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EXTENSION GRANTED TO 8/14/10

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Department 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDEPENDENT CHURCH IN INDIA		D Employer identification number 20-4766321
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 290 SYNER ROAD		E Telephone number (717) 865-7885
		City or town, state or country, and ZIP + 4 ANNVILLE PA 17003		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: ▶ www.indchurch.org

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

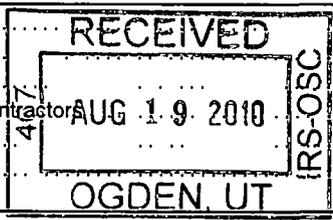
J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 254,881.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
RECEIPTS	1	Contributions, gifts, grants, and similar amounts received															254,626.														
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income																255.													
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																													
	6b	Less: direct expenses other than fundraising expenses																													
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
7a	Gross sales of inventory, less returns and allowances																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe ▶ _____)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																													254,881.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)																												208,039.	
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													19,291.
	13	Professional fees and other payments to independent contractor																													53.
	14	Occupancy, rent, utilities, and maintenance																													2,820.
	15	Printing, publications, postage, and shipping																													2,966.
	16	Other expenses (describe ▶ See Other Expenses Statement)																													14,673.
17	Total expenses. Add lines 10 through 16																													247,842.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													7,039.	
NET ASSETS	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)																												125,803.	
	20	Other changes in net assets or fund balances (attach explanation)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													132,842.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	86,513.	91,646.
23	Land and buildings	42,348.	42,348.
24	Other assets (describe ▶ _____)	0.	0.
25	Total assets	128,861.	133,994.
26	Total liabilities (describe ▶ ACCRUED PAYROLL LIABILITIES)	3,058.	1,152.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	125,803.	132,842.

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

Form 990-EZ (2009)

TEEA0812 01/30/10

SCANNED SEP 10 2010

99#10 15

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

What is the organization's primary exempt purpose? TO PROVIDE FOOD, SHELTER, MEDICINE, AND BASIC NEEDS TO THE POOR IN INDIA
 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.

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

28	<u>LEPROSY OUTREACH PROGRAM-SEE ATTACHMENT</u> ----- ----- (Grants \$ <u>62,218.</u>) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	<u>62,218.</u>
29	<u>NATIVE MISSIONARY PROGRAM-SEE ATTACHMENT</u> ----- ----- (Grants \$ <u>55,117.</u>) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	<u>55,117.</u>
30	<u>GOSPEL MEDIA - SEE ATTACHMENT</u> ----- ----- (Grants \$ <u>24,583.</u>) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	<u>24,583.</u>
31	Other program services (attach schedule) <u>SEE ATTACHMENT</u> (Grants \$ <u>66,121.</u>) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	<u>66,121.</u>
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	<u>208,039.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>LOWELL SMITH</u> <u>139 N. NINTH STREET</u> <u>LEBANON PA 17046</u>	<u>PRESIDENT</u> <u>40.00</u>	<u>18,000.</u>	<u>0.</u>	
<u>KATHY SMITH</u> <u>139 N. NINTH STREET</u> <u>LEBANON PA 17046</u>	<u>VICE-PRESIDENT</u> <u>40.00</u>	<u>0.</u>	<u>0.</u>	
<u>KRISTI HACKMAN</u> <u>205 S. CHERRY STREET</u> <u>MYERSTOWN PA 17067</u>	<u>SECRETARY</u> <u>2.00</u>	<u>0.</u>	<u>0.</u>	
<u>JOANN Y HAUER</u> <u>290 SYNER ROAD</u> <u>ANNVILLE PA 17003</u>	<u>TREASURER</u> <u>5.00</u>	<u>0.</u>	<u>0.</u>	
<u>MELVIN S HUYARD</u> <u>139 HOMESTEAD LANE</u> <u>LEOLA PA 17540</u>	<u>DIRECTOR</u> <u>0.00</u>	<u>0.</u>	<u>0.</u>	
<u>GLEN BURNS</u> <u>112 AIRPORT RD</u> <u>COATESVILLE PA 19320</u>	<u>DIRECTOR</u> <u>0.00</u>	<u>0.</u>	<u>0.</u>	
----- ----- -----				

Part V Other Information (Note the statement requirements in the instrs for Part 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? 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 why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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.
37b	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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	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; section 4912; section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		

42a The organization's books are in care of LOWELL SMITH Telephone no. (717) 865-7885
 Located at 139 N. 9TH STREET LEBANON PA ZIP + 4 17046

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		X

50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here *Joann Y. Hauer* Date 8/16/10

Signature of officer

JOANN Y. HAUER Treasurer

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Non-Paid Preparer		
	EIN		
	Phone no		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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			N/A			
4 Total. Add lines 1-through 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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			N/A			
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. 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. <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)			234,447.	241,376.	254,626.	730,449.
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 through 5			234,447.	241,376.	254,626.	730,449.
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						730,449.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			234,447.	241,376.	254,626.	730,449.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			426.	817.	255.	1,498.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			426.	817.	255.	1,498.
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 lns 9, 10c, 11, and 12)						731,947.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. 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 – 2008. 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

Attachment 1

Line 28

Leprosy Outreach Program – Provided instruction in the Gospel of Jesus Christ, Bibles, and tracts, and humanitarian aid in the form of shelter, food, clothing, medical care, blankets, and other basic necessities to over 4,000 needy leprosy victims in India. Maintained and operated a shelter where we provided basic needs for 13 homeless leprosy victims.

Expenses: \$62,218

Line 29

Native Missionary Program – Provided assistance for poor native pastors and missionaries through cash, food, clothing, Bibles and tracts, and ministry equipment and supplies. Assisted 80 native missionaries to preach the Gospel of Jesus Christ, and to lead prayer, religious services, Bible study meetings, and food and medical outreaches for thousands of people in India.

Expenses: \$55,117

Line 30

Gospel Media – Provided thousands of New Testament Bibles, Gospel tracts, videos, and other religious media material to India. Produced and broadcasted television episodes of Bible programs in native Indian languages, reaching thousands of viewers. Expenses: \$24,583

Line 31

Other programs services:

Orphanage Program – Maintained and operated an orphanage in India. Provided shelter, food, clothing, medical care, school-related needs, and all other necessities for 24 needy orphan or abandoned children in India. Provided loving Christian environment, guardianship, and Bible instruction for the children.

Expenses: \$23,243

Church Assistance – Provided for rental, remodeling, and construction work for church worship facilities in India. Expenses: \$20,404

Good Samaritan Program – Provided rice, medical care, clothing, home repairs, and other humanitarian aid for poor residents in India. Expenses: \$12,421

Missionary Vehicle Assistance – Provided fuel, service, supplies, and other necessities for operating and maintaining vehicles used by native Indian missionaries while preaching the Gospel of Jesus Christ and performing other religious and humanitarian services in India. Expenses: \$6,115

US Missionary Program – Provided travel and other expenses for US missionaries ministering in India. Expenses: \$3,938

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>PASTORS EXPENSES</u>	<u>1,224.</u>
<u>EQUIPMENT SUPPLIES</u>	<u>1,790.</u>
<u>OFFICE SUPPLIES</u>	<u>3,174.</u>
<u>SUPPLIES</u>	<u>846.</u>
<u>INSURANCE</u>	<u>392.</u>
<u>VEHICLES EXPENSES</u>	<u>704.</u>
<u>INTERNET/WEBSITE HOSTING</u>	<u>195.</u>
<u>PAYPAL EXPENSES</u>	<u>357.</u>
<u>SMALL EQUIPMENT</u>	<u>54.</u>
<u>TITHE</u>	<u>1,590.</u>
<u>BANK FEES</u>	<u>1,090.</u>
<u>TRAVEL EXPENSES</u>	<u>3,257.</u>
Total	<u>14,673.</u>

Application for Extension of Time To File an Exempt Organization Return

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
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Type or print	Name of Exempt Organization INDEPENDENT CHURCH IN INDIA	Employer identification number 20-4766321
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 290 SYNER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ANNVILLE PA 17003	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ LOWELL SMITH

Telephone No. ▶ (717) 865-7885 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 Aug 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

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.
3b 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.
3c 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.