24,142	21,825	1,189	0	0	0	23,014
Less dispositions and exchanges:	0	0	0	0	0	0	0	0	0	0
Net for:	22,783	1,359	0	24,142	21,825	1,189	0	0	0	23,014
SOFTWARE										
Subtotal:	120,454	14,500	0	134,954	98,967	8,985	0	0	0	107,952
Less dispositions and exchanges:	0	0	0	0	0	0	0	0	0	0
Grand Totals:	120,454	14,500	0	134,954	98,967	8,985	0	0	0	107,952

AMERICAN COUNCIL FOR CAPITAL FORMATION: [952]
Depreciation Expense

Financial

01/01/2008 - 12/31/2008

521091172
01/01/2008 - 12/31/2008
Sorted: General - Group

Syst em No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUIPMENT											
3		COPIER	3/3/1998	M / HY	5.0000	18,071	100.0000	0	18,071	0	18,071
4		GATEWAY 433C PC (M.T.)	7/16/1999	M / HY	5.0000	1,731	100.0000	0	1,731	0	1,731
5		GATEWAY 433C PC (E.J.)	7/21/1999	M / HY	5.0000	1,889	100.0000	0	1,889	0	1,889
9		POWER MAC G4/400MHZ	1/5/2000	M / HY	5.0000	2,499	100.0000	0	2,499	0	2,499
10		LASERJET PRINTER	1/5/2000	M / HY	5.0000	1,437	100.0000	0	1,437	0	1,437
11		UMAX ASTRA 2000U SCANNER	1/5/2000	M / HY	5.0000	122	100.0000	0	122	0	122
12		MON APPLE 21 STUDIO DISP	1/5/2000	M / HY	5.0000	1,540	100.0000	0	1,540	0	1,540
13		LAPTOP COMPUTER (M.T.)	9/27/2000	M / HY	5.0000	2,997	100.0000	0	2,997	0	2,997
14		REFURBISH MAIL MACHINE	8/3/2000	M / HY	7.0000	4,600	100.0000	0	4,600	0	4,600
22		DESKJET PRINTER/CABLE	5/21/2001	M / HY	5.0000	465	100.0000	0	465	0	465
23		HP DESKJET PRINTER	3/20/2002	M / HY	5.0000	347	100.0000	0	347	0	347
24		LASERJET 1200	4/30/2002	M / HY	5.0000	425	100.0000	0	425	0	425
25		INSTALL TV CABLE	1/28/2002	M / HY	5.0000	353	100.0000	0	353	0	353
26		PANASONIC 20" TV/VCR	1/12/2002	M / HY	5.0000	261	100.0000	0	261	0	261
27		INSTALL VARIOUS COMP. EQUIP	1/11/2002	M / HY	5.0000	18,430	100.0000	0	18,430	0	18,430
29		Dektop 5.0 Mac & Equipment	11/18/2002	M / HY	5.0000	1,220	100.0000	0	1,220	0	1,220
30		PRN HP Deskjet 6122	10/15/2002	M / HY	5.0000	470	100.0000	0	470	0	470
34		4600N COLOR LASERJET & FEEE	9/3/2003	M / HY	5.0000	2,495	100.0000	0	2,351	144	2,495
35		WIRELESS LAPTOPS & ACCESS	1/12/2004	SL / N/A	5.0000	5,890	100.0000	0	5,674	216	5,890
36		POWER MAC G5	4/19/2004	SL / N/A	5.0000	2,250	100.0000	0	1,650	450	2,100
37		PROLIANT ML350/MS SBS PREM	8/30/2004	SL / N/A	5.0000	7,240	100.0000	0	4,827	1,448	6,275
41		HP COMPUTER & EQUIPMENT	7/11/2005	SL / N/A	5.0000	1,780	100.0000	0	890	356	1,246
45		BUSINESS NOTEBOOK CO	5/31/2006	SL / N/A	5.0000	1,120	100.0000	0	355	224	579
46		BUSINESS NOTEBOOK CO	6/2/2006	SL / N/A	5.0000	1,120	100.0000	0	355	224	579
47		BUSINESS NOTEBOOK CO	7/6/2006	SL / N/A	5.0000	1,120	100.0000	0	336	224	560
48		HP COLOR LJ 3600N	8/4/2006	SL / N/A	5.0000	1,250	100.0000	0	354	250	604
49		AIRPORT EXT. EXP. BASE (3)	7/13/2006	SL / N/A	5.0000	515	100.0000	0	155	103	258
50		SCAN JET PHOTO SCANNER	8/30/2006	SL / N/A	5.0000	210	100.0000	0	56	42	98
51		INSTALL VARIOUS COMPUTER E	1/5/2006	SL / N/A	5.0000	1,240	100.0000	0	496	248	744
52		HP COLOR PRINTER & AIRPORT	7/6/2006	SL / N/A	5.0000	1,052	100.0000	0	316	210	526
53		NEOPOST MA60-57	8/8/2006	SL / N/A	5.0000	5,260	100.0000	0	1,490	1,052	2,542
54		HP ULTRA-LITE NOTEBOOK (TSP	4/27/2007	SL / N/A	5.0000	1,725	100.0000	0	230	345	575
55		LASER CDLS MOUSE; CHTY MS	4/27/2007	SL / N/A	5.0000	132	100.0000	0	18	26	44
56		PC133 SDRAM MEMORY (TSPEC	4/27/2007	SL / N/A	5.0000	570	100.0000	0	76	114	190
57		ULTRIUM 232 100/200GB TAPE (7/2/2007	SL / N/A	5.0000	1,655	100.0000	0	166	331	497
59		COMPUTER & 17" LCD	11/29/2007	SL / N/A	5.0000	1,100	100.0000	0	18	220	238
61		EQUIPMENT	5/29/2008	SL / N/A	5.0000	9,830	100.0000	0	0	1,147	1,147
62		EQUIPMENT	7/31/2008	SL / N/A	5.0000	1,060	100.0000	0	0	88	88
63		EQUIPMENT	12/31/2008	SL / N/A	5.0000	1,880	100.0000	0	0	0	0
Subtotal: EQUIPMENT						107,351		0	76,670	7,462	84,132
Less dispositions and exchanges:						0		0	0	0	0
Net for: EQUIPMENT						107,351		0	76,670	7,462	84,132
FURNITURE & OFFICE EQUIP.											

AMERICAN COUNCIL FOR CAPITAL FORMATION: [952]
Depreciation Expense

01/01/2008 - 12/31/2008

Financial

Syst em No.	Description	Date In Service	Method/ Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
FURNITURE & OFFICE EQUIP.										
40	DESK/2 CHAIRS/3 BOOKCASE	6/28/2005	SL / N/A	10.0000	1,804	100.0000	0	451	180	631
58	RECTANGULAR WORK SURFACE	10/26/2007	SL / N/A	10.0000	1,286	100.0000	0	21	129	150
60	FURNITURE & OFFICE EQUIP (AS	4/30/2008	SL / N/A	10.0000	371	100.0000	0	0	25	25
	Subtotal: FURNITURE & OFFICE EQUIP.				3,461		0	472	334	806
	Less dispositions and exchanges:				0		0	0	0	0
	Net for: FURNITURE & OFFICE EQUIP.				3,461		0	472	334	806
SOFTWARE										
6	ADOBE ILLUSTRATOR	1/5/2000	SL / N/A	3.0000	120	100.0000	0	120	0	120
18	SOFTWARE DEVELOPMENT	12/31/1999	SL / N/A	3.0000	5,280	100.0000	0	5,280	0	5,280
19	ADOBE PHOTOSHOP	1/5/2000	SL / N/A	3.0000	180	100.0000	0	180	0	180
20	QUARKXPRESS 4.1	2/8/2000	SL / N/A	3.0000	306	100.0000	0	306	0	306
21	MISC S W-MAC WHSE	1/5/2000	SL / N/A	3.0000	877	100.0000	0	877	0	877
28	WORD TEMPLATE & ACCESS DE	5/1/2002	SL / N/A	3.0000	5,700	100.0000	0	5,700	0	5,700
31	E-MAIL DATABASE CREATION	5/1/2002	SL / N/A	3.0000	450	100.0000	0	450	0	450
32	WINDOWS XP PRO V/U	7/29/2002	SL / N/A	3.0000	440	100.0000	0	440	0	440
33	QUICKBOOKS PRO	1/12/2002	SL / N/A	3.0000	261	100.0000	0	261	0	261
38	SOFTWARE	4/30/2004	SL / N/A	3.0000	1,761	100.0000	0	1,761	0	1,761
39	SOFTWARE: QUARK XPRESSMIF	10/14/2004	SL / N/A	3.0000	3,320	100.0000	0	3,320	0	3,320
42	PAGEMAKER & ILLUSTRATOR	7/11/2005	SL / N/A	3.0000	1,125	100.0000	0	938	187	1,125
43	SOFTWARE	8/31/2005	SL / N/A	3.0000	1,953	100.0000	0	1,519	434	1,953
44	SAV INTERPRISE ED V10/PREM /	1/13/2006	SL / N/A	3.0000	1,010	100.0000	0	673	337	1,010
64	SOFTWARE	4/30/2008	SL / N/A	3.0000	440	100.0000	0	0	98	98
65	SOFTWARE	6/30/2008	SL / N/A	3.0000	795	100.0000	0	0	133	133
66	SOFTWARE	12/31/2008	SL / N/A	3.0000	124	100.0000	0	0	0	0
	Subtotal: SOFTWARE				24,142		0	21,825	1,189	23,014
	Less dispositions and exchanges:				0		0	0	0	0
	Net for: SOFTWARE				24,142		0	21,825	1,189	23,014
	Subtotal:				134,954		0	98,967	8,985	107,952
	Less dispositions and exchanges:				0		0	0	0	0
	Grand Totals:				134,954		0	98,967	8,985	107,952

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**

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 AMERICAN COUNCIL FOR CAPITAL FORMATION: CENTER FOR POLICY RESEARCH	Employer identification number 52-1091172
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 1750 K STREET, N.W., NO. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20006	

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

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

JOHN MAGUIRE

• The books are in the care of ▶ **1750 K STREET, N.W., WASHINGTON, D.C. - 20006**
 Telephone No ▶ **202-293-5811** 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, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2008** 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

C.M.#7008 0150 0000 6361 3099

• 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 the return See instructions	Name of Exempt Organization AMERICAN COUNCIL FOR CAPITAL FORMATION: CENTER FOR POLICY RESEARCH	Employer identification number 52-1091172
	Number, street, and room or suite no. If a P O box, see instructions 1750 K STREET, N.W., NO. 400	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20006	

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.

JOHN MAGUIRE

• The books are in the care of **1750 K STREET, N.W., WASHINGTON, D.C. - 20006**

Telephone No. **202-293-5811** 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, 2009.**
- 5 For calendar year **2008**, 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 REQUIRED IN ORDER TO OBTAIN INFORMATION NEEDED TO COMPLETE THE AUDITED FINANCIAL STATEMENTS AND TO PREPARE THE 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 Ellen C. Horner Title CPA Date 8/12/09