

# Application for Recognition of Exemption

(Rev September 1998)  
Department of the Treasury  
Internal Revenue Service

## Under Section 501(c)(3) of the Internal Revenue Code

Note: If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Complete the Procedural Checklist on page 8 of the instructions.**

**Part I**

### Identification of Applicant

1a Full name of organization (as shown in organizing document) <b>The Community Foundation for the Twin Tiers (CFTT)</b>		2 Employer identification number (EIN) (if none, see page 3 of the Specific Instructions.) <b>23 - 307 6 3 12</b>	
1b c/o Name (if applicable) <b>Marilyn A. Bok</b>		3 Name and telephone number of person to be contacted if additional information is needed <b>Marilyn A. Bok 570-265-5935</b>	
1c Address (number and street) <b>205 Main Street</b>	Room/Suite	4 Month the annual accounting period ends <b>December</b>	
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part 1, page 3. <b>Towanda, PA 18848-1821</b>		5 Date incorporated or formed <b>Oct. 9, 2001</b>	
1e Web site address <b>twintierscf.org</b>		6 Check here if applying under section. a <input type="checkbox"/> 501(e)   b <input type="checkbox"/> 501(f)   c <input type="checkbox"/> 501(k)   d <input type="checkbox"/> 501(n)	
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach an explanation.			
8 Is the organization required to file Form 990 (or Form 990-EZ)? ..... <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see page 3 of the Specific Instructions).			
9 Has the organization filed Federal income tax returns or exempt organization information returns? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.			

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions for Part 1, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

a  Corporation — Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.

b  Trust — Attach a copy of the Trust indenture or Agreement, including all appropriate signatures and dates.

c  Association — Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here \_\_\_\_\_ (Signature) \_\_\_\_\_ (Type or print name and title or authority of signer) \_\_\_\_\_ (Date)

For Paperwork Reduction Act Notice, see page 7 of the instructions.

**Activities and Operational Information**

- 
- 1 Provide a detailed narrative description of all the activities of the organization - past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See Attachment

- 
- 2 What are or will be the organization's sources of financial support? List in order of size.

See Attachment

- 
- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See Attachment

Community Foundation for the Twin Tiers

EIN# 23-  
3096312

205 Main Street  
Towanda, PA 18848

**IRS Form 1023 Part 11**

1. Detailed narrative description of all the activities of the organization - past, present, and planned.

**Past:** Time was spent, from June 2000 to June 2001, researching the concept of starting a community foundation; speaking to people, one-on-one, in the community about the concept of starting a Community Foundation to serve our region; and organizing a community meeting to introduce the community to the concept which was held in June, 2001.

**Present:** There are presently seven committees consisting of four to eighteen individuals working on establishing the Community Foundation. A two year action plan is completed, along with a set of by-laws. The organization has been named, it has obtained an EIN number, become incorporated in Pennsylvania, is presently seeking approval to operate as a foreign, not-for-profit corporation in New York State, and plans on filing its 501(c)(3) application by the end of December, 2001. The organization has established a website: [www.twintierscf.org](http://www.twintierscf.org) and is developing a logo and regular news releases. Our action plan calls for us to be able to accept tax deductible contributions by Feb. 2002. Present committee members were asked to help fund the start-up costs of the organization.

**Future:** The board of directors plans on conducting a fundraising campaign once our 501(c)(3) status has been obtained and to hire an Executive Director by September 2002. Our first grants would be awarded in June of 2003. A full copy of our action plan is attached.

The purposes and objects for which the Foundation is formed and for which it will be exclusively operated are: to assist, encourage and promote, exclusively for charitable, scientific, and educational purposes, the well-doing and well-being of social man in the Northern Tier of Pennsylvania and the Southern Tier of New York comprising Bradford, Sullivan, and Tioga Counties in Pennsylvania and Tioga County in New York State and such other Pennsylvania and New York State counties as the Board of Directors may from time to time select, without regard to race, color, creed, or sex, being organized exclusively for the benefit of, and operated as a community foundation described in Section 501 (c) (3) and 170 (b) (1) (A) (vi) of the Internal Revenue Code of 1986 and Treasury Regulation 170A-9(e)(10) et.seq. (Or the corresponding provisions of any future United States Internal Revenue Law and Treasury Regulations); to solicit and accept funds from persons, trusts, **associations, corporations, and** governmental agencies and other entities for use in carrying out the foregoing purposes and to administer such funds as corporate assets or in trust and to do such

other lawful acts necessary or proper to accomplish the foregoing purposes.

2. What are or will be the organization's sources of financial support? List in order of size.

The only funds the foundation presently has comes from small donations to cover the cost of starting-up the foundation. Once the organization becomes tax exempt the main sources of financial support will be contributions from individuals in the communities through planned giving strategy.

Community Foundation for the Twin Tiers

EIN# 23-  
3096312

204 Main Street  
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In addition businesses and organizations will be contributors to the foundation through a fundraising campaign to raise both unrestricted and restricted funds.

Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect.

The only fundraising that has been done to date was to ask individuals serving on committees to help establish the community foundation to donate \$50 each to help cover the start-up costs. Once the organization has secured its tax-exempt status the Board of Directors plans on conducting a fundraising campaign to mainly raise unrestricted funds that can be used to cover administrative costs for the first three years of the organization existence. This would enable the organization to hire an Executive Director who could devote all their time to growing the endowment funds within the organization. The goal is to have \$1,00,000 by June, 2003. There are no plans to hire professional fundraisers but instead to accomplish the goal through paid staff and community volunteers.

No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its directors, officers, or otherwise private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles of incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170 (c) (2) of

the Internal Revenue Code of 1986 (Or the corresponding provisions of any future United States Internal Revenue Law.)

No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its directors, officers, or otherwise private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its purposes. No substantial part of the activities of the Corporation shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles of incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law) or (b) by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code of 1986 (Or the corresponding provisions of any future United States Internal Revenue Law.)

Community Foundation for the Twin Tiers

2  
EIN# 23-

3096312

204 Main Street  
Towanda, PA 18848

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner or to such organization or organizations organized and operated exclusively for charitable, or educational purposes as shall at the time qualify as an except organization or organizations under Section 501 (c) (3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

There are no members in this corporation.

Community Foundation for the Twin Tiers

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EIN# 23-  
3096312

204 Main Street  
Towanda, PA 18848

IRS Form 1023 Part 11 Question # 3

November 6, 2001

Community Foundation for the Twin Tiers  
Steering Committee Members  
205 Main Street  
Towanda, PA 18848

Dear Steering Committee Member,

We have made tremendous progress to date in establishing The Community Foundation for the Twin Tiers! We have our name selected and a tax identification number. We have developed by-laws, an action agenda, and Articles of Incorporation. At this time we are waiting to receive our incorporation papers from Pennsylvania. Once received, we'll file for approval to operate as a foreign, not-forprofit corporation in New York State. After receiving approval from New York State we'll need to file for our IRS tax exempt status as a 501 (c) (3) .

In order to be able to maintain our excellent forward progress with the formation of the foundation, we will need to raise some working capital to cover expenses. Most urgently, we need funds for the cost of the fees associated with legal applications and we need some working capital for related activities such as developing a logo.

I have attached a budget that outlines some of the costs we are incurring as we organize the foundation. It shows the costs that have not been covered by donations. We need to raise these funds from our membership and members of the community. Fortunately, we have received substantial in-kind support and a few monetary contributions to assist with this process. Also enclosed for your review is a list of the cash and in-kind contributions that we have received.

We need to be able to cover our start-up costs in a timely manner -something we can't do at the present time. The Public Relations Committee is requesting that the members of the steering committee contribute a \$50 donation at this time to be used to offset some of foundation start-up costs. Your monetary contributions to this cause are urgently needed and will make a difference. We greatly appreciate your support.

Sincerely,

Marilyn A. Bok  
Acting CFTT Coordinator

Community Foundation for the Twin Tiers

EIN# 23-

3096312

205 Main Street

Towanda, PA 18848

IRS Form 1023 Part II Question # 3

**Contributions to CFTT  
December 29, 2001**

**Monetary Contributions**

**Unrestricted Cash Donations:**

Clark Moeller (\$500)

Bill Snyder (\$50)

Leon Thomas (\$50)

Roberta Sabitus (\$50)

Joanne Kizer (\$50)

James A. Pruyne (\$50)

Leslie Wizelman (\$50)

William & Sarah Ransom (\$ 100)

Bill Bums (\$50)

Richard A. Eaton (\$50)

Tina Pickett (\$50)

Frances W. Crouse (\$50)

George & Linda Houser (\$ 100)

Barry & Lois Drexler (\$50)

Bradford Co. Partners (\$50)

Howard & Ann Kerr (\$50)

Michelle Fiske & Phillip Swank (\$50)

Bill Beamer (\$50)

Brooks Eldridge-Martin (\$50)

First Citizens National Bank (\$50)

Clair A. Goodman (\$50)

**Restricted Cash Donations**

Ron Headley Family (\$ 100) - purchased logo design package

**In-Kind Contributions**

**Meeting Room Space:**

Citizens and Northern Bank

Guthrie Healthcare System

Lackawanna College

Dunn/Ransom Insurance

Athens Area School District

**Free Checking Account Services:**

Citizens and Northern Bank

Legal Services:

David Keefe

Leslie Wizelman

Frances Crouse

Jim Pruyne

**Sponsored a Community Meeting (Space and Refreshments)**

Bill Beamer

Guthrie Healthcare System

**Group Facilitation Services:**

Bill Beamer

Marilyn Bok

**Use of Software:**

Masonite

Northern Bradford Authority

**Write News Releases:**

Linda Eaton, Big Brothers/Big Sisters

**Development and Hosting of a Website:**

Cyber-Quest Inc.

**Bookkeeping Services**

Valerie Huckabee

**Part II**

**Activities and Operational Information** (Continued)

4. Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

b Annual compensation

Marilyn A. Bok, 107 Bressler St., Sayre, PA 18840, - Acting Coordinator

None

Bill Burns, 203 Hayden St., Sayre, PA 18840 - Director

None

William Ransom III, 207 Stevenson St., Sayre, PA 18840 - Director

None

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No

If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part 11, Line 4d, on page 3.)  Yes  No

If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?  Yes  No

Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No

If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501 (c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No

If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?  Yes  No

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

**Part II**

**Activities and Operational Information (Continued)**

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate

"N/A."

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? .....  Yes \_ No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? .....  Yes \_ No

b is the organization a party to any leases? .....  Yes \_ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? .....  Yes \_ No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? .....  Yes \_ No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? .....  Yes \_ No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? .....  Yes \_ No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? .....  Yes \_ No

If "Yes," explain fully.

Part III

Technical Requirements

1. Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? ..... Yes No

If you answer "Yes," do not answer questions on lines 2 through 6 below.

2. If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

N/A

Exceptions — You are not required to file an exemption application within 15 months if the organization:

- a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
c is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3. If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? ..... Yes No

N/A

If Yes " your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4. If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? ..... Yes No

N/A

If "Yes e the reasons for not filing this application within the 27-month period described in question 3. See Specific Instructions, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5. If you answer "No" to question 4, your organization's qualification as a section 501 (c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application N/A as a request for recognition of exemption as a section 501 (c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? ..... Yes No

6. If you answer "Yes" to question 5 above and wish to request recognition of section 501 (c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here io. [ ] and attach a completed page 1 of Form 1024 to this application. N/A

**Part III** **Technical Requirements (Continued)**

7. Is the organization a private foundation?

- Yes (Answer question 8.)
- No (Answer question 9 and proceed as instructed.)

8. If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

- Yes (Complete Schedule E.)
- No

N/A

After answering question 8 on this line, go to line 14 on page 7.

9. If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

a  As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) Sections 509(a)(1) and 170(b)(1)(A)(i)

b  As a school (MUST COMPLETE SCHEDULE B.) Sections 509(a)(1) and 170(b)(1)(A)(ii)

c  As a hospital or cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.) Sections 509(a)(1) and 170(b)(1)(A)(iii)

d  As a governmental unit described in section 170(c)(1). Sections 509(a)(1) and 170(b)(1)(A)(v)

e  As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g h or a (MUST COMPLETE SCHEDULE D.) Section 509(a)(3)

f  As being organized and operated exclusively for testing for public safety. Section 509(a)(4)

g  As being operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections 509(a)(1) and 170(b)(1)(A)(vi)

h  As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. Sections 509(a)(1) and 170(b)(1)(A)(vi)

i  As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). Section 509(a)(2)

j  The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification. Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2)

**If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.**

**Part III** **Technical Requirements (Continued)**

10. If you checked box **h, i, or j** in question 9, has the organization completed a tax year of at least 8 months?

- Yes** — Indicate whether you are requesting:
  - A definitive ruling. (Answer questions 11 through 14.)
  - An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
- No - You must request an advance ruling by completing and signing two Forms 872C and attaching them to the Form 1023.**

~~11. If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.~~

None

12. If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:

- a. Enter 2% of line 8, column (e), Total, of Part IV-A ..... \$30,090
- b. Attach a list showing the name and amount contributed by each person (other than a governmental unit or 'publicly supported' organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above.

~~13. If you are requesting a definitive ruling under section 509(a)(2), check here  and:~~

- a. For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part 11, Line 4 d, on page 3.)
- b. For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14. Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	If "Yes"		
	Yes	No	complete Schedule:
Is the organization a church? .....			X A
Is the organization, or any part of it, a school? .....			X B
Is the organization, or any part of it, a hospital or medical research organization? .....			X C
Is the organization a section 509(a)(3) supporting organization? .....			X D
Is the organization a private operating foundation? .....			X E
Is the organization, or any part of it, a home for the aged or handicapped? .....			X F
Is the organization, or any part of it, a child care organization? .....			X G
Does the organization provide or administer any scholarship benefits, student aid, etc.? .....			X H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? .....			X I

## Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. **If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.**

### A. Statement of Revenue and Expenses

	Current	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	tax year (a) From 10/09/01 to 12/31/01	Proposed Budget (b) 2002	Proposed Budget (c) 2003	(d)	
1 Gifts, grants, and contributions received (not including unusual grants - see page 6 of the instructions) .....	\$0	\$0	\$0		\$0
2 Membership fees received .....	\$0	\$0	\$0		\$0
3 Gross investment income (see instructions for definition) .....	\$0	\$0	\$0		\$0
4 Net income from organization's unrelated business activities not included on line 3 .....	\$0	\$0	\$0		\$0
5 Tax revenues levied for and either paid to or spent on behalf of the organization .....	\$0	\$0	\$0		\$0
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) .....	\$0	\$0	\$0		\$0
7 Other income (not including gain or loss from sale of capital assets) (attach schedule) .....	\$ 4,500	\$ 500,000	\$1,000,000		\$1,504,500
8 Total (add lines 1 through 7).....	\$ 4,500	\$ 500,000	\$1,000,000		\$1,504,500
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 .....	\$0	\$0	\$0		\$0
10 Total (add lines 8 and 9) .....	\$ 4,500	\$ 500,000	\$1,000,000		\$1,504,500
11 Gain or loss from sale of capital assets (attach schedule) .....	\$0	\$0	\$0		\$0
12 Unusual grants .....	\$0	\$0	\$0		\$0
13 Total revenue (add lines 10 through 12) .....	\$ 4,500	\$ 500,000	\$1,000,000		\$1,504,500
14 Fundraising expenses .....	\$ 200	\$ 14,500	\$ 15,000		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule) .....	\$0	\$0	\$ 25,000		
16 Disbursements to or for benefit of members (attach schedule) .....	\$0	\$0	\$0		
17 Compensation of officers, directors, and trustees (attach schedule) .....	\$0	\$0	\$0		
18 Other salaries and wages .....	\$0	\$ 97,500	\$ 102,500		
19 Interest .....	\$0	\$0	\$0		
20 Occupancy (rent, utilities, etc.).....	\$0	\$ 5,000	\$ 5,150		
21 Depreciation and depletion .....	\$0	\$0	\$0		
22 Other (attach schedule).....	\$ 3,909	\$ 32,200	\$ 33,096		
23 Total expenses (add lines 14 through 22) .....	\$ 4,109	\$ 149,200	\$ 180,746		
24 Excess of revenue over expenses (line 13 minus line 23).....	\$ —	\$ 350,800	\$ 819,254		

STF FED2129F 8

Community Foundation for the Twin Tiers  
205 Main Street

Towanda,PA 18848  
EIN # 23-3096312

## IRS Form 1023 Part IV Financial Data

### 2001 Start-up Costs for CFTT

#### Mailing Costs

Notice and minutes of committee meetings	\$ 560.00
Invitations and follow-up for Oct.9th meeting	\$ 118.94
Invitations and follow-up for 2 more meetings	\$ 237.88

#### Supplies

Paper (Stationery, etc.)	\$ 200.00
Mailing Envelopes	\$ 50.00
Copies for-handouts for public meetings	\$ 200.00
Rubber stamps for org.	\$ 50.00
Seal for organization	\$ 100.00
Receipt Book	\$ 7.00
Checks	\$ 14.75

#### Administrative Costs

Incorporation in PA	\$ 100.00	
Incorporation in NY	\$ 235.00	
Advertising Fees for Inc.	\$ 75.00	
Filing Fee for 501(c)(3)		\$ 500.00
Filing Fee to Reserve Name		\$ 10.00

#### Public Relations Costs

Specifications for a logo	\$ 100.00	
Cost of developing a logo		\$ 500.00
PR pieces on CFTT		\$1,000.00
Domain Name for one year		\$ 50.00

**Total Start-up Costs**      \$4,108.57

Budgets for CFTT

	<b>2002</b>	<b>2003</b>
<b>Income</b>		
Contributions	\$500,000	\$1,000,000
Interest for Operating Expenses	\$ 4,000	\$ 7,000
Interest for Distribution		\$ 25,000
<b>Total Income</b>	<b>\$504,000</b>	<b>\$1,032,000</b>
<b>Expenses</b>		
Salary Exe.Dir.	\$ 55,000	\$ 56,650
Benefits Exe.Dir.	\$ 16,500	\$ 18,645
Salary Admin. Asst.	\$ 20,000	\$ 20,600
Benefits Admin. Asst.	\$ 6,000	\$ 6,600
Audit	\$ 3,000	\$ 3,090
Mileage & Tolls	\$ 7,000	\$ 7,210
Business Expenses	\$ 3,000	\$ 3,090
Dues Subscriptions	\$ 1,500	\$ 1,545
Equipment/Maintenance	\$ 5,000	\$ 5,150
Legal	\$ 2,000	\$ 2,060
Insurance	\$ 5,000	\$ 5,150
Meeting Expenses	\$ 3,500	\$ 3,605
Miscellaneous	\$ 1,000	\$ 1,030
Office Supplies	\$ 1,200	\$ 1,236
Postage	\$ 2,500	\$ 2,575
Printing/Copying	\$ 10,000	\$ 10,300
Rent	\$ 5,000	\$ 5,150
Telephone	\$ 2,000	\$ 2,060
<b>Total Expenses</b>	<b>\$149,200</b>	<b>\$ 155,746</b>

**Part IV** Financial Data (Continued)

Current tax year <b>B. Balance Sheet (at the end of the period shown)</b>		Date <u>2001</u>
<b>Assets</b>		
1 Cash .....	1	\$1,700
2 Accounts receivable, net .....	2	\$ 0
3 Inventories .....	3	\$ 0
4 Bonds and notes receivable (attach schedule) .....	4	\$ 0
5 Corporate stocks (attach schedule) .....	5	\$ 0
6 Mortgage loans (attach schedule) .....	6	\$ 0
7 Other investments (attach schedule) .....	7	\$ 0
8 Depreciable and depletable assets (attach schedule) .....	8	\$ 0
9 Land .....	9	\$ 0
10 Other assets (attach schedule) .....	10	\$ 0
11 <b>Total assets (add lines 1 through 10)</b> .....	11	\$1,700
<b>Liabilities</b>		
12 Accounts payable .....	12	\$ 600
13 Contributions, gifts, grants, etc., payable .....	13	\$ 0
14 Mortgages and notes payable (attach schedule) .....	14	\$ 0
15 Other liabilities (attach schedule) .....	15	\$ 0
16 <b>Total liabilities (add lines 12 through 15)</b> .....	16	\$ 600
<b>Fund Balances or Net Assets</b>		
17 Total fund balances or net assets .....	17	\$1,100
18 <b>Total liabilities and fund balances or net assets (add line 16 and line 17)</b> .....	18	\$1,100

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

User Fee for Exempt Organization
Determination Letter Request

(Rev. January 1998)
Department of the Treasury
Internal Revenue Service

pp. Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.)

Control number
Amount paid
User fee screener

Name of organization: Community Foundation for the Twin Tiers
2 Employer Identification Number: 23-3096312

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form.8717 instead.

3 Type of request

Fee

- a [ ] Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years .....> \$150
Note: If you checked box 3a, you must complete the Certification below.

Certification

I certify that the annual gross receipts of \_\_\_\_\_ name of organization
have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature> \_\_\_\_\_ Title >

- b - Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years .....> \$500
c [ ] Group exemption letters .....> \$500

Instructions

The law requires payment of a user fee with each application for a determination I The user fees are listed on line 3 above For more information, see Rev. Proc. 98-8, 1998-1. I.R.B. 225.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Covington, KY 41012-0192 Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to: Internal Revenue Service P.O. Box 192 Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011

Attach
here
Check or
Money
Order
Here

**Consent Fixing Period of Limitation Upon  
Assessment of Tax Under Section 4940 of the  
Internal Revenue Code**

(Rev. September 1998)

To be used with  
Form 1023. Submit  
in duplicate.

Department of the Treasury  
Internal Revenue Service

(See instructions.)

Under section 6501 (c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Community Foundation for the Twin Tiers (CFTT)

*(Exact legal name of organization as shown in organizing document)*

and the

District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

205 Main Street, Towanda, PA 18848

*(Number street, city or town, state, and ZIP code)*

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year December 31, 2001  
*(Month, day, and year)*

Name of organization (as shown in organizing document)	Date
<u>Community Foundation for the Twin Tiers (CFTT)</u>	<u>November 28, 2001</u>
Officer or trustee having authority to sign	Type or print name and title
<u>Signature &gt;</u>	<u>Marilyn A. Bok</u> <u>Acting CFTT Coordinator</u>
<b>For IRS use only</b>	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By >

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 Instructions.