

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0087

2010Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceFor calendar year 2010 or other tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

| | | |
|--|--|--|
| A <input type="checkbox"/> Check box if address changed | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) | D Employer identification number (Employees' trust, see instructions.) |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | Print or Type InterVarsity Christian Fellowship/USA Number, street, and room or suite no. If a P.O. box, see instructions. 6400 Schroeder Road City or town, state, and ZIP code Madison, WI 53711 | 36-2171714 E Unrelated business activity codes (See instructions.) 721000 |
| C Book value of all assets at end of year 47,856,479. | F Group exemption number (See instructions.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | |

H Describe the organization's primary unrelated business activity. **Fee income from use of facilities****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of **The Organization** Telephone number **608-274-9001**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|------------------|------------|--------------|---------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | | 10 | | |
| 11 Advertising income (Schedule J) | | 11 | | |
| 12 Other income (See instructions; attach schedule.) See Statement 2 | | 12 | | |
| 13 Total. Combine lines 3 through 12 | | 13 | | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|-----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | 49,161. |
| 16 Repairs and maintenance | 16 | 4,094. |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules.) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | 12,728. |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) See Statement 3 | 28 | 54,701. |
| 29 Total deductions. Add lines 14 through 28 | 29 | 120,684. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 31,810. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | 31,810. |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 0. |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 0. |

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e **Total credits.** Add lines 40a through 40d 40e**41 Subtract line 40e from line 39** 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a Payments:** A 2009 overpayment credited to 2010 44a

b 2010 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Credit for small employer health insurance premiums (Attach Form 8941) 44f

g Other credits and payments: ☐ Form 2439 ☐ Other 44g☐ Form 4136 ☐ Other Total 44g**45 Total payments.** Add lines 44a through 44g 45**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.**49 Enter the amount of line 48 you want:** Credited to 2011 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

| | | |
|--|-----|----|
| 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | X |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ☒ N/A

| | | | |
|----------------------------------|----|--|--------|
| 1 Inventory at beginning of year | 1 | 6 Inventory at end of year | 6 |
| 2 Purchases | 2 | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 |
| 3 Cost of labor | 3 | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes No |
| 4a Additional section 263A costs | 4a | | |
| b Other costs (attach schedule) | 4b | | |
| 5 Total. Add lines 1 through 4b | 5 | | X |

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer **MARK FELTON**Date **11/15/11**

Controller and Treasurer

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Todd Ensign

11/10/11

P00968564

Firm's name Capin Crouse LLP

Firm's EIN 36-3990892

972 Emerson Parkway-Site A

Firm's address Greenwood, IN 46143

Phone no. 317-885-2620

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)**1.** Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total 0. | Total 0. | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter

here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 6 x column 6) 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |

Total dividends-received deductions included in column 8 0.**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Totals 0.Add columns 5 and 10.
Enter here and on page 1, Part I,
line 8, column (A). 0.Add columns 6 and 11.
Enter here and on page 1, Part I,
line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | 0. | | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Footnotes

Statement 1

Net Operating Loss Carryforward Schedule

| | |
|---------------------------------|---------|
| Remaining N.O.L. From 6/30/2001 | 5,197. |
| Remaining N.O.L. From 6/30/2003 | 26,636. |
| Remaining N.O.L. From 6/30/2004 | 13,411. |
| Remaining N.O.L. From 6/30/2005 | 4,733. |
| REmaining N.O.L. From 6/30/2007 | 32,834. |
| Remaining N.O.L. From 6/30/2008 | 920. |

N.O.L. Carried Forward to 6/30/11
N.O.L. Used on Current Return

83,731.
<31,810.>

N.O.L. Carried Forward to 6/30/12

51,921.

InterVarsity Christian Fellowship hereby elects to
carryforward the net operating loss generated on

| Form 990-T | Other Income | Statement | 2 |
|--------------------------------------|--------------|-----------|---|
| Description | | Amount | |
| Fee Income | | 152,494. | |
| Total to Form 990-T, Page 1, line 12 | | 152,494. | |

| Form 990-T | Other Deductions | Statement | 3 |
|--------------------------------------|------------------|-----------|---|
| Description | | Amount | |
| Occupancy Expenses | | 30,268. | |
| Direct Food Costs | | 19,769. | |
| Supplies | | 4,664. | |
| Total to Form 990-T, Page 1, line 28 | | 54,701. | |

**Information Return of U.S. Persons With
Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2007)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning **SEP 1** , 2009, and ending **AUG 31** , 2010Attachment
Sequence No. **121**

Name of person filing this return

InterVarsity Christian Fellowship/USA

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

6400 Schroeder Road

City or town, state, and ZIP code

Madison, WI 53711Filer's tax year beginning **JUL 1** , 2010, and ending **JUN 30** , 2011**D** Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

| | | | | | |
|---|---|--|---|---|--|
| 1a Name and address of foreign corporation Lucent Insurance, Ltd Butterfield Bank Building, 6th Fl, 65 Front St Hamilton HM 12 Bermuda | | | | b Employer identification number, if any | |
| | | | | c Country under whose laws incorporated Bermuda | |
| d Date of incorporation 03/18/05 | e Principal place of business Bermuda | f Principal business activity code number 524150 | g Principal business activity Reinsurance | h Functional currency U.S. Dollar | |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | | |
|--|--|---|--|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | | b If a U.S. income tax return was filed, enter: (i) Taxable income or (loss) (ii) U.S. income tax paid (after all credits) | |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation Independent Management Ltd Butterfield Bank Building, 6th Fl Hamilton HM 12 BERMUDA | | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different Independent Management Ltd Butterfield Bank Building, 6th Fl Hamilton HM 12 BERMUDA | |

Schedule A Stock of the Foreign Corporation

| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
|--|---|--------------------------------------|
| | (i) Beginning of annual accounting period | (ii) End of annual accounting period |
| | | |
| | | |
| | | |
| | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2007)

Schedule C **Income Statement**

| | | Functional Currency | U.S. Dollars |
|---|--|---------------------|--------------|
| Income | 1a Gross receipts or sales | 1a | |
| | b Returns and allowances | 1b | |
| | c Subtract line 1b from line 1a | 1c | |
| | 2 Cost of goods sold | 2 | |
| | 3 Gross profit (subtract line 2 from line 1c) | 3 | |
| | 4 Dividends | 4 | |
| | 5 Interest | 5 | |
| | 6a Gross rents | 6a | |
| | b Gross royalties and license fees | 6b | |
| 7 Net gain or (loss) on sale of capital assets | 7 | | |
| 8 Other income (attach schedule) | 8 | | |
| 9 Total income (add lines 3 through 8) | 9 | | |
| Deductions | 10 Compensation not deducted elsewhere | 10 | |
| | 11a Rents | 11a | |
| | b Royalties and license fees | 11b | |
| | 12 Interest | 12 | |
| | 13 Depreciation not deducted elsewhere | 13 | |
| | 14 Depletion | 14 | |
| | 15 Taxes (exclude provision for income, war profits, and excess profits taxes) | 15 | |
| 16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) | 16 | | |
| 17 Total deductions (add lines 10 through 16) | 17 | | |
| Net Income | 18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9) | 18 | |
| | 19 Extraordinary items and prior period adjustments | 19 | |
| | 20 Provision for income, war profits, and excess profits taxes | 20 | |
| | 21 Current year net income or (loss) per books (combine lines 18 through 20) | 21 | |

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

| (a) Name of country or U.S. possession | Amount of tax | | |
|---|----------------------------|------------------------|------------------------|
| | (b) In foreign currency | (c) Conversion rate | (d) In U.S. dollars |
| 1 U.S. | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

8 Total

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) Beginning of annual accounting period | (b) End of annual accounting period |
|---|-----|---|---|
| 1 Cash | 1 | | |
| 2a Trade notes and accounts receivable | 2a | | |
| b Less allowance for bad debts | 2b | () | () |
| 3 Inventories | 3 | | |
| 4 Other current assets (attach schedule) | 4 | | |
| 5 Loans to shareholders and other related persons | 5 | | |
| 6 Investment in subsidiaries (attach schedule) | 6 | | |
| 7 Other investments (attach schedule) | 7 | | |
| 8a Buildings and other depreciable assets | 8a | | |
| b Less accumulated depreciation | 8b | () | () |
| 9a Depletable assets | 9a | | |
| b Less accumulated depletion | 9b | () | () |
| 10 Land (net of any amortization) | 10 | | |
| 11 Intangible assets: | | | |
| a Goodwill | 11a | | |
| b Organization costs | 11b | | |
| c Patents, trademarks, and other intangible assets | 11c | | |
| d Less accumulated amortization for lines 11a, b, and c | 11d | () | () |
| 12 Other assets (attach schedule) | 12 | | |
| 13 Total assets | 13 | | |
| Liabilities and Shareholders' Equity | | | |
| 14 Accounts payable | 14 | | |
| 15 Other current liabilities (attach schedule) | 15 | | |
| 16 Loans from shareholders and other related persons | 16 | | |
| 17 Other liabilities (attach schedule) | 17 | | |
| 18 Capital stock: | | | |
| a Preferred stock | 18a | | |
| b Common stock | 18b | | |
| 19 Paid-in or capital surplus (attach reconciliation) | 19 | | |
| 20 Retained earnings | 20 | | |
| 21 Less cost of treasury stock | 21 | () | () |
| 22 Total liabilities and shareholders' equity | 22 | | |

Form **5471** (Rev. 12-2007)

Schedule G Other Information

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required attachment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

| | | |
|---|---------------|------------------|
| 1 Current year net income or (loss) per foreign books of account | 1 | 205,495. |
| 2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | | |
| | Net Additions | Net Subtractions |
| a Capital gains or losses | | |
| b Depreciation and amortization | | |
| c Depletion | | |
| d Investment or incentive allowance | | |
| e Charges to statutory reserves | | |
| f Inventory adjustments | | |
| g Taxes | | |
| h Other (attach schedule) Statement 4 | 19,394. | 436,971. |
| 3 Total net additions | 19,394. | |
| 4 Total net subtractions | | 436,971. |
| 5a Current earnings and profits (line 1 plus line 3 minus line 4) | 5a | <212,082.> |
| b DASTM gain or (loss) for foreign corporations that use DASTM | 5b | |
| c Combine lines 5a and 5b | 5c | <212,082.> |
| d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) | 5d | |

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

| | | |
|---|----------|--|
| 1 Subpart F income (line 38b, Worksheet A in the instructions) | 1 | |
| 2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) | 2 | |
| 3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) | 3 | |
| 4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 | |
| 5 Factoring income | 5 | |
| 6 Total of lines 1 through 5. Enter here and on your income tax return | 6 | |
| 7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) | 7 | |
| 8 Exchange gain or (loss) on a distribution of previously taxed income | 8 | |

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**(Rev. December 2005)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

InterVarsity Christian Fellowship/USA

36-2171714

Name of foreign corporation

Lucent Insurance, Ltd

| Important. Enter amounts in functional currency. | | (a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance) | (b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance) |
|--|--|---|---|
| 1 | Balance at beginning of year | <648,665.> | |
| 2a | Current year E&P | | |
| b | Current year deficit in E&P | 212,082. | |
| 3 | Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | <860,747.> | |
| 4 | Amounts included under section 951(a) or reclassified under section 959(c) in current year | | |
| 5a | Actual distributions or reclassifications of previously taxed E&P | | |
| b | Actual distributions of nonpreviously taxed E&P | | |
| 6a | Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a) | | |
| b | Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b) | <860,747.> | |
| 7 | Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.) | <860,747.> | |

| | (c) Previously Taxed E&P (sections 959(c)(1) and (2) balances) | | | (d) Total Section 964(a) E&P (combine columns (a), (b), and (c)) |
|----|---|---|------------------------|---|
| | (i) Earnings Invested in U.S. Property | (ii) Earnings Invested in Excess Passive Assets | (iii) Subpart F Income | |
| 1 | | | | <648,665.> |
| 2a | | | | |
| b | | | | |
| 3 | | | | |
| 4 | | | | |
| 5a | | | | |
| b | | | | |
| 6a | | | | |
| b | | | | |
| 7 | | | | <860,747.> |

Form 5471

Other Net Adjustments

Statement 4

| Description | Net Additions | Net Subtractions |
|--|------------------|---------------------|
| Adjustment for insurance risk | | 436,971. |
| Addback for prepaid expenses | 19,394. | |
| Total to 5471, Page 4, Schedule H, line 2h | 19,394. | 436,971. |

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).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only ☒ X

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

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization | Employer identification number |
| | InterVarsity Christian Fellowship/USA | 36-2171714 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| | 6400 Schroeder Road | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | Madison, WI 53711 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|----------------|--------------------------|----------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

The Organization

- The books are in the care of ► 6400 Schroeder Road - Madison, WI 53711
Telephone No. ► 608-274-9001 FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| 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. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)