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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**SCHUYLKILL CHAMBER FOUNDATION, INC.**

Number and street (or P O box, if mail is not delivered to street address)

91 SOUTH PROGRESS AVENUE

Room/suite

City or town, state or country, and ZIP + 4

POTTSVILLE**PA 17901****D** Employer identification number**26-1855230****E** Telephone number**570-622-1942****F** Group Exemption

Number ▶

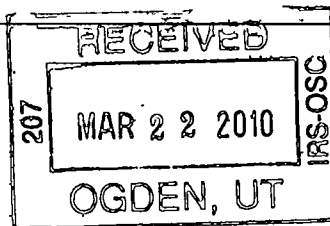
- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ▶

I Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 ▶ \$ **60,757****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	34,422
	2	Program service revenue including government fees and contracts	2	24,963
	3	Membership dues and assessments	3	
	4	Investment income	4	
	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 sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	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 ▶ SEE STATEMENT 1)	8	1,372	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	60,757	
Expenses	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	
	13	Professional fees and other payments to independent contractors	13	11,055
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,618
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	15,714
17	Total expenses. Add lines 10 through 16	17	28,387	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,370
	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	
	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	32,370

**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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		32,370
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	0	32,370
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	32,370

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

DAA

3 69

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

What is the organization's primary exempt purpose?

SEE STATEMENT 3

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 4

Expenses

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

(Grants \$ _____) If this amount includes foreign grants, check here

28a	20,436
-----	--------

(Grants \$ _____) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32	20,436
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

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?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
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		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 PA		
42a The books are in care of SHANNON SMITH Telephone no 570-622-1942 91 SOUTH PROGRESS AVENUE Located at POTTSVILLE, PA ZIP + 4 17901		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

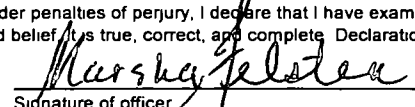
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the 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
49b 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 0				

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 0		

Sign Here	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.			
	 Signature of officer MARSHA FELSTEN Type or print name and title		Date 3.12.2010 PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	LIPKIN MARSHALL BOHORAD & THORNBURG, PC ONE NORWEGIAN PLAZA, PO BOX 1280 POTTSVILLE, PA 17901-7280	3/12/10	P00027851
	EIN	23-2039016	Phone no	570-622-1811
May the IRS discuss this return with the preparer shown above? See instructions Yes ☐ No ☐				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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.")					34,422	34,422
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					34,422	34,422
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)						18,042
6 Public support. Subtract line 5 from line 4						16,380

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					34,422	34,422
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.)					26,335	26,335
11 Total support. Add lines 7 through 10						60,757
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☒						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
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 ► ☐		
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 ► ☐		
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 ► ☐		
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 ► ☐		
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 ► ☐		

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 ► ☐

Part IV **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 II, LINE 10 - OTHER INCOME DETAIL**

LEADERSHIP CLASS TUITION	\$	18,300
LEADERSHIP CLASS PROJECT INCOME	\$	810
LEADERSHIP CLASS GRADUATION DINNER	\$	875
EXECUTIVE LEADERSHIP CLASS TUITION	\$	4,978
MISCELLANEOUS	\$	1,372

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	2,500	\$ 1,285
	2,500	1,285
	2,500	1,285
	2,500	1,285
	2,600	1,385
	1,500	285
	2,700	1,485
	2,000	785
	1,500	285
	1,000	
	250	
	300	
	7,022	5,807
	3,000	1,785
	250	
	2,300	1,085
TOTAL	\$ <u>34,422</u>	\$ <u>18,042</u>

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 1,372
TOTAL	\$ 1,372

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
LEADERSHIP CLASS	\$
SUPPLIES	3,263
CONFERENCES/MEETINGS	6,490
CLASS PROJECT	3,810
MISCELLANEOUS	260
EXECUTIVE LEADERSHIP	
SNACKS FOR CLASSROOM	5
GRADUATION DINNER	360
EXPENSES	
TRAVEL	278
CONFERENCES	40
MISCELLANEOUS	90
YOUTH LEADERSHIP PROGRAM	12
YOU GO GIRL PROGRAM	1,106
TOTAL	\$ 15,714

Federal Statements**Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO BUILD STRONG LEADERS AND PREPARE TOMORROW'S EMPLOYEES THROUGH PROGRAMS AND PARTNERSHIP FOR A BETTER SCHUYLKILL COUNTY.

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

THE ORGANIZATION PROVIDED THE FOLLOWING PROGRAMS TO THE NUMBER OF ATTENDEES INDICATED:

GENERATION NEXT - 38
MEN AT WORK - 44
YOU GO GIRL - 52
JOB SHADOWING - 26
YOUTH LEADERSHIP - 212
EXECUTIVE LEADERSHIP - 56
SCHUYLKILL LEADERSHIP - 454

ALL STUDENTS, BOTH ADULTS AND ADOLESCENTS, WERE TAUGHT THE IMPORTANCE OF LEADERSHIP, NOT ONLY IN THEIR DAILY LIVES BUT ALSO IN THE WORK PLACE, AND WERE TAUGHT WHAT THEY COULD DO TO BECOME ESSENTIAL LEADERS IN SCHUYLKILL COUNTY. ATTENDEES WERE SHOWN THAT THERE ARE MANY OPPORTUNITIES AVAILABLE TO THEM NEARBY.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
COREY BIERLEY 390 HIGHRIDGE PARK RD. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
PAUL DATTE 450 W. MARKET ST. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
PAULA EMERY 85 KEYSTOKER LANE SCHUYLKILL HAVEN, PA 17972	DIRECTOR	1	0	0	0
MARSHA FELSTON 234 HIGH ST. TAMAQUA, PA 18252	PRES./DIR.	4	0	0	0
MANTURA GALLAGHER 401 N. SECOND ST. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
MICAH GURSKY 360 W. RUDDLE ST. COALDALE, PA 18218	1ST VP/DIR.	2	0	0	0
CHARLENE HOFFMAN 120 S. CENTRE ST. POTTSVILLE, PA 17901	TREAS./DIR.	3	0	0	0
ED JOHNSON 220 MOREA RD. FRACKVILLE, PA 17931	DIRECTOR	1	0	0	0
DAVE KAUNAS P.O. BOX 235 ORWIGSBURG, PA 17661	DIRECTOR	1	0	0	0
DIANE LUICANA 99 PACKER DR.	DIRECTOR	1	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JIM THORPE, PA 18229					
MARY LOU MICHAELS 17 MAPLE AVE. MAR LIN, PA 17951	DIRECTOR	1	0	0	0
JILLIAN MULLEN 1-7 W. CENTRE ST. MAHANAY CITY, PA 17948	SEC./DIR.	2	0	0	0
HENRY NYCE 111 MAHANTONGO ST. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
WAYNE PACE 513 W. PHEASANT RUN RD. ORWIGSBURG, PA 17961	DIRECTOR	1	0	0	0
STACEY PARK P.O. BOX 179 POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
JOANNE PARULIS 91 S. PROGRESS AVE. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
JOE POPSON 1 S. CENTRE ST. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0
JESARELA REVELO 53 POTTSVILLE ST. CRESSONA, PA 17929	DIRECTOR	1	0	0	0
DAVID ROGERS 1201 KEYSTONE BLVD. POTTSVILLE, PA 17901	DIRECTOR	1	0	0	0

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LINDA WALINSKY 47 S. MAIN ST. MAHANAY CITY, PA 17948	2ND VP/DIR.	2	0	0	0
BOB YUDINSKY 113 W. OAK ST. SHENANDOAH, PA 17976	DIRECTOR	1	0	0	0
LORI KANE 91 S. PROGRESS AVE. POTTSVILLE, PA 17901	EXEC. DIR.	16	6,500	0	0

- 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		Employer identification number
	SCHUYLKILL CHAMBER FOUNDATION, INC.		26-1855230
	Number, street, and room or suite no. If a P.O. box, see instructions 91 SOUTH PROGRESS AVENUE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions POTTSVILLE PA 17901		

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

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

- The books are in the care of **LORI KANE**

Telephone No **570-622-1942**

FAX No **570-622-1638**

- 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) _____

for the whole group, check this box ☐

If it is for part of the group, check this box ☐

If this is ☐ 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 **5/15/10**
- 5 For calendar year _____, or other tax year beginning **7/01/08**, and ending **6/30/09**
- 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 REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE 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	\$

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 ▶

[Handwritten Signature]

Title ▶ **CPA**

Date ▶ **2/16/10**

Form **8868** (Rev 4-2009)