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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009**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
THE CHRISTIAN LAYMANS CORPS.
258 EAST PITTSBURGH STREET
GREENSBURG, PA 15601**D** Employer identification number

31-1635995

E Telephone number

724-834-4464

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) ► **MODIFIED CASH****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► \$ **493,084.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	272,222.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,470.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and 2008 expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att 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	24,182.
6b	Less: direct expenses other than fundraising expenses	6b	8,061.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,121.
7a	Gross sales of inventory, less returns and allowances	7a	195,210.
7b	Less: cost of goods sold	7b	195,210.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	289,813.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	1,854.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	39,370.
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,695.
16	Other expenses (describe ► SEE STATEMENT 2)	16	220,434.
17	Total expenses (add lines 10 through 16)	17	263,353.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	26,460.
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	304,239.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-3,226.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	327,473.

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	136,433.	121,376.
23 Land and buildings	227,260.	241,804.
24 Other assets (describe ► SEE STATEMENT 4)	34,234.	72,478.
25 Total assets	397,927.	435,658.
26 Total liabilities (describe ► SEE STATEMENT 5)	93,688.	108,185.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	304,239.	327,473.

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

Form 990-EZ (2008)

Part V Other Information (Note the statement requirement in General Instruction V.)

	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 SEE STATEMENT 11		
a Did the organization have unrelated business gross income of \$1,000 or more or 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 instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 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 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 40b		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 40e		X
41 List the states with which a copy of this return is filed PA		

42a The books are in care of **KIM DEBES** Telephone no **724-834-4464**
 Located at **258 E. PITTSBURGH ST, GREENSBURG, PA** ZIP + 4 **15601**

	Yes	No
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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		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 45		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. SEE STATEMENT 12

- | | 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 | 46 | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If 'Yes,' was the related organization(s) a section 527 organization? | 49b | |

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'

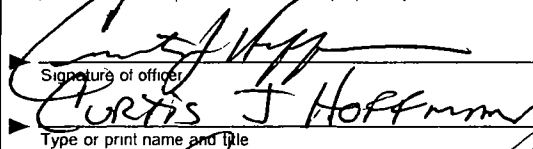
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

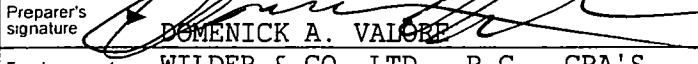
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

Sign Here

Signature of officer:  Date: 1-15-10
Type or print name and title: CURTIS J. HOFFMANN

Paid Preparer's Use Only

Preparer's signature:  Date: 1/12/09
Firm's name (or yours if self-employed), address, and ZIP + 4: DOMENICK A. VALORE
WILDER & CO. LTD., P.C., CPA'S
1100 SUMMIT WAY
GREENSBURG, PA 15601
Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A
EIN: N/A
Phone no: (724) 832-2430

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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 "unusual grants.")	165,203.	175,909.	246,527.	242,047.	272,222.	1,101,908.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	165,203.	175,909.	246,527.	242,047.	272,222.	1,101,908.
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)						0.
6 Public support. Subtract line 5 from line 4						1,101,908.

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	165,203.	175,909.	246,527.	242,047.	272,222.	1,101,908.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	826.	927.	2,018.	2,433.	1,470.	7,674.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						1,109,582.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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	99.3 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.4 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 yr 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 on 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 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)

This image shows a full page of handwriting practice paper. It features 20 evenly spaced horizontal dashed lines across the entire width of the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

Department of the Treasury
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open to Public Inspection

31-1635995

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations

- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

☐ Yes ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF OUTING</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	19,954.			19,954.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	19,954.			19,954.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes	106.			106.
	6 Rent/facility costs	7,669.			7,669.
	7 Other direct expenses	286.			286.
	8 Direct expense summary Add lines 4- through 7 in column (d)				8,061.
	9 Net income summary Combine lines 3 and 8 in column (d)				11,893.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name. ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address

Name ▶ _____

Address: ▶ _____

16 Gaming manager information

Name. ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

THE CHRISTIAN LAYMANS CORPS.

31-1635995

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	APPALACHIA HELPING HAND		
CASH AMOUNT GIVEN:		\$	1,140.
DONEE'S NAME:	WESTMORELAND CO. FOOD BANK		
CASH AMOUNT GIVEN:		\$	200.
DONEE'S NAME:	ST. EMMA MONASTERY		
CASH AMOUNT GIVEN:		\$	52.
DONEE'S NAME:	BLESSED SACRAMENT BETHLEHEM PROJECT		
CASH AMOUNT GIVEN:		\$	100.
DONEE'S NAME:	VARIOUS INDIVIDUAL RECIPIENTS		
CASH AMOUNT GIVEN:		\$	362.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AMORTIZATION	\$	158.
BANK FEES		200.
DEPRECIATION		27,460.
DUES & SUB		316.
E-BAY EXPENSE		154.
FOOD PROGRAM		8,570.
FUND-RAISING EXPENSE		3,240.
FURN. & SUPPLIES - VOUCHER		63,186.
HAULING		135.
INSURANCE		13,106.
INTEREST		5,815.
INTERNET SERVICE		720.
INVESTMENT EXPENSE		89.
LICENSES & PERMITS		170.
OFFICE EXPENSE		5,502.
PROFESSIONAL FEES		9,610.
RENT - PARKING SPACE		720.
RENT - STORAGE		10,050.
REPAIR & MAINTENANCE		10,892.
SECURITY		704.
SUBCONTRACTORS		7,654.
SUPPLIES		3,780.
TELEPHONE		4,320.
UTILITIES		21,751.
VEHICLE EXPENSES		19,799.
VOLUNTEER EXPENSES		2,333.
TOTAL	\$	<u>220,434.</u>

THE CHRISTIAN LAYMANS CORPS.

31-1635995

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS		\$	-3,226.
	TOTAL	\$	<u>-3,226.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 16,510.	\$ 38,897.
INTANGIBLE ASSETS	1,552.	1,394.
INVENTORIES	8,538.	20,251.
MACHINERY AND EQUIPMENT	6,714.	6,464.
MISCELLANEOUS	920.	5,472.
TOTAL	<u>\$ 34,234.</u>	<u>\$ 72,478.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL WITHHOLDING	\$ 1,020.	\$ 1,484.
SALES TAX PAYABLE	616.	778.
SECURED MORTGAGES AND NOTES PAYABLE	92,052.	105,923.
TOTAL	<u>\$ 93,688.</u>	<u>\$ 108,185.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUTREACH TO THE POOR THROUGH THE COLLECTION AND DISTRIBUTION OF FOOD AND GOODS TO INDIGENT GROUPS.

STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DISTRIBUTION OF FOOD, CLOTHING, AND OTHER HOUSEHOLD GOODS TO VARIOUS CHURCHES AND MISSIONS IN SOUTHWESTERN PENNSYLVANIA, WEST VIRGINA, AND KENTUCKY TO PROVIDE FOR NEEDY INDIVIDUALS AND FAMILIES. FOR THE YEAR ENDED JUNE 30, 2009, APPROXIMATELY 254 TRUCKLOADS OF GOODS WERE DISTRIBUTED.

THE CHRISTIAN LAYMANS CORPS.

31-1635995

STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BED FOR EVERY CHILD PROGRAM PROVIDES BEDS, MATTRESSES, BEDDING, AND DRESSERS TO CHILDREN REFERRED BY OTHER AGENCIES AND CHURCHES. THE PROGRAM IS DESIGNED TO COMPLY WITH A REGULATION THAT FORCES NEEDY CHILDREN WITHOUT BEDS TO BE PLACED IN FOSTER HOMES. DURING THIS FISCAL YEAR, OVER 184 CHILDREN RECEIVED BEDS WHICH ENABLED THEM TO STAY IN THEIR OWN HOMES.

STATEMENT 9
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

VOUCHER PROGRAM - PROVIDED FURNITURE, CLOTHING, AND OTHER HOUSEHOLD GOODS TO RECIPIENTS IDENTIFIED BY VOUCHERS FROM VARIOUS AREA SHELTERS AND HUMAN SERVICE ORGANIZATIONS. FOR THE PERIOD ENDED JUNE 30, 2009 AN ESTIMATED TOTAL OF 1,097 INDIVIDUALS WERE PROVIDED ASSISTANCE.

STATEMENT 10
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
AN "EMERGENCY FOOD PANTRY" FOR THE WESTMORELAND COUNTY FOOD BANK. PROVIDED BOXED FOOD AND VOUCHERS FOR MILK AND EGGS TO INDIVIDUALS. FOR THE PERIOD ENDED JUNE 30, 2009 A TOTAL OF 3,194 HOUSEHOLDS WERE PROVIDED WITH ASSISTANCE.		13,967.
INCLUDES FOREIGN GRANTS: NO		
GRANTS AND ALLOCATIONS MADE TO OTHER HUMAN SERVICE ORGANIZATIONS THAT HAVE A SIMILAR MISSION.	1,492.	1,492.
INCLUDES FOREIGN GRANTS: NO		
EMERGENCY CASH ASSISTANCE PROVIDED TO MEET BASIC NEEDS OF INDIVIDUALS FOR RENT, UTILITIES, MEDICAL, ETC.	362.	362.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 1,854.	\$ 15,821.

STATEMENT 11
FORM 990-EZ, PART V, LINE 35
REASON FOR INCOME NOT REPORTED ON FORM 990-T

ALL INCOME FROM BUSINESS ACTIVITIES CONSISTS OF:
 1. GROSS REVENUE FROM SPECIAL FUNDRAISING EVENTS THAT ARE NOT REGULARLY CARRIED ON.
 2. SELLING MERCHANDISE RECEIVED AS CONTRIBUTIONS.

STATEMENT 12

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2008

FEDERAL SUPPORTING DETAIL

PAGE 1

THE CHRISTIAN LAYMANS CORPS.

31-1635995

BALANCE SHEET

INVENTORIES (IF DIFFERENT FROM ENTRIES IN INVENTORY SALES)

INVENTORY - THRIFT SHOP

\$ 3,950.

INVENTORY - WOMEN & CHILDREN SHELTER

16,301.

TOTAL \$ 20,251.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **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 corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE CHRISTIAN LAYMANS CORPS.	31-1635995
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	258 EAST PITTSBURGH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GREENSBURG, PA 15601	

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

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

- The books are in the care of ► KIM DEBES

Telephone No ► 724-834-4464 FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 4-2009)