

(Rev. 5/03)

(717) 783-1720
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

CLIENT COPY
Strader & Assoc.

Institution of Purely Public Charity Registration Statement For the Fiscal Year Which Ended: 5 / 31 / 2010

Exempt from registration. (Give reason for exemption, complete items #1- #3, and sign below.)

1. Employer Identification # 65-1216904 Registration # (If known) _____

2. Legal name of organization: Anglican Use Society

3. c/o _____

Street address 914 Seventh Avenue

City Bethlehem State PA Zip Code 18018

County Lehigh

Telephone # 610-865-5592 800 Telephone # _____

4. Date organized: 12 / 16 / 2003

5. Has your organization's tax-exempt status ever been revoked by the Internal Revenue Service?

Yes No (If "yes", attach copy of revocation.)

6. Does your organization share revenue or formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "yes", attach explanation listing name, address, type of organization, and relationship to your organization.)

7. Does any other domestic or foreign organization own a 10% or greater interest in your organization or does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "yes", attach the following information for each domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

8. Attach a complete copy of your organization's IRS 990 Return and Schedule A for the fiscal year covered by this registration statement. (Make sure you include copies of all pages and attachments.)

9. Please include \$15 filing fee. (Make check or money order made payable to the "Commonwealth of Pennsylvania".)

Complete the following if an extension is needed to file the IRS 990 Return

10. An extension of time until _____ is requested for filing our IRS 990 Return.

I do hereby declare that the information contained herein is true and correct to the best of my knowledge, information, and belief.

Joseph Blake / confirmed
SIGNATURE OF AUTHORIZED OFFICIAL

Joseph Blake, President
TYPE OR PRINT NAME AND TITLE OF
AUTHORIZED OFFICIAL OF THE ORGANIZATION

10/15/10
DATE