| Form | 990-T | E | xempt Orgar | nization Bus | ine | ss Incom | e T | ax Return | ۱ <u> </u> | OMB No. 1545-0687 | <u> </u> |
|----------|--|---------------------------|--|---|----------|-------------------------------------|------------|----------------|------------------|--|--------------|
| Depar | tment of the Treasury al Revenue Service | _ | • | d proxy tax und | ler se | • | •• | | | Open to Public Inspecti | on for |
| A | Check box if address changed | Forc | Name of organization (| | hanged | , and endin l and see instructio | | | D Emplo | 501(c)(3) Organizations oyer identification numb loyees' trust, see instrui ock D on page 9.) | er |
| <u> </u> | | Deleak | AMEDICAN AC | COCTAMION C | ס ישר | שעפדרפ שי | ロスペ | UFDC | | 2-0749775 | : |
| | xempt under section 3 501(c)(3) | Print or | AMERICAN AS: Number, street, and room | | | | | neks | E Unrela | ated business activity c | |
| | 408(e) 220(e) | Туре | 1 PHYSICS E | | v, 200 h | age 3 of monucuo | 110. | | (See ii on pa | nstructions for Block E ge 9.) | |
| F | 408A 530(a) | | City or town, state, and ZI | | | | | | 1 | | |
| | 529(a) | | COLLEGE PARI | | 10 | | | | 541 | 800 9000 | 04 |
| | | F Grou | exemption number (See i | | | | | | | | |
| | end of year , 299,914. | G Checl | corganization type 🕨 | X 501(c) corporatio | on [| 501(c) trust | | 401(a) trust | | Other trust | |
| | | n's prim | ary unrelated business activ | /itv. ► ADVERTI | SIN | G | • | | | | |
| | | | oration a subsidiary in an a | | | | roup? | > [| Ye | s X No | |
| | | | lifying number of the paren | | | | | | | | |
| J Th | e books are in care of | > 1 | MICHAEL BROS | NAN | | | Teleph | one number 🕨 3 | | 209-3301 | |
| Pa | rt I Unrelate | d Trac | de or Business Inc | ome | | (A) Income | | (B) Expenses | 3 | (C) Net | |
| 1 a | Gross receipts or sale | es | A, line 7) | | | SIMI CO | PE(| <i>MOTE</i> | | | |
| b | Less returns and allo | | | c Balance | PU | BLIC 1145 | , – | | | | |
| 2 | | | A, line 7) | | 2 | COF | <u> 44</u> | | | | |
| 3 | Gross profit. Subtrac | | | *************************************** | | O U · | | | | | |
| 4 a | | | h Schedule D) | | 4a 4b | | | | | | |
| b | | | art II, line 17) (attach Form | | 40 4c | | | | | | |
| С 5 | Income (lose) from n | ii iui ii ui vartnareh | ips and S corporations (att | ach statement\ | 5 | | | POLITICIA | | | |
| 6 | | | | | 6 | n) | IBLIC | INSPECTOR | | | |
| 7 | Capital loss deduction for trusts Income (loss) from partnerships and S corporations (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F). 40 PUBLIC INSPECTION 6 PUBLIC INSPECTION 7 COPY RECORDS YOUR RECORDS | | | | | | RETAINEDS | | | | |
| 8 | | | and rents from controlled o | | 8 | | YOV | IR ALCON | | | |
| 9 | | | on 501(c)(7), (9), or (17) or | | | | • | | | | |
| | | | | | 9 | | | | | | |
| 10 | Exploited exempt act | ivity inco | me (Schedule I) | | 10 | 13,2 | 53. | | | <6,64 | <u> 2.</u> > |
| 11 | Advertising income (| Schedul | e J) | | 11 | 120,0 | <u>59.</u> | 129,6 | 43. | <9,58 | <u> 4.</u> > |
| 12 | • | | ns; attach schedule.) | | 12 | | | | | | |
| 13 | | | gh 12 | | | 133,3 | | | 38. | <16,22 | <u>:6.</u> > |
| Pa | | | ot Taken Elsewher utions, deductions must | | | | | | | | |
| 14 | Compensation of of | ficers, di | rectors, and trustees (Sche | dule K) | | | | | 14 | | |
| 15 | Salaries and wages | ,,,,,,,,, | | | | | | | 15 | | |
| 16 | Repairs and mainter | nance | *************************************** | | | | | | 16 | | |
| 17 | | | | | | | | | 17 | | |
| 18 | | | | | | | | | 18 | | |
| 19 | | | | | | | | | 19 | | |
| 20 | | | e instructions for limitation | | | | | ., | 20 | | |
| 21 | Depreciation (attact | l FUIIII 4: laimad a | 562) n Schedule A and elsewher | n an raturn | | 220 | | | 22b | | |
| 22 23 | | | | | | | | | 23 | | |
| 24 | | | mpensation plans | | | | | | 24 | | |
| 25 | | | | | | | | | 25 | | |
| 26 | | | chedule I) | | | | | | 26 | 3,49 | 96. |
| 27 | | | hedule J) | | | | | | 27 | | |
| 28 | | | nedule) | | | | | | 28 | | |
| 29 | Total deductions | s. Add lir | es 14 through 28 | | | | | | 29 | 3,49 | |
| 30 | | | ncome before net operating | | | | | | 30 | <19,72 | |
| 31 | | | (limited to the amount on | | | | | | 31 | 44 | 0. |
| 32 | | | ncome before specific dedu | | | | | | 32 | <19,72 | |
| 33 | | | y \$1,000, but see instruction | | | | | | 33 | 1,00 | , o . |
| 34 | | | able income. Subtract lin | | | | | | 34 | <19,72 | 22.> |

Page **2**

| Part | | Tax Computation | | | | | Lilmrossis * | |
|----------|-----------------------|--|---|------------------------------------|---|---|---------------|-------------------------|
| 35 | Org | anizations Taxable as Corporations. S | ee instructions for tax co | mputation. | | | | |
| | Con | trolled group members (sections 1561 | and 1563) check here 🕨 | See instructions 8 | and; | | | |
| | a Ente | er your share of the \$50,000, \$25,000, a | and \$9,925,000 taxable ir | ncome brackets (in that ord | der): | | | |
| | (1) | \$ (2) | | | | | | |
| | b Ente | | | | | | | |
| | | Additional 3% tax (not more than \$100 | | | | | | |
| | e Inco | • | 35c | 0. | | | | |
| 36 | | ome tax on the amount on line 34 sts Taxable at Trust Rates. See instruc | | | | | | |
| | <u> </u> | • | 36 | | | | | |
| 37 | Pro | Tax rate schedule or Schedu Schedu xy tax. See instructions | | | | | 37 | |
| 38 | | rnative minimum tax | | | | | 38 | |
| 39 | | 39 | 0. | | | | | |
| | | al. Add lines 37 and 38 to line 35c or 36 Tax and Payments | winchevel applies | | ************* | | 00 | <u> </u> |
| | | eign tax credit (corporations attach Forn | n 1118' truete attach Foru | n 1116) | 40a | | 4.44 154 | |
| | | | | | | | | |
| | | er credits (see instructions) eral business credit. Attach Form 3800 | | | | | | |
| | | | | | | | | |
| | | dit for prior year minimum tax (attach F | | | | | - | |
| | | al credits. Add lines 40a through 40d | | | | | 1 1 | 0 |
| 41 | | stract line 40e from line 39 | |] 0007 [] (| 2000 🗀 045 | | 41 | 0. |
| 42 | | er taxes. Check if from: Form 425 | | | • | | | |
| 43 | | | | | | *************************************** | 43 | 0. |
| 44 | | ments: A 2007 overpayment credited to | | | | | | |
| | | 8 estimated tax payments | | | | | - | |
| | | deposited with Form 8868 | | | | | | |
| | | eign organizations; Tax paid or withheld | | | | | -15555 | |
| | e Bac | kup withholding (see instructions) | | | . 44e | | | |
| | f Othe | er credits and payments: | Form 2439 | | | | | |
| | | Form 4136 | Other | Total ▶ | - 44f | | 190430 | |
| 45 | Tota | al payments. Add lines 44a through 441 | : - ••••• | <u></u> | | | 45 | |
| 46 | Esti | mated tax penalty (see instructions). Ch | eck if Form 2220 is attac | hed ▶ 📖 | *************************************** | ., | 46 | |
| 47 | Tax | due. If line 45 is less than the total of li | nes 43 and 46, enter amo | ount owed | , | ▶ | 47 | 0. |
| 48 | Ove | rpayment. If line 45 is larger than the to | otal of lines 43 and 46, er | iter amount overpaid | | | 48 | 0. |
| 49 | Ente | er the amount of line 48 you want: Cred | ited to 2009 estimated t | ax 🕨 | | ınded 🕨 | 49 | |
| Part | : V | Statements Regarding Ce | rtain Activities a | nd Other Informa | tion (See instruc | tions on pa | ge 18) | |
| 1 At | t any tir | me during the 2008 calendar year, did t | he organization have an i | nterest in or a signature or | other authority ove | r a financial a | ccount | Yes No |
| (b | ank, se | ecurities, or other) in a foreign country? | If YES, the organization | may have to file Form TD F | 90-22.1, Report of | Foreign Bank | c and | L X |
| Fi | inancial | Accounts. If YES, enter the name of the | e foreign country here 🕨 | · | | | | |
| 2 Di | uring the YES, see | tax year, did the organization receive a distrib e page 5 of the instructions for other forms the | ution from, or was it the grant organization may have to file. | or of, or transferor to, a foreign | trust? | | | X |
| | | amount of tax-exempt interest receive | | | | | | |
| Sche | dule | A - Cost of Goods Sold. E | nter method of invent | ory valuation | | | | |
| | | | | N/ | Α | | | |
| 1 In | ventor | y at beginning of year 1 | | 6 Inventory at end of y | | | 6 | |
| | urchas | | | 7 Cost of goods sold. | | *************** | | |
| | | abor 3 | | from line 5. Enter he | | 2 | 7 | |
| | | al section 263A costs 4a | | 8 Do the rules of section | • | | | Yes No |
| | | sts (attach schedule) 4b | | property produced of | • | | | |
| | | dd lines 1 through 4b 5 | | the organization? | - | | | X |
| <u> </u> | | and the contract of the contra | Athined this return, includir | | d statements, and to the | e best of mv kn | owledge and b | |
| Sign | | Inder penalties of più pi receveration de prepare | other than taxpayer) is based | on all information of which prej | parer has any knowledg | | | |
| Here | . I | COPY - RETAIN F | | ► CFO | | | • | scuss this return with |
| | | Signature of officer | S Date | Title | | | | own below (see |
| | | | 4 | Date. | 3 | | nstructions)? | |
| Paid | | Preparer's signature | | VIIII | Check if | | reparer's SS | IN OF PTIN |
| Prepai | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 14/00/ | self-employed | | 1 1044 | 141.0 |
| Use O | nly | | ADRÉY, INC. | · / | | | <u>1-1944</u> | 410 |
| | | | HINGTONIAN | | | Phone no. | / 0 0 4 . | 000 000 |
| | | ZIP code GAITHERS | BURG, MD 20 | 378-7340 | | | | <u> 296-3600</u> |
| | | | | | | | F | orm 990-T (2008) |

| Schedule C - Rent Inc | CAN AS | SOCTAT | TON Prope | OF P | HYSTCS I Personal | TEACH Property | ERS / Lease | 52-07 od With Real P | 7497 Prope | 75 Page rty)(see instr. on pg 19) |
|--|---------------------------------------|---------------------------------------|--|--|---|--|--|---|---------------------------------|--|
| 1 Description of property | | | | | | | | | | |
| (1) | | | | | • | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | ·-· · · · · · · · · · · · · · · · · | | | ··· | | | |
| (4) | | | | | | | · | | | |
| | ; | 2 Rent received | or accrued | l | | | | | | |
| (a) From personal property rent for personal propert 10% but not more t | y is more thar | tage of | (b) o | of rent for po | nd personal proper ersonal property ex t is based on profit | (ceeds 50% or | ntage if | 3(a) Deductions dire columns 2(| a) and 2(| nected with the income in (b) (attach schedule) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | , , , , , , , , , , , , , , , , , , | | | | | . |
| (4) | | | | | | | | | | |
| Total | | 0. | Total | | | | 0. | | | |
| (c) Total income. Add totals of co | olumns 2(a) | and 2(b). Ent | er | | | | | (b) Total deductions | | |
| here and on page 1, Part I, line 6, | | | | | | | 0. | Enter here and on page Part I, line 6, column (B) | ¹ ► | 0 |
| Schedule E - Unrelate | | | | 16 (See | instructions o | n page 19) | | | | |
| | | | | | | | | 3 Deductions directly | connect | ted with or altocable |
| | | | | | 2 Gross in or allocable | | | to debt-fii | | **- ** * |
| 1 Description o | of debt-financ | ed property | | | financed | | (a) | Straight line depreciation (attach schedule) | ` | (b) Other deductions (attach schedule) |
| (1) | | | | | | * **** **** | · · · · · | · · · · · · · · · · · · · · · · · · · | | ·· |
| (2) | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| (3) | | | | | | | | | | |
| | | | | | | | 1 | | | |
| (4) | | <u> </u> | | | + - | | | | -+ | |
| 4 Amount of average acquisition debt on or allocable to debt-finant property (attach schedule) | property (attach schedule) debt-finan | | ge adjusted basis r allocable to nanced property ch schedule) | | 6 Column 4 divided by column 5 | | | 7 Gross income reportable (column 2 x column 6) | | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | | | % | | | | , |
| (2) | | | | | | / | | | | |
| (3) | | | | | | // | | | | · |
| | | | | | | | | | | |
| (4) | | | | | | 70 | | | - | |
| | | | | | | | | re and on page 1, ne 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| | | | | | | | "" | ie i', colainii (-). | | • |
| Totals | | | | | | ····· • | ▶∟ | | 0. | 0 |
| Total dividends-received deduc | tions includ | <u>ded in column</u> | 8 | | | - 44 | ····· | | ., 🖊 📗 | 0 |
| Schedule F - Interest, | Annuitie | es, Royali | lies, ai | | | | | nizations (See | instruc | ctions on page 20) |
| | | | | Exemp | t Controlled C | rganization | าธ | | | |
| Name of controlled organiza | tion | 2 Employer ide numb | | | 3 nrelated income see instructions) | Total of | 4 specified nts made | 5 Part of column 4 included in the cor organization's gross | that is strolling sincome | 6 Deductions directly connected with income in column 5 |
| (1) | | | | 1 | | | | | | |
| (2) | | 1 | | 1 | | | | | | <u> </u> |
| (3) | | | · · · · · · · · · · · · · · · · · · · | | | | | - | | |
| | | | | | | | | | | |
| (4) | in atlana | <u> </u> | | | | | | | | |
| Nonexempt Controlled Organ | T | | | 1 | | ······································ | | | т | |
| 7 Taxable Income 8 Net unrelated income (loss) (see instructions) | | 9 Total of specified payments made | | in the cont | | | Deductions directly connected with income in column 10 | | | |
| /4\ | | | | 1 | | | | | + | |
| (1) | | | | | | | <u> </u> | | + | |
| (2) | | | | | | | | | 1 | |
| (3) | | | | 1 | | | | | - | |
| (4) | L | | | J | | | · · · · · · · · · · · · · · · · · · · | | ļ | |
| | | | | | | E | dd columns nter here an ne 8, columr | d on page 1, Part I, | Enter | columns 6 and 11. here and on page 1, Part I, , column (B). |
| T-4-1. | | | | | | | | ^ | 1 | • |
| Totals | | | | | ., | , <u> </u> | | 0. | <u> </u> | Corm 800 T (0000 |
| 823721 03-09-09 | | | | | | | | | | Form 990-T (2008 |

| Schedule G - Investr | nent income of a estructions on page 21) | | (7), (9), or (17) O | rganization | | | |
|--|--|--|--|--|--|--|---|
| 10 | escription of income | | 2 Amount of income | 3 Deductions directly connect (attach schedul | nected 4 Set-asides | | 5 Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals | | | Enter here and on page 1, Part I, line 9, column (A). | | | | Enter here and on page 1, Part I, line 9, column (B). |
| Schedule I - Exploite | d Exempt Activity | y Income, Othe | | ing Income | | | |
| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | STMT 4 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols, 5 through 7. | 5 Gross incom from activity the is not unrelated business incom | e at d | MT 5 6 Expenses ttributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) STATEMENT 2 | 13,253. | 19,895 | <6,642. | > | | 14,117. | 3,496. |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | | Enter here and on page 1, Part II, line 28, |
| Totals | ▶ 13,253. | 19,895. | | | | | 3,496. |
| Schedule J - Adverti Part I Income Fron | ising Income (see n Periodicals Rep | instructions on pag ported on a Cor | e 21) nsolidated Basis | 3 | | | |
| | ············ | | | | | | |
| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols, 5 through 7. | | n 6 | Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) STATEMENT | . 3 | | | | | | |
| Totals (carry to Part II, line (5) Part II Income From columns 2 throu | n Periodicals Rep | | 3. <9,584 parate Basis (For | each periodical | listed in Pa | art II, fill in | 0. |
| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (cot. 2 minus col. 3), if a gain, compucols, 5 through 7. | | n 6 | Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | <u> </u> | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | 1 | |
| (4) | | | | | | | |
| (5) Totals from Part I | 120,05 | 9. 129,643 | | | | | 0. |
| (7) | Enter here and page 1, Part I line 11, col. (A | on Enter here and or page 1, Part I, line 11, col. (B). | | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | <u></u> ▶ 120,05 | | | | | | 0. |
| Schedule K - Compe | ensation of Office | rs, Directors, a | ind Irustees (see | | | | |
| | 1 Name | | 2 Title | time | Percent of e devoted to ousiness | | nsation attributable plated business |
| | | | | | % | | |
| | | | | | % | | |
| | | | | | % | , | |
| | | | | | % | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

823731 03-09-09 0.

Total, Enter here and on page 1, Part II, line 14

| | FOOTNOTES | STATEMENT 1 |
|-------------------------------|------------------------|-------------|
| | | |
| NET OPERATING | G LOSS CARRYFORWARD | |
| LO | SS 12/31/97 | 117,165. |
| LO | SS 12/31/98 | 84,069. |
| LO | SS 12/31/99 | 55,560. |
| LO | SS 12/31/00 | 4,684. |
| LO | SS 12/31/01 | 136,114. |
| LO | SS 12/31/03 | 59,159. |
| LO | SS 12/31/06 | 30,673. |
| | SS 12/31/07 | 27,671. |
| ጥ ርኮል፣ አንድ ጥ ርጉ | ERATING LOSS AVAILABLE | 515,095. |

| FORM 990-T | SCHEDULE | I - EXPLOIT | ED EXEMPT | ACTIVITY | INCOME ST | PATEMENT | 2 |
|---|-----------------------------|-----------------------------------|---|------------------------------|-----------------------------|---------------------------|------------|
| (1) DESCRIPTION OF ACTIVITY | (2) GROSS UBI | (3) UBI EXPENSES | (4) NET INCOME | (5) GROSS INCOME | (6) COL 5 EXPENSES | (7) EXCESS EXEMPT E | _ |
| JOB BANK REVENT WINTER MEETING SUMMER MEETING COLUMN TOTALS | 9,433. PROGRAM 1,980. | 19,571. 85. 239. 19,895. | <10,138.: 1,895. 1,601. <6,642.: | | 7,263. 6,854. 14,117. | 1,60 | 01. |
| FORM 990-T | SCHEDULE J | - INCOME FRO | | | PORTED ST | PATEMENT | 3 |
| NAME OF PERIOD | ICAL | GROSS AI INCOME | | CT ADV (| CIRCULATION INCOME | READERSI COSTS | IIP |
| INTERACTIONS THE PHYSICS TEA AMERICAN JOURNA PHYSICS | | 9,5' 85,74 24,74 | 41. 1 | 1,358. 03,903. 24,382. | | | |
| TO FM 990-T, SO | CH J, PART : | 120,0 | 59. 1 | 29,643. | | | |
| FORM 990-T | | - EXPENSES I | | | | FATEMENT | 4 |
| DESCRIPTION | | | ACTIV: NUMB: | | MOUNT | TOTAL | |
| JOB BANK EXPENS | | - SUBTOTA | ւ - | 1 | 19,571. | 19,57 | 71. |
| SUMMER MEETING | | - SUBTOTA | | 2 3 | 239. | | 35. 39. |
| TOTAL OF FORM S | 990-T, SCHEI | | | _ | | 19,89 | |
| | | | | | · | | |

| FORM 990-T SCHEDULE I - EXPENSES NOT WITH PRODUCTION OF UNRELA | STATEMENT 5 | | |
|--|--------------------|------------------|---------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| WINTER MEETING PROGRAM EXPENSES - SUBTOTAL - SUMMER MEETING PROGRAM EXPENSES | 2 | 7,263. 6,854. | 7,263. |
| - SUBTOTAL | 3 | 0,054. | 6,854. |
| TOTAL OF FORM 990-T, SCHEDULE I, COLUMN | 6 | | 14,117. |

Form 8868

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service ● 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 _____ 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. Employer identification number Type or Name of Exempt Organization print 52-0749775 AMERICAN ASSOCIATION OF PHYSICS TEACHERS File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1 PHYSICS ELLIPSE return. See City, town or post office, state, and ZIP code, For a foreign address, see instructions. instructions COLLEGE PARK, MD 20740 Check type of return to be filed (file a separate application for each return): X Form 990-T (corporation) Form 4720 Form 990 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 6069 Form 990-T (trust other than above) Form 990-EZ Form 990-PF Form 1041-A Form 8870 THE ASSOCIATION The books are in the care of ▶ 1 PHYSICS ELLIPSE - COLLEGE PARK. MD 20740 Telephone No. ► 301-209-3330 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. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar year 2008 or tax year beginning Change in accounting period If this tax year is for less than 12 months, check reason: Initial return 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. За 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 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). 0. See instructions. 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.

Form 8868 (Rev. 4-2009)

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