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SCANNED JAN 0 8 2010

## **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 2008 Open to Public

Form **990** (2008)

Inte	rnal Revenu	e Service	The organization may have to use a copy of this return to satisfy state r		ements	Inspection
<u>A</u>	For the 20	08 calendar y	ear, or tax year beginning $7/01/08$ , and ending $6/30/09$			
В	Check if applic		C Name of organization		D Employ	yer identification number
	Address chan	ge use IRS label or	SUSQUEHANNA VALLEY CHORALE			
$\Box$	Name change		Doing Business As		23-	7171719
H	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
$\sqcup$	Initial return	See	P O BOX 172		570	-523-1041
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	140 770
П	Amended retu		LEWISBURG PA 17837-0172		<u> </u>	
$\exists$		F Nom	e and address of principal officer		H(a) Is this a	group return for
Ш	Application pe	nung	ATHER RICH HECKERT	ŀ	affiliates	· ·
			O BOX 172		H(b) Are all a	affiliates
		I	WISBURG PA 17837		included	
_					II NO,	attach a list (see instructions)
<u>+</u>	Tax-exemp		501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527	··· <del>·</del> ··	Way Come	
<u>J</u>	Website:			1.0		exemption number
******	Type of organ			ar of formation 15	<u>, 73   1</u>	M State of legal domicile PA
	art I	Summa	=			<del></del>
		-	he organization's mission or most significant activities			
စ္ပ	M	IUSIC API	PRECIATION			
ğ						
<u> </u>						
Activities & Governance	2 Che	ck this box I	If the organization discontinued its operations or disposed of more than 25	5% of its assets	s	
<u>ග</u> ජේ	3 Nur	nber of voting	members of the governing body (Part VI, line 1a)		3	10
es	4 Nur	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	10
ž			employees (Part V, line 2a)		5	0
cţi			volunteers (estimate if necessary)		6	81
⋖	ı		ated business revenue from Part VIII, line 12, column (C)		7a	
		_	siness taxable income from Form 990-T, line 34		7b	0
	1 3 1101	omoidtod bu	most taxable mount of miles 1, me or	Prior Yea		Current Year
4	8 Cor	tributions and	d grants (Part VIII, line 1h)	99	,819	77,957
Revenue	1		revenue (Part VIII, line 2g)		,118	44,939
Š	1	_	ne (Part VIII, column (A), lines 3, 4, and 7d)	1	,140	1,069
æ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20	,315	9,473
		-	and lines 8 through 11 (must equal Part VIII, column (A), line 12)		, 392	133,438
		-	ar amounts paid (Part IX, column (A), lines 1-3)	100	1332	133, 130
	1		or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5–10)			<del></del>
nses	1		draising fees (Part IX, column (A), line 11e)		,500	
ens	16a Pro			, 300		
Exper	D TOTA	_	expenses (Part IX, column (D), line 25)	120	003	140 (27
_	17 001		(Part IX, column (A), lines 11a-11d, 11f-24f) RECEIVED		,003	149,637
	I .		Add lines 13-17 (must equal Part IX, column (A), line 25)		,503	149,637
	19 Rev	enue less ex		上 ろ Beginning of	889	-16,199 End of Year
Str	20 -	al accete (Dec	11111 - 11111		,608	53,409
Asse	20 Tota	al assets (Par			, 000	33,409
Net Assets or	21 Tota	-	art X, line 26)	60	600	E2 400
			d balances Subtract line 21 from line 20	09	, 608	53,409
<u>E</u>	art II	Signatur				
			ies of perjury, I declare that I have examined this return, including accompanying schedules ar is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform			
0:-		1110	allow C. Palo Hashart	,,,,_,,	1/10	110 100
Sig		▶ <del>v fil</del> l	HATTLY Zinich TRUING		V 12	110109
He	re	Signatui	e of officer	_	Date	
		V H	Cather E. Rich Heckert, Executive Manager	·/		
_		Type or	print name and title			
<b>n</b> -	:_ <b>.</b>	Preparer's	M n / Date	Check if	_	Preparer's identifying number (see instructions)
Pa		signature	MICHAR / YMM 12/04/	/09 self- employe	.d ▶ 🔲	P00092222
	eparer's	-	ROBERT M BRIBAKER PA		EIN	<b>▶</b> 23-2183169
Us	e Only	Firm's name if self-employ	(or yours		Phone	, 20 2100100
		address, and	···		1	570-524-4134
Mar	the IRS d		turn with the preparer shown above? (see instructions)		no 🕨	X Yes No
	, u		ten man are proparer energy above. (See instructions)			1471 169   1MO (

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
٠	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		Χ
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			- 21
	Parts VI, VII, IX, or X as applicable	11		Χ
12	Did the organization receive an audited financial statement for the year for which it is completing this return			- 21
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		71
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-10		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>_</b>	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	ĺ		
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\neg \neg$	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
U	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	]	Х
	Substantial Contributor, or to a person related to such an individual? If Tes, Complete Scriedule L, Fart III	<u>/</u>	000	

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

#### **Checklist of Required Schedules (continued)** Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Χ 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X complete Schedule L. Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Χ 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Χ Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Form 990 (2008)

Χ

36

го	Statements Regarding Other INST Imags and Tax Compliance					<del></del>
4-	Fater the number repeded in Pay 2 of Form 1006. Applied Summary and Transmitted of			<u> </u>	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1 12	7			
<b>h</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0			1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re					1
С		portable	<b>-</b>	1c	1	X
22	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax	[ ]		<u>  ''C</u>	-	<del>  ^</del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	1	Ì
Ü	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20	<del>                                     </del>	
	instructions)					
3a		d by				
- U	this return?	,		3a	Ì	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	+	<del>                                     </del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	tv	33	<del>                                     </del>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		-,			
	account)?			4a		X
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Χ
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			1	l
	\$75?				-	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<del> </del>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is		_	ŀ	١,,
_	required to file Form 8282?			7c	-	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	1			l v
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	o et 2		7 <u>e</u>	╁┈-	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				1	X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			<u>7g</u>	+	<u>Λ</u>
"	required?	, as		7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion			<b></b>	<u> </u>
-	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor			į		
	organization, have excess business holdings at any time during the year?			8	1	Х
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		·			
	amounts due or received from them )	11b				1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ	<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1

Form 990 (2008) SUSQUEHANNA VALLEY CHORALE

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	e the				
	circumstances, processes, or changes in Schedule O See instructions					
1a	Enter the number of voting members of the governing body	1a	10			
b	Enter the number of voting members that are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with		İ		
	any other officer, director, trustee, or key employee?			2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	direct				
	supervision of officers, directors or trustees, or key employees to a management company or other per			3	┦	X
4	Did the organization make any significant changes to its organizational documents since the prior For	m 990	was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?		5		X
6	Does the organization have members or stockholders?			6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers				
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval by members, stockholders, or other personal statements of the governing body subject to approval statements of the governing body subject to approval statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body subject to approval statement of the governing body statement of the governin	ons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	uring		[		
	the year by the following			ŀ		
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?			9a	-	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such cl	hapter	s,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?			9b	<u> </u>	<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org	anızat	ions	Ì		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10	-	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	l at			l
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11	<u> </u>	X
Sec	tion B. Policies				T	_
				-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	-	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	d give				
	rise to conflicts?	, .		121	<del>'</del>	<del></del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res,"				
4.0	describe in Schedule O how this is done			120	<del></del>	- V
13	Does the organization have a written whistleblower policy?			13	1-	X
14	Does the organization have a written document retention and destruction policy?	<b>h</b>		14	+	
15	Did the process for determining compensation of the following persons include a review and approval	-		l		l
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	a aecis	sion	45.		v
a	The organization's CEO, Executive Director, or top management official?			15a	<b></b>	X
b	Other officers or key employees of the organization?			15t	-	
40-	Describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	icill		40-		Х
		ata		16a	-	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate participation in century arrangements upday applicable federal tox law, and taken stops to safe		Ī	ŧ.		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	syuaiu		461		
500	the organization's exempt status with respect to such arrangements?			16b	<u> </u>	<del></del>
<u>360</u>	List the states with which a copy of this Form 990 is required to be filed PA		<del></del>			
18	· · · · · · · · · · · · · · · · · · ·	(501/6)	(3)c only)			
10	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (	(301(0)	((3)S OIIIy)			
	available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. X Upon request.					
10		nflict	of interest			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	Jillic(	oi interest			
20	policy, and financial statements available to the public	d roos	rde of the			
20	State the name, physical address, and telephone number of the person who possesses the books and organization   HEATHER RICH HECKERT 210 S 13TH S					
т	· ·		7837	570-5	77_1	0/1
	T. T	1.J T	, 0 3 1		ພ <b>ວວ</b> ⊥	

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

K Check this box if the organization did not compensate any officer, director, trustee, or key employee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average			(( checl	C)	hat a	pply)	(D) Reportable	Reportable Reportable Estim		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JEAN HORMEL	1.0										
PRESIDENT	12	-		X	<u> </u>	L	<u> </u>	0	0	0	
NANCY CRAIG CO - VP	3			l "				o	0	0	
MARGARET WE				X			┢	0	U	0	
CO - VP	4			X				0	0	0_	
ROBERT HARDE									<u> </u>		
TREASURER	2			Х				0	0	0	
DEDE GRONLUN											
SECRETARY	2			Х				0	0	0	
2											
1											
<del></del>										5 990 (2008)	

Part VII Section	A. Officers, Directors, Trus	stee	s, Ke	y E	mplo	yees	, an	d Highest Compensated	Employees (continued)			
(A)	(B)	Book	ton (		C)	hat a	aak.\	(D)	(E)		(F)	
Name and title	Average hours per week	or director		Officer	Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame comp fro orga and	imated ount of other ensation the nization related nization	on n i
			ļ			_						
						<u> </u>						<del></del>
				-						-		
<u> </u>		-										
	100											
				<u> </u>		-						
1b Total				<u> </u>			<b></b>					
2 Total number of ind organization ▶ 0	ividuals (including those in	1a) ·	who	rece	ived	mor	e tha	an \$100,000 in reportable o	compensation from the			
employee on line 1a 4 For any individual li	n list any <b>former</b> officer, dir a? If "Yes," complete Scher sted on line 1a, is the sum d related organizations gre	dule of re	J for	suc able	h ind	dividu ipens	al atio	n and other compensation	from	3	Ye	X X
individual 5 Did any person liste	ed on line 1a receive or acc	rue d	comp	ens	atıor	n fron	n an	y unrelated organization fo		4		X
Section B. Independent	o the organization? If "Yes, t Contractors	cor	npie	te S	cned	ule J	tor	such person		5		
Complete this table compensation from		ensa	ted i	nde	pend	lent o	ontr				- (0	
<del></del>	(A) Name and business address		<u>.</u>			<del></del>		Descrip	(B) tion of services		(C Comper	isation
	<u>-</u>											
	<del></del>											
compensation from	ependent contractors (inclute the organization ►	ıdıng	tho	se in	1) v	vho r	ecei	ved more than \$100,000 in			0	0 (2008
DAA										F	um マご	, <b>∪</b> (∠∪∪∖

P	irt V	III Statement of Rev	venue	9					
*****						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	10	Federated campaigns	1a			<del> </del>	revenue		512, 513, or 514
ant	la L		1b		<del></del>		-		
Program Service Revenue   Contributions, gifts, grants and other similar amounts		Membership dues							
	<sup>C</sup> .	Fundraising events	1c		<u> </u>				
	ď	Related organizations	1d		4 522				
	e	• , ,	1e		4,532				
buti	f	All other contributions, gifts, grants, and similar amounts not included above	1f		73,425				
ontri od o	g	Noncash contributions included in lines		\$	73/123				
ပြွန်	h	Total. Add lines 1a-1f				77,957			
-en					Busn. Code				
ē	2a	SUBSCRIPTIONS				17,367			17,367
æ	Ь					16,917			16,917
<u>ë</u>	c					10,655		1	10,655
ē	d	nanzanomii zozo					<u> </u>		20,000
E	ء ا						·		
g		All other program seques re	/0DU0		}		·····	<del> </del>	
ē	<u> </u>	All other program service rev	venue		<b></b>	14 020			
_	У					44,939	<u> </u>	<u> </u>	
	3	Investment income (includin	g aivia	enas, inter	est, and	1 000			1 060
		other similar amounts)				1,069	<u> </u>		1,069
	4	Income from investment of t	ax-exe	mpt bond	proceeds >				
	5	Royalties		т	<u> </u>			<u></u>	
		(ı) Real		(11)	Personal				
	6a	Gross Rents		4					
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)			<u> </u>				
	/a	Gross amount from sales of assets (i) Securit	ies	(1	ı) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)			<b>•</b>			Ì	
		Gross income from fundraising e	vents						
<u>o</u>	-	(not including \$	•0.110						
ie .		of contributions reported on line 1	(c)						
Sev.		See Part IV, line 18							
≯r F	h	•		3					
Other Revenu		Less direct expenses		·					
O		Net income or (loss) from full		ng events					
	ya	Gross income from gaming activi							
		See Part IV, line 19		³ <b>├</b> ──					
		Less direct expenses		· [					
		Net income or (loss) from ga	_	ctivities					
	10a	Gross sales of inventory, les	S						
		returns and allowances	•	3 <u> </u>	<b>5,</b> 303				
	b	Less cost of goods sold	ŀ	› <u></u> _	9,334				
	С	Net income or (loss) from sa	les of ı	nventory		-4,031			-4,031
		Miscellaneous Reven	ue		Busn. Code				
	11a	ADVERTISING SALES				9,890			9,890
	b	SOCIAL/RECEPTION				3,614			3,614
	c					-,			
	d	All other revenue					<u> </u>		
i		Total. Add lines 11a-11d			<b></b>	13,504			
	12	Total Revenue. Add lines 1h	20 2	4 E E4	-	10,004			· · · · · · · · · · · · · · · · · · ·
			, zy, s	, 4, 5, bu,		122 420	0	ام	EE 101
		9c, 10c, and 11e			<u> </u>	133,438		0	55,481

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	<u> </u>			
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				······································
3	Grants and other assistance to governments,			'	
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		<u> </u>		<del></del>
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	·			
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)				
	Management				
	Legal Accounting	1,200		1,200	
	Lobbying	1,200		1,200	
	Professional fundraising services See Part IV, line 17				
f					
	Other				
_	Advertising and promotion		***		
13	Office expenses				
14	Information technology		·		
15	Royalties				-
16	Occupancy	6,499	6,499		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<del></del>			
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	70 041	C1 011	15 660	2 470
а	PROFESSIONAL SERVICES	79,941	61,811	15,660	2,470
b	SUPPLIES & EQUIPMENT	34,315	27,405	3,438	3,472
C	MARKETING & ADVERTISING INSURANCE	25,720 1,246	1,246	25,720	
d	-	370	370		
e	ASCAP	370	346	-	
	All other expenses  Total functional expenses. Add lines 1 through 24f	149,637	97,677	46,018	5,942
<u>25</u> 26	Joint Costs. Check here If following	149,037		40,010	5, 542
_0	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Pi	art >	Balance Sheet	<del></del>				
			(A)		(B)		
			Beginning of year		End of		
	1	Cash—non-interest bearing	2,419	1	<u> </u>		<u>419</u>
	2	Savings and temporary cash investments	67,189	2_	<u> </u>	<u>50,</u>	<u>990</u>
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key			-		
		employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section		-			
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L	i	6			
	_	Notes and loans receivable, net		7			
Assets	7			8	<del></del>		
SS	8	Inventories for sale or use			<del> </del>		
Ø	9	Prepaid expenses and deferred charges		9	<u> </u>		
	10a	Land, buildings, and equipment cost basis	-		1 、		
	b	Less accumulated depreciation Complete	1		-		
		Part VI of Schedule D		10c			
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	69,608	16	Ţ.	53,	409
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19	<del></del>		
	20	Tax-exempt bond liabilities		20			
S		·	-	21			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		- 21			
Ξ	22	Payables to current and former officers, directors, trustees, key					
<u>ia</u>		employees, highest compensated employees, and disqualified	1				
		persons Complete Part II of Schedule L		22	<del> </del>		
	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		26	<u></u>		
ces		Organizations that follow SFAS 117, check here ▶ X and		-			
n C		complete lines 27 through 29, and lines 33 and 34.		-	1		
<u>s</u>	27	Unrestricted net assets	62,189	27		<u>45,</u>	<u>990</u>
ä	28	Temporarily restricted net assets		28		_	
힏	29	Permanently restricted net assets	7,419	29		7,	<u>419</u>
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶					_ <del>_</del>
៑		and complete lines 30 through 34.			1		
ွ	30	Capital stock or trust principal, or current funds	[	30			
ĕ	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
SS	32	Retained earnings, endowment, accumulated income, or other funds	~ "	32	f		
t A	33	Total net assets or fund balances	69,608	33	,	53.	409
S	34	Total liabilities and net assets/fund balances	69,608		ì	53	409
	art X	·····	00,000	- 54		<i></i>	100
	ALL A	rinancial Statements and Reporting	<del></del>			Yes	No
_	۸		Other			162	140
1					1 2 1		v
2a		re the organization's financial statements compiled or reviewed by an independent accounts the complete or reviewed by an independent accounts the complete or reviewed by an independent accounts to the complete or reviewed by a complete or reviewed by an independent accounts to the complete or reviewed by a complete or reviewed by an independent accounts to the complete or reviewed by an independent accounts to the complete or reviewed by an independent accounts to the complete or reviewed by a complete or revent accounts to the complete or reviewed by a complete or review	intant '		2a		X
þ		re the organization's financial statements audited by an independent accountant?			2b		
С		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		e audit, review, or compilation of its financial statements and selection of an independent			2c		$\vdash \vdash$
3a		a result of a federal award, was the organization required to undergo an audit or audits as	s set forth in				.,
		Single Audit Act and OMB Circular A-133?			3a		X
b	lf "	Yes," did the organization undergo the required audit or audits?			3b		
					Form	990	(2008)

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SUSQUEHANNA VALLEY CHORALE

The organization is not a private foundation because it is (Please check only one organization)

Employer identification number 23-7171719

h Provide the following information about the organizations the organization supports  (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the	11g(m)
(i) Name of supported (ii) FIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the	
organization (described on lines 1–9 in col. (i) listed in your described in lines 1–9 above or IRC section governing document? when organization in organization in governing document? col. (i) of your (i) organization in governing document? support? U.S.?	n in col support ed in the
Yes No Yes No Yes P	No

Sche	edule A (Form 990 or 990-EZ) 2008 SUS	SQUEHANNA	VALLEY C	HORALE _		-7171719	Page 2
P	art II Support Schedule for O				)(1)(A)(iv) and	170(b)(1)(A)(vi	)
	(Complete only if you ch	ecked the box	on line 5, 7, o	r 8 of Part I.)			<del></del>
	ction A. Public Support				<del>,                                     </del>	· ·	·
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<del></del>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3			[			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	tion B. Total Support			·	•		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			· · · · · ·			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, foi	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						<b>▶</b> _
Sec	tion C. Computation of Public St	upport Percen	tage				
14	Public support percentage for 2008 (line 6	, column (f) divide	d by line 11, colum	ın (f))		14	%
15	Public support percentage from 2007 School	edule A, Part IV-A	, line 26f			15	%
16a	33 1/3 % support test—2008. If the organ	ization did not che	ck 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 supp	orted organization				▶ ∐
b	33 1/3 % support test—2007. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3 % or n	nore, check this	
	box and stop here. The organization quali	fies as a publicly s	supported organiza	tion			▶ ∐
17a	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	inces" test, check f	this box and <b>stop</b> l	here. Explain in Pa	art IV how the	_
	organization meets the "facts-and-circums	tances" test. The	organization qualifi	es as a publicly su	pported organizat	ion	▶ 🗌
b	10%-facts-and-circumstances test—200	7. If the organizati	on did not check a	box on line 13, 16	sa, 16b, or 17a, and	d line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	inces" test, check t	this box and <b>stop</b> l	here. Explain in Pa	art IV how the	
	organization meets the "facts-and-circums	tances" test. The	organization qualifi	es as a publicly su	ipported organizat	on	▶∐
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	e instructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2008

23-7171719 Schedule A (Form 990 or 990-EZ) 2008 SUSQUEHANNA VALLEY CHORALE Page 3 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) ▶ (d) 2007 (e) 2008 (a) 2004 (b) 2005 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 50,266 60,050 78,572 105,174 88,612 382,674 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 23,212 24,503 28,331 28,763 34,284 139,093 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 73,478 84,553 106,903 133,937 122,896 521,767 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 18,212 19.503 23.331 23,763 29,284 114.093 the year or \$5,000 23,331 23,763 29,284 Add lines 7a and 7b 18,212 19,503 114,093 <u>55,266</u> <u>65</u>,050 Public support (Subtract line 7c from 83,572 110,174 93,612 line 6) 407,674 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 73,478 84,553 106,903 <u>133,</u>937 122,896 521,767 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 92 255 125 1,140 350 1,962 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 92 С Add lines 10a and 10b 255 125 1,140 350 1,962 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 7,<u>949</u> (Explain in Part IV) 7,680 12,012 23,541 13,504 64,686 13 Total support. (Add lines 9, 10c, 11, 81,250 92,757 119,040 158,618 136,750 and 12) 588,415 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 69.2834 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 91.4403 % 0.3334 % 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 0.1529

Section D. Computation of Investment Income Percentage 17

18

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

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

Schedule A (Form 990 or 990-EZ) 2008 SUSQUEHANNA VALLEY CHORALE

23-7171719

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

\$

64,686

Form **8868** 

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Desertment of t	ho Troopun	N. Elle a company of Park of Company of Company		l	
Department of t Internal Revenu		File a separate application for each return.			
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I and check this box			► X
If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fol	m)		
Do not comp	lete Part II uni	ess you have already been granted an automatic 3-month extension on a previously filed I	Form 886	8	
Part I	_	c 3-Month Extension of Time. Only submit original (no copies needed			
<b>A</b>		Form 000 T and convenien on outerwate 6 month outerway about the boy and comple	••		
•	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and comple	te		. □
Part I only					
•	orations (includ come tax return	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex s	dension o	of	
Electronic Fi	ling (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of	f time to f	file	
one of the ret	urns noted belo	w (6 months for a corporation required to file Form 990-T) However, you cannot file Form	8868		
electronically	ıf (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88	70, grou	р	
returns, or a	composite or co	insolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (	Part II) of	Form	
8868 For mo	re details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonj	profits		
Type or	Name of Ex	empt Organization	Employ	er identi	fication number
print					
File by the	SUSQUE	HANNA VALLEY CHORALE	23-7	1717	19
due date for	Number, str	eet, and room or suite no. If a P.O. box, see instructions			
filing your return See	P O BC	X 172			
instructions	City, town or LEWISE	post office, state, and ZIP code. For a foreign address, see instructions URG PA 17837-0172			
Check type o	<del></del>	iled (file a separate application for each return)			
X Form 9		Form 990-T (corporation)			Form 4720
Form 9		Form 990-T (sec 401(a) or 408(a) trust)	_	$\vdash$	Form 5227
Form 9		Form 990-T (trust other than above)		$\vdash$	Form 6069
Form 9		Form 1041-A		$\vdash$	Form 8870
_				_	
The book	s are in the car	e of ▶ DIANNA KUNKEL			
Telephon	e No ▶ 57	0-523-1041 FAX No ►			
<ul><li>If the orga</li></ul>	anization does	not have an office or place of business in the United States, check this box			▶ ∐
If this is for	or a Group Reti	irn, enter the organization's four digit Group Exemption Number (GEN)	If this is		
	group, check th		attach		
		Is of all members the extension will cover			
		3-month (6 months for a corporation required to file Form 990-T) extension of time			
	2/16/10		IS		
for the o	organization's r	eturn for			
<b>▶</b>   _	calendar year	or 5 /00 /00			
► X	tax year begin	ning $7/01/08$ , and ending $6/30/09$			
2 If this ta	x year is for le	s than 12 months, check reason	n account	ting perio	od
3a If this or	anliantion is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	-		2-	•	
		credits See instructions	3a	\$	
		Form 990-PF or 990-T, enter any refundable credits and estimated tax		•	
		the any prior year overpayment allowed as a credit	3b	\$	
		line 3b from line 3a Include your payment with this form, or, if required,			
	-	on or, if required, by using EFTPS (Electronic Federal Tax Payment		•	
	See instruction		3c	\$	
for payment in		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88	4-EO		
- Payment II	.5.1.00110113				

Form **8868** 

# Application for Extension of Time To File an Exempt Organization Return

OMR No. 1545-1709

(Rev April 2009)							
Department of the Treasury Internal Revenue Service		► File a separate application for each return.			_		
		itomatic 3-Month Extension, complete only Part I and check this box				<b>▶</b> X	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete							
Part I only						▶ □	
All other corpo	•	ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte s	nsion (	of			
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 i	f (1) you want	the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	), grou	р			
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 mor	e details on th	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonpre	ofits				
Type or Name of Exempt Org		empt Organization	Employer identification numb			ber	
print	CHCOHE	VIIANNA VALLEY CHODALE	י כו	1717	1.0		
File by the due date for			<u>. 3 - 1</u>	<u> 1717:</u>	1.9		
filing your	P O BOX 172						
return See instructions	Gee						
	LEWISB	BURG PA 17837-0172					
Check type of	return to be f	filed (file a separate application for each return)		_			
X Form 99	Form 990 Form 990-T (corporation)						
Form 99	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)						
Form 99	Form 990-EZ Form 990-T (trust other than above)				orm 6069		
☐ Form 990-PF ☐ Form 1041-A ☐					orm 8870		
The books are in the care of ▶ DIANNA KUNKEL  Telephone No ▶ 570-523-1041  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  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 $2/16/10$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for							
calendar year or							
_	X tax year beginning 7/01/08, and ending 6/30/09						
، ب	,						
2 If this tax	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period						
•	•	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
		e credits. See instructions	3a	\$		<del></del>	
	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  Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			\$			
		on or, if required, by using EFTPS (Electronic Federal Tax Payment					
	See instruction	· · · · · · · · · · · · · · · · · · ·	3c	\$			
	aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO						
or payment instructions							