

2005

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending 20

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

ORANGE COUNTY CHINESE CHRISTIAN FELLOWSHIP

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

P.O. Box 362

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

MONROE NY 10949

D Employer identification number

06:146871

E Telephone number

( ) NONE

F Group Exemption Number 17053-074-77600-3

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

G Accounting method: Cash Accrual Other (specify)

I Website:

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

J Organization type (check only one) 501(c) 4947(a)(1) or 527

K Check 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue section includes lines 1-9, Expenses section includes lines 10-17, and Net Assets section includes lines 18-21. Total revenue is 27180.34 and total expenses is 16458.56.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

Table with 7 rows for Balance Sheet items (22-27) and two columns: (A) Beginning of year and (B) End of year. Total assets and net assets are both 41706.72.

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	BIBLE STUDY FELLOWSHIP EVERY FRIDAY NIGHTS SONG PRAISE, PRAYER, BIBLE STUDY SUNDAY WORSHIP AT RENTED CHURCH ATTENDANT @ 40	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	see attached
29	ANNUAL CRUSADE SPECIAL SPEAKER, ATTENDANT @ 80 CHILDREN CHRISTIAN EDUCATION HELD EVERY SUNDAY	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 of the instructions.)

(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
JOSEPH SHIH 2730 RT207 CAMPBELL HALL N.Y. 10916	PRESIDENT	0	0	0
PAK LEUNG 22 WOODLAND RD, HIGHLAND MILLS NY	VICE PRESIDENT	0	0	0
PRISCILLA LEUNG 22 WOODLAND RD, HIGHLAND MILLS NY	FINANCIAL SECRETARY	0	0	0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed. **NY**
- 42a The books are in care of **PRISCILLA LEUNG** Telephone no. **(845) 928 6838**  
 Located at **22 WOODLAND RD, HIGHLAND MILLS, NY** ZIP + 4 **10930**
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 If "Yes," enter the name of the foreign country: \_\_\_\_\_
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . . .   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . **43**

	Yes	No
42b		
42c		

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

**Please Sign Here**

Signature of officer: **PRISCILLA LEUNG** Date: **5/11/06**  
 Type or print name and title: **FINANCIAL SECRETARY**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no.: ( ) \_\_\_\_\_

LINE 16      LINE 28, 29

SPEAKERS	5314.05
YOUTH LEADER	4400.00
TRANSPORTATION	400.00
CHURCH RENT	2900.00
CONTRIBUTION	100.00
FURNITURE/FIXTURE	279.00
CHURCH SUPPLIES	876.98
CHURCH LIBRARY	64.00
INSURANCE	189.00
PAPER SUPPLIES	52.69
SUNDAY SCHOOL SUPPLIES	66.32
MISSION	1000.00
ACTIVITIES	29.90
MISCELLANEOUS	75.34
FOOD AND FLOWERS	661.28
ADVERTIZEMENT	50.00
TOTAL	<u>16458.56</u>