

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2002**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)

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

Open to Public  
Inspection**A For the 2002 calendar year, or tax year period beginning****and ending****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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

**C Name of organization****UNITED MINISTRIES, INC.**

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

**300 EAST ROCK ROAD**

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

**ALLENTOWN, PA 18103****D Employer identification number****23-3078192****E Telephone number****(610) 797-4530****F Accounting method**☐ Cash ☒ Accrual

Other (specify) ▶

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

**H and I are not applicable to section 527 organizations****H(a) Is this a group return for affiliates?**☐ Yes ☒ No**H(b) If "Yes," enter number of affiliates** ▶**H(c) Are all affiliates included?** (If "No," attach a list.)**N/A** ☐ Yes ☐ No**H(d) Is this a separate return filed by an organization covered by a group ruling?**☐ Yes ☒ No**I Enter 4-digit GEN** ▶**G Web site** ▶ **N/A****J Organization type** (check only one) ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**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.**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶**346,155.****M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	<b>346,110.</b>	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>346,110.</b> noncash \$ )	<b>1d</b>	<b>346,110.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6 a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe )	<b>7</b>		
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>				
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>45.</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>346,155.</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>118,980.</b>
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>158,976.</b>
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>7,839.</b>
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>285,795.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>60,360.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>104,014.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>164,374.</b>

SCANNED NOV 26 2003 Revenue

Expenses

Net Assets

14

**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.

Page 2

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	56,962.	0.	56,962.
26	Other salaries and wages	26	60,886.		60,886.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	9,937.		9,937.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	36,000.	36,000.	
37	Equipment rental and maintenance	37	3,568.	3,568.	
38	Printing and publications	38	1,277.	1,277.	
39	Travel	39			
40	Conferences, conventions, and meetings	40	847.	847.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	2,725.		2,725.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	<b>SEE STATEMENT 1</b>	43e	113,593.	77,288.	28,466.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.</b>	44	285,795.	118,980.	158,976.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

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**

What is the organization's primary exempt purpose? ▶

**CHRISTIAN FORMAT RADIO BROADCASTING**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a	<b>DEVELOP, PRODUCE, AND BROADCAST CHRISTIAN-ORIENTED RADIO PROGRAMMING OF AN EXCLUSIVE EDUCATIONAL, CULTURAL AND/OR RELIGIOUS NATURE.</b>	
	(Grants and allocations \$ _____)	118,980.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>118,980.</b>

**Part IV Balance Sheets**

**Note** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	58,864.	45	119,258.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	10,000.		
	b Less allowance for doubtful accounts		47c	10,000.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	44,481.			
b Less accumulated depreciation STMT 2	9,365.	57c	35,116.	
58 Other assets (describe <input type="checkbox"/> DUE FROM WFMZ)		58	0.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	104,266.	59	164,374.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> ACCRUED PAYROLL DEDUCTIONS)	252.	65	0.
66 <b>Total liabilities</b> (add lines 60 through 65)	252.	66	0.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	104,014.	67	164,374.
	68 Temporarily restricted		68	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	104,014.	73	164,374.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	104,266.	74	164,374.

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	a	a Total expenses and losses per audited financial statements	a
	346,155.		285,795.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$		(4) Other (specify) \$	
Add amounts on lines (1) through (4)	b 0.	Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 346,155.	c Line a minus line b	c 285,795.
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$		(2) Other (specify) \$	
Add amounts on lines (1) and (2)	d 0.	Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 346,155.	e Total expenses per line 17, Form 990 (line c plus line d)	e 285,795.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(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 & deferred compensation	(E) Expense account and other allowances
GREGORY C. HARTMAN 2901 ST. LAWRENCE AVE. READING, PA 19606	PRESIDENT 1	0.	0.	0.
ROY S. KOLB 155 KOLB ROAD SPRING CITY, PA 19475	TREASURER 1	0.	0.	0.
ROBERT REICHARD 2978 N. CHARLOTTE STREET GILBERTSVILLE, PA 19525	SECRETARY 1	0.	0.	0.
KEN ANDREWS 2202 MOCKINGBIRD COURT GRAND JUNCTION, CO 81503	VICE PRESIDENT 40	56,962.	0.	0.
JOHN PARR 1900 NE 54TH STREET FT. LAUDERDALE, FL 33308	DIRECTOR 1	0.	0.	0.
CHARLES HOEFLICH 300 EAST ROCK ROAD ALLENTOWN, PA 18103	DIRECTOR 1	0.	0.	0.
ROBERT EWALD 336 MENNONITE ROAD COLLEGEVILLE, PA 19426	DIRECTOR 1	0.	0.	0.

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? If "Yes," attach schedule ☐ Yes ☒ No

Form 990 (2002)

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 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
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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 If "Yes," enter the name of the organization <span style="float: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.</span>		
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a 0.</span>	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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?	82a	X
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 in Part III.) <span style="float: right;">82b N/A</span>	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members <span style="float: right;">85c N/A</span>	85c	N/A
d Section 162(e) lobbying and political expenditures <span style="float: right;">85d N/A</span>	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e N/A</span>	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f N/A</span>	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a N/A</span>	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b N/A</span>	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders <span style="float: right;">87a N/A</span>	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b N/A</span>	87b	N/A
88 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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">0.</span> , section 4912 <span style="float: right;">0.</span> , section 4955 <span style="float: right;">0.</span>		
b 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		0.
90 a List the states with which a copy of this return is filed <span style="float: right;">PENNSYLVANIA</span>	90a	
b Number of employees employed in the pay period that includes March 12, 2002 <span style="float: right;">90b 7</span>	90b	7
91 The books are in care of <span style="float: right;">ROY S. KOLB</span> Telephone no <span style="float: right;">(610) 797-4530</span>		
Located at <span style="float: right;">300 EAST ROCK ROAD, ALLENTOWN, PA</span> ZIP + 4 <span style="float: right;">18103</span>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float: right;">92</span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">N/A</span>	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note** 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
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					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME					45.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	45.
105 Total (add line 104, columns (B), (D), and (E))					45.

**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 page 32 of the instructions.)

**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)

103A MISCELLANEOUS INCOME RELATED TO RADIO BROADCASTING

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a

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

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

**Paid Preparer's Use Only**

Preparer's signature: *Charles M. Halloran*

Firm's name (or yours if self-employed), address, and ZIP + 4: REINSEL & COMPANY LLP  
1015 PENN AVENUE, P.O. B  
WYOMISSING, PA 19610

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2002**

Name of the organization

**UNITED MINISTERIES, INC.**

Employer identification number

**23 3078192**

**Part I 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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b> -----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000 ▶

**0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 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
<b>NONE</b> -----		
-----		
-----		
-----		
-----		
-----		
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Total number of others receiving over \$50,000 for professional services ▶

**0**

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
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 <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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)
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	293,333.				293,333.
<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 related to the organization's charitable, etc., purpose					
<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					
<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.	46.		SEE STATEMENT 3		46.
<b>23</b> Total of lines 15 through 22	293,379.	0.	0.	0.	293,379.
<b>24</b> Line 23 minus line 17	293,379.				293,379.
<b>25</b> Enter 1% of line 23	2,934.				
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
					<b>26a</b> 5,868.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.					<b>26b</b> 129,178.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 293,379.
d Add: Amounts from column (e) for lines 18 _____ 19 _____					
	22 46.	26b 129,178.			<b>26d</b> 129,224.
e Public support (line 26c minus line 26d total)					<b>26e</b> 164,155.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 55.9532%
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2001)	(2000)	(1999)	(1998)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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.	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
	17 _____ 20 _____	21 _____			<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

	Yes	No
29 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?	29	
30 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?	30	
31 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.)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d 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.)	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35 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	35	

Schedule A (Form 990 or 990-EZ) 2002

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

**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 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					(e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	N/A	
<b>45</b> Lobbying nontaxable amount						0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))						0.
<b>47</b> Total lobbying expenditures						0.
<b>48</b> Grassroots nontaxable amount						0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))						0.
<b>50</b> Grassroots lobbying expenditures						0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

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
		0.

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

**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

- (i) Cash
- (ii) Other assets

**b** Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

☐ Yes ☒ No

**N/A**

[illegible]

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	FURNITURE & FIXTURES	071701SL		7.00	16	1,036.			1,036.	148.		74.
	1FURNITURE & FIXTURES	100101SL		7.00	16	2,600.			2,600.	1,040.		-576.
	3FURNITURE & FIXTURES	111302SL		5.00	16	2,087.			2,087.		0.	70.
	7COMPUTER - FOLLOW ME											
	* 990 PAGE 2 TOTAL											
	FURNITURE & FIXTURES					5,723.		0.	5,723.	1,188.		-432.
	MACHINERY & EQUIPMENT											
	2EQUIPMENT	061501SL		7.00	16	8,035.			8,035.	1,148.		574.
	4EQUIPMENT	063001SL		7.00	16	24,926.			24,926.	3,561.		1,762.
	5EQUIPMENT	010101SL		7.00	16	5,197.			5,197.	743.		742.
	6AM EQUIPMENT	021502SL		7.00	16	600.			600.			79.
	* 990 PAGE 2 TOTAL											
	MACHINERY & EQUIPMENT					38,758.		0.	38,758.	5,452.	0.	3,157.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					44,481.		0.	44,481.	6,640.	0.	2,725.

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	22,923.		22,923.		
UTILITIES	17,287.	17,287.			
FUNDRAISING	7,839.			7,839.	
INSURANCE	3,291.		3,291.		
OFFICE EXPENSE	2,252.		2,252.		
BROKERAGE FEE	55,000.	55,000.			
MISCELLANEOUS EXPENSE	5,001.	5,001.			
TOTAL TO FM 990, LN 43	113,593.	77,288.	28,466.	7,839.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
FURNITURE & FIXTURES	1,036.	222.	814.		
EQUIPMENT	8,035.	1,722.	6,313.		
FURNITURE & FIXTURES	2,600.	464.	2,136.		
EQUIPMENT	24,926.	5,323.	19,603.		
EQUIPMENT	5,197.	1,485.	3,712.		
AM EQUIPMENT	600.	79.	521.		
COMPUTER - FOLLOW ME	2,087.	70.	2,017.		
TOTAL TO FORM 990, PART IV, LN 57	44,481.	9,365.	35,116.		

SCHEDULE A	OTHER INCOME			STATEMENT	3
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
MISCELLANEOUS INCOME	46.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	46.	0.	0.	0.	

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

**Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy**

Type or print	Name of Exempt Organization <b>UNITED MINISTRIES, INC.</b>	Employer identification number <b>23-3078192</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>300 EAST ROCK ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ALLENTOWN, PA 18103</b>	

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 checked="" 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 **NOVEMBER 15, 2003**
- 5 For calendar year **2002**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0.

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 \$ 0.

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 \$ 0.

**Signature and Verification**

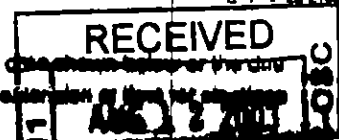
Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete, and that I am authorized to prepare this form

Signature *TH* Title *CP*

Date 8/5/03  
REINSEL & COMPANY LLC  
P O BOX 7008  
WYOMISSING, PA 19610-6008  
E I # 23-2108173

**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 extensions 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 you file We are not granting the 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 \_\_\_\_\_



**EXTENSION APPROVED**

**AUG 18 2003**

LINCOLN SHAPE FIELD DIRECTOR  
SUNSHINE PROCESSING CENTER

Director \_\_\_\_\_ By \_\_\_\_\_

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

Type or print	Name <b>REINSEL &amp; COMPANY LLP</b>
	Number and street (include suite, room, or apt no) Or a P O box number <b>1015 PENN AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WYOMISSING, PA 19610</b>

223832  
05-22-02

Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1708

▶ 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.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>UNITED MINISTRIES, INC</b>	Employer identification number <b>23-3078192</b>
	Number street and room or suite no. If a PO box see instructions <b>300 EAST ROCK ROAD</b>	
	City, town or post office state and ZIP code. For a foreign address, see instructions <b>ALLENTOWN, PA 18103-7519</b>	

**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 8/15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2002 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

\$ 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

\$ 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

\$ 0**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 ▶ CPA

Date ▶

REINSEL & COMPANY LLP  
P O BOX 7008  
WYOMISSING PA 19610-6008  
E 1 8 33-3408433

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12 2000)