

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

A For the 2000 calendar year, or tax year period beginning July 1, 2000, and ending June 30, 2001

B Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization

Friendship Community

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1149 E. Oregon Rd.

City or town, state or country, and ZIP code

Lititz PA 17543

D Employer identification number

23 1892383

E Telephone number

(717) 656-2466

F Check ☐ if application pendingG Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 527 or ☐ 4947(a)(1)

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

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes" enter number of affiliates ☐H(c) Are all affiliates included? ☐ Yes ☐ No (If "No" attach a list. See inst.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Enter 4-digit group exemption no. (GEN) ☐L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support		1a	658,725		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c	3,886,942		
	d	Total (add lines 1a through 1c) (cash \$ 4,535,667 noncash \$ 10,000)		1d	4,545,667		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	795,141		
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		4			
	5	Dividends and interest from securities		5	8,932		
	6a	Gross rents		6a			
b	Less rental expenses		6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c				
7	Other investment income (describe <input type="checkbox"/> )		7				
Revenue	8a	Gross amount from sales of assets other than inventory		(A) Securities	8a	2,500	
	b	Less cost or other basis and sales expenses		8b	-0-		
	c	Gain or (loss) (attach schedule)		8c	2,500		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	2,500		
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a	59,848		
	b	Less direct expenses other than fundraising expenses		9b	-0-		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	59,848		
	10a	Gross sales of inventory, less returns and allowances		10a			
	b	Less cost of goods sold		10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c				
11	Other revenue (from Part VII, line 103)		11	4,170			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	5,412,258			
Expenses	13	Program services (from line 44, column (B))		13	4,538,959		
	14	Management and general (from line 44, column (C))		14	609,006		
	15	Fundraising (from line 44, column (D))		15	79,951		
	16	Payments to affiliates (attach schedule)		16			
	17	Total expenses (add lines 13 and 14, column (A))		17	5,227,916		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	184,342		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,415,927		
	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, 19, and 20)		21	1,600,269		

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	2,889,786	2,503,846	341,046	44,894
27	Pension plan contributions	27	66,585	50,465	14,357	1,763
28	Other employee benefits	28	438,395	400,428	32,889	5,078
29	Payroll taxes	29	213,139	183,350	26,440	3,349
30	Professional fundraising fees	30				
31	Accounting fees	31	16,000		16,000	
32	Legal fees	32				
33	Supplies	33	106,790	101,430	5,145	215
34	Telephone	34	40,271	27,173	12,012	1,086
35	Postage and shipping	35	9,906		6,561	3,345
36	Occupancy	36	259,523	248,930	10,593	
37	Equipment rental and maintenance	37	21,610	9,498	12,112	
38	Printing and publications	38	28,983		15,601	13,382
39	Travel	39	75,872	68,353	5,954	1,565
40	Conferences, conventions, and meetings	40	42,227		41,609	618
41	Interest	41	193,552	181,688	11,864	
42	Depreciation, depletion, etc (attach schedule)	42	347,640	346,716		924
43	Other expenses (itemize): a	43a				
b	See supporting schedule	43b	477,637	417,082	56,823	3,732
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	5,227,916	4,538,959	609,006	79,951

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? <i>See attached</i>		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a	Intermediate Care Facilities - see attached	
	(Grants and allocations \$ -0- )	1,355,370
b	Community living Arrangements & Community Residential Facilities - see attached	
	(Grants and allocations \$ -0- )	2,506,897
c	Friendship Ministries - see attached	
	(Grants and allocations \$ -0- )	676,692
d		
	(Grants and allocations \$ )	
e	Other program services (attach schedule)	
	(Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,538,959

**Part IV Balance Sheets** (See Specific Instructions on page 23)

Note		(A) Beginning of year		(B) End of year	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	153,211	46	421,022	
	47a Accounts receivable	47a 172,435			
	b Less allowance for doubtful accounts	47b -0-	54,112	47c 172,435	
	48a Pledges receivable	48a 23,040			
	b Less allowance for doubtful accounts	48b -0-	57,500	48c 23,040	
	49 Grants receivable	390,032	49	335,173	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	2,783	50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	6,008	53	8,155	
	54 Investments—securities (attach schedule)	27,742	54	22,627	
	55a Investments—land, buildings, and equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a 6,801,242				
b Less accumulated depreciation (attach schedule)	57b 1,682,942	4,972,095	57c 5,118,300		
58 Other assets (describe ► Finance Costs Net of Amort.)	37,684	58	35,701		
59 Total assets (add lines 45 through 58) (must equal line 74)	5,701,167	59	6,136,453		
Liabilities	60 Accounts payable and accrued expenses	296,863	60	260,434	
	61 Grants payable	47,635	61	40,361	
	62 Deferred revenue	744,593	62	735,764	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	3,187,374	64b	3,475,281	
	65 Other liabilities (describe ► )	8,775	65	24,344	
66 Total liabilities (add lines 60 through 65)	4,285,240	66	4,536,184		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,403,148	67	1,511,412	
	68 Temporarily restricted	12,779	68	88,857	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,415,927	73	1,600,269	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	5,701,167	74	6,136,453	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Friendship Community 6/30/01 #23-1892383

**Part IV-A**      **Reconciliation of Revenue per Audited  
Financial Statements with Revenue per  
Return (See Specific Instructions, page 25 )**

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	5,412,258
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line a.		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	5,412,258

<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	5,227,916
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	5,227,916

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **▶** ☐ Yes ☒ No  
If "Yes," attach schedule—see Specific Instructions on page 26

**Part VI Other Information** (See Specific Instructions on page 26)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
<b>b</b> If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt <b>OR</b> <input type="checkbox"/> nonexempt			
<b>81a</b> Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	None	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	81b		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? <i>Value of program services is not determined</i>	82a	X	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	85a		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
<b>c</b> Dues, assessments, and similar amounts from members	85c		
<b>d</b> Section 162(e) lobbying and political expenditures	85d		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
<b>86</b> 501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b		
<b>87</b> 501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders	87a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> -0-, section 4912 <input type="checkbox"/> -0-, section 4955 <input type="checkbox"/> -0-			
<b>b</b> 501(c)(3) and 501(c)(4) orgs 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," attach a statement explaining each transaction	89b		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-	
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		-0-	
<b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> Pennsylvania			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	134	
<b>91</b> The books are in care of <input type="checkbox"/> Friendship Community Telephone no <input type="checkbox"/> (717) 656-2466			
Located at <input type="checkbox"/> 1149 E. Oregon Rd., Lititz PA ZIP code <input type="checkbox"/> 17543			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

Friendship Community 6/30/01 #23-1892383

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue						
a Intermediate Care Facilities						133,640
b Residential Community Living Programs						251,598
c Personal Care Homes / Supported Living						405,903
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments			14	8,932		
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory			01	2,500		
101 Net income or (loss) from special events			01,05	59,848		
102 Gross profit or (loss) from sales of inventory						
103 Other revenue a Miscellaneous						4,170
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))				71,280		795,311
105 Total (add line 104, columns (B), (D), and (E))						866,591

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Room & Board for mentally retarded persons served in our residential programs.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

urn, including accompanying schedules and statements, and to the best of my knowledge  
er (other than officer) is based on all information of which preparer has any knowledge

2/7/02

Charles G. Bauman, Executive Director

Department of the Treasury  
Internal Revenue Service

**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2000

Name of the organization

## Friendship Community

Employer identification number

23 1892383

### Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

<b>Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services</b> (See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")					
(a) Name and address of each independent contractor paid more than \$50,000			(b) Type of service	(c) Compensation	
None					
Total number of others receiving over \$50,000 for professional services ▶					

**Part III Statements About Activities**

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:

**a** Sale, exchange, or leasing of property?

**b** Lending of money or other extension of credit?

**c** Furnishing of goods, services, or facilities?

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**e** Transfer of any part of its income or assets?

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.?

**4a** Do you have a section 403(b) annuity plan for your employees?

**b** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,682,303	3,153,370	3,036,509	2,177,882	12,050,064
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc., purpose	750,965	569,225	480,105	452,002	2,252,297
<b>18</b> Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,719	10,347	6,861	7,703	33,630
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	14,430	12,818	51,282	761	79,291
<b>23</b> Total of lines 15 through 22	4,456,417	3,745,760	3,574,757	2,638,348	14,415,282
<b>24</b> Line 23 minus line 17	3,705,452	3,176,535	3,094,652	2,186,346	12,162,985
<b>25</b> Enter 1% of line 23	44,564	37,458	35,748	26,383	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				
	d Add Amounts from column (e) for lines				
	18	33,630	19	-0-	
	22	79,291	26b	-0-	
	e Public support (line 26c minus line 26d total)				
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
					243,260
					-0-
					12,162,985
					112,921
					12,050,064
					99.07%
<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year				
	(1999)	(1998)	(1997)	(1996)	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines				
	15		16		
	17		20		
	d Add Line 27a total and line 27b total				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				
					27c
					27d
					27e
					27f
					27g %
					27h %
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Friendship Community 6/30/01 #23-1892383

**Part V Private School Questionnaire** (See page 5 of the instructions)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here ☐ a if the organization belongs to an affiliated groupCheck here ☐ b if you checked "a" above and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Friendship Community 9/30/01 #23-1892383

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions) *N/A*

*N/A*

- 51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

Yes	No
-----	----

(ii) Cash

51a(i)		
--------	--	--

(ii) Other assets

a(ii)		
-------	--	--

- b Other transactions**

**(i) Sales or exchanges of assets with a noncharitable exempt organization**

b(1)		
------	--	--

**(ii) Purchases of assets from a noncharitable exempt organization**

b(11)		
-------	--	--

(iii) Rental of facilities, equipment, or other assets

b(iii)		
--------	--	--

**(iv) Reimbursement arrangements**

b(IV)		
-------	--	--

(v) Loans or loan guarantees

$b(y)$		
--------	--	--

**(vi) Performance of services or membership or fundraising solicitations**

b(v)		
------	--	--

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

- 52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

☐ Yes ☐ No

- b** If "Yes," complete the following schedule:

[illegible]

FRIENDSHIP COMMUNITY  
EIN 23-1892383  
YEAR ENDED JUNE 30, 2001

FORM 990

PART I - STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

Line 1d - Total Contributions

The Organization meets the 33 33% support test of the Regulations under section 170(b) (1) (A) (vi) The Organization did not receive any contributions which exceeded 2% of the total contributions reported on Line 1d from any contributor for the year ended June 30, 2001

Line 8d - Gain or (loss) on sale of assets

A vehicle with zero basis was sold for \$2,500

FILE P \MSTONER\MISCELLANEOUS\990SUP

FRIENDSHIP COMMUNITY  
EIN 23-1892383  
YEAR ENDED JUNE 30, 2001

FORM 990

PART II - STATEMENT OF FUNCTIONAL EXPENSES

LINE 42, DEPRECIATION, DEPLETION, ETC

Friendship Community depreciates its assets using the straight-line method over their estimated useful lives as listed in the Uniform Chart of Accounts and Definitions for Hospitals published by the American Hospital Association

Description	Total	Program	Fundraising
Land Improvements	22,789	22,789	
Building/Leasehold Imp	197,210	197,210	
Equipment/Furnishings	35,996	35,072	924
Adaptive Equipment	2,031	2,031	
Vehicles	87,631	87,631	
Finance Costs (Amort )	1,983	1,983	
	-----	-----	-----
Total	347,640	346,716	924
	=====	=====	=====

LINE 43, OTHER EXPENSES

Description	Total	Program	Management	Fundraising
Purchased personnel	53,028	51,482	1,496	50
Resident programs	39,427	39,427		
Purchased services	8,263		8,263	
Staff development	22,720	19,221	3,191	308
Staff recruitment	9,852		9,852	
Insurance	34,051	25,884	8,167	
Food	136,366	136,366		
Clothing	4,134	4,134		
Resident Development	122,128	122,128		
Memberships	12,053	986	9,689	1,378
Miscellaneous	35,615	17,454	16,165	1,996
	-----	-----	-----	-----
Total	477,637	417,082	56,823	3,732
	=====	=====	=====	=====

FRIENDSHIP COMMUNITY  
EIN 23-1892383  
YEAR ENDED JUNE 30, 2001

FORM 990

**PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

Friendship Community strives to be an expression of caring for the needs of *mentally retarded persons and their families*. Friendship Community provides a continuum of residential, respite care, and other related services for the mentally retarded. See additional detail under Part III (a) to (c).

**PART III (a) - INTERMEDIATE CARE FACILITIES**

This program provides intermediate care for mentally retarded persons. All residents are engaged in strictly vocational programs outside the facility during the day.

**PART III (b) - COMMUNITY LIVING ARRANGEMENTS & COMMUNITY RESIDENTIAL FACILITIES**

This program provides group homes for mentally retarded persons and offers a range of residential and social services. The independent environment helps develop living skills. Respite care and family living programs are also available.

**PART III (c) - FRIENDSHIP MINISTRIES**

This is a privately funded church related service which includes counseling and networking, supervised living, respite care, and three personal care homes.

FILE P \MSTONER\MISCELLANEOUS\990SUP

FRIENDSHIP COMMUNITY  
 EIN 23-1892383  
 YEAR ENDED JUNE 30, 2001

FORM 990

PART VI - BALANCE SHEETS

LINE 50 Receivables due from officers, directors, trustees, and key employees  
 \$2,783 at 6/30/00 and \$0 at 6/30/01

LINE 57 Land, buildings, and equipment

Description	Cost	Accum Deprec	Book Value
Land	473,732	0	473,732
Land Improvements	377,440	256,440	121,000
Building/Leasehold Imp	5,035,854	929,068	4,106,786
Equipment/Furnishings	446,977	257,924	189,053
Adaptive Equipment	19,762	2,031	17,731
Vehicles	447,477	237,479	209,998
	-----	-----	-----
Total	6,801,242	1,682,942	5,118,300
	=====	=====	=====

LINE 64 Mortgages and notes payable

Lender	Balance
Bank of Lancaster County	
4 9% bond payable secured by property	2,015,603
7 2% mortgage secured by property	145,203
6 5% working capital loan secured by property	539,000
7 5% working capital loan secured by property	200,000
Eastern Mennonite Missions	
6 75% mortgages secured by property	450,122
7 0% unsecured	22,764
Mennonite Financial Federal Credit Union	
8 5% vehicle loans	30,335
8 0% vehicle loans	29,751
7 5% vehicle loans	16,615
7 0% vehicle loans	25,888
	-----
	3,475,281
	=====



Friendship Community  
 EIN 23-1892383  
 Year Ended June 30, 2001

Form 990

PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name and Address	Title	Hours	Col C Compensation	Col D EBP & DC	Col E Exp & Other
BOARD - SEE ATTACHED LIST		all 1 hour/wk	all \$0	all \$0	all \$0
Charles Bauman 1149 E Oregon Rd , Litz PA 17543	Exec Director	40	51,123	3,067	0
Bran French 1149 E Oregon Rd , Litz PA 17543	Dir of Programs	40	41,828	2,510	0
Sandy VanOrman 1149 E Oregon Rd , Litz PA 17543	Dir of Programs	40	40,899	0	0
Myron Stoner 1149 E Oregon Rd , Litz PA 17543	Dir of Finance	40	44,617	2,677	0
Irvin Enck 1149 E Oregon Rd , Litz PA 17543	Dir of Bldg	40	37,482	2,249	0
Milt Stoltzfus 1149 E Oregon Rd , Litz PA 17543	Dir of Develop	40	38,412	2,305	0
Robert Redcay 1149 E Oregon Rd , Litz PA 17543	Dir of HR	40	35,632	0	0

**FRIENDSHIP COMMUNITY**  
**Board of Directors**  
**January 9, 2002**

**Appointed by Eastern Mennonite Missions**

Jay C. Garber (President) 2275 New Danville Pike Lancaster, PA 17603 Phone 872-6298	(2003)	2
--	--------	---

Jeff Mohler 1247 Elm Avenue Lancaster, PA 17603 Phone 290-8634 (H) 299-7101 (W)	(2002)	1
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Jay Hollinger (Treasurer) 87 Pebble Creek Road Lititz, PA 17543 Phone 627-6017	(2004)	3
---	--------	---

**Appointed by Lancaster Conference Bishop Board**

Donald O Nauman 31 Oakwood Lane Manheim, PA 17545 Phone 665-3096	(2002)	2
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Glenn L Stoltzfus, M.D 2120 Lyndell Drive Lancaster, PA 17601 Phone 295-4981	(2004)	3
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**Recommended by Friendship Board**

Roy Zimmerman (Asst. Secretary) 1383 Greble Road Myerstown, PA 17067 Phone (H) 933-4047 (W) 272-2057 Ext. 311	(2001)	1
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Ken Laudermilch 478 E spruce Street New Holland, PA 17557 Phone (610) 436-2928 (work) 355-2844 (home)	(2002)	1
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Board Members Cont  
Page 2

Suggested by Friendship Community Board,  
Approved by Board of Bishops

William Rohrer 355 E Chestnut Street Lancaster, PA 17602 Phone 397-7312	(2003)	1
Georgia Martin ( <b>Secretary</b> ) 2124 Creek Hill Road Lancaster, PA 17601 Phone 392-2823	(2003)	2
J Robert (Rob) Petersheim 1307 Clark Street Lancaster, PA 17602 Phone 299-2053 Work 394-0769	(2002)	2
K Eugene Forrey ( <b>Vice President</b> ) 312 Druid Hill Road Mountville, PA 17554 Phone 285-4046 Fax 285-5955	(2004)	2
Beulah M Landis 3245 Glengreen drive Lancaster, PA 17601 Phone 285-2027	(2002)	1
Linda Raffensberger 686 S Cedar Street Lititz, PA 17543 Phone 625-2128	(2004)	2
J. Ronald Risser 1564 Millport Road Lancaster, PA 17602 Phone (H) 299-9777 (W) 299-9696	(2003)	1

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

OMB No 1545-1709

► 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)
- Note: 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)

**Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only** ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization <u>Friendship Community</u>	Employer identification number <u>23 : 1892383</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>1149 E. Oregon Rd.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Hititz PA 17543</u>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 |

- 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-month, for 990-T corporation) extension of time until February 15, 2002 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 .. 7/1/00 .. , 20\_\_ , and ending .. 6/30/01 .. , 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 \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_

## 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 ► [Signature] Title ► Executive Director Date ► 11/12/01

- 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—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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

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

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

- 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 is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
- 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 \_\_\_\_\_

- 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. \$ \_\_\_\_\_
- 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. \$ \_\_\_\_\_
- 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. \$ \_\_\_\_\_

**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 ▶

Title ▶

Date ▶

**Notice to Applicant—To Be Completed by the IRS**

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P O box number
	City or town, province or state, and country (including postal or ZIP code)