

Return of Organization Exempt From Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **2004**, 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
FIRE SERVICE WOMEN OF NEW YORK STATE, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
C/O MARIA WALKER, 214 HACKETT BLVD.

City or town, state or country, and ZIP + 4
ALBANY, NY 12209

D Employer identification number
20 : 1628811

E Telephone number
(518) 438-8937

F Accounting method: Cash Accrual
 Other (specify) ▶

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? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶

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 ▶ **15,692.48**

I Group Exemption Number ▶

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 (See page 18 of the instructions.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	5,500.00
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ 5,500.00 noncash \$)	1d	5,500.00
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	1,975.00
	4 Interest on savings and temporary cash investments	4	9.98
	5 Dividends and interest from securities	5	
	6a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		
	8a		
	(B) Other		
	8b		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>			
a Gross revenue (not including \$ 5,500.00 of contributions reported on line 1a)	9a	8,207.50	
b Less: direct expenses other than fundraising expenses	9b	2,192.81	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	6,014.69	
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	13,499.67	
Expenses	13 Program services (from line 44, column (B))	13	4,410.39
	14 Management and general (from line 44, column (C))	14	1,835.79
	15 Fundraising (from line 44, column (D))	15	34.55
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	6,280.73
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,218.94
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	0
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,218.94

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

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) FIRE SERVICE WOMEN OF NEW YORK STATE INC		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) 20 ; 1628811
1b c/o Name (if applicable) MARIA WALKER, TREASURER		3 Name and telephone number of person to be contacted if additional information is needed (607) 336-1540, JAMES WILLIAMS
1c Address (number and street) 214 HACKETT BLVD.	Room/Suite	
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. ALBANY, NY 12209		4 Month the annual accounting period ends AUGUST
1e Web site address		5 Date incorporated or formed 09/10/2004
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 checked="" type="checkbox"/> No If "Yes," attach an explanation.		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)
8 Is the organization required to file Form 990 (or Form 990-EZ)? <input type="checkbox"/> N/A <input checked="" 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 checked="" 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 I, 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 the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here **MARIA WALKER, TREASURER** 10-14-04
 (Signature) (Type or print name and title or authority of signer) (Date)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **DEC 03 2004**

FIRE SERVICE WOMEN OF NEW YORK
STATE INC
C/O MARIA WALKER
214 HACKETT BLVD
ALBANY, NY 12209

Employer Identification Number:
20-1628811
DLN:
17053302011004
Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
SEPTEMBER 10, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2008

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

New York State and Local Sales and Use Tax
Application for an Exempt Organization Certificate

ST-119.2
(7/97)

Name of organization FIRE SERVICE WOMEN OF NEW YORK STATE, INC.		
Address (number and street) C/O MARIA WALKER, TREASURER, 214 HACKETT BLVD.		City (town), state, and ZIP code ALBANY, NY 12209
Name and telephone number of person to be contacted (if the person is someone other than an officer, this application must be accompanied by a power of attorney executed by the officer) MARIA WALKER (518) 438-8937		
Date organized 09/10/2004	Date incorporated 09/10/2004	Federal identification number 20-1628811

Check box 1a or 1b to indicate the section of law for which you are claiming exempt status.

- 1a **Section 1116(a)(4)** – Check the appropriate box to indicate the purpose for which you are claiming exempt status.
- | | | |
|-------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Testing for public safety | <input type="checkbox"/> Prevention of cruelty to children or animals |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Scientific | <input type="checkbox"/> Fostering national or international amateur sports competition |
| <input checked="" type="checkbox"/> Educational | <input type="checkbox"/> Literary | |

- 1b **Section 1116(a)(5)** Posts, organizations, and auxiliary of past or present members of the armed services.
- What percentage of your members are past or present members of the armed services of the United States? _____ %
- What percentage of your members are cadets or are spouses, widows, or widowers of cadets or past or present members of the armed services? _____ %
- What percentage of your members do not fall within either of the above categories? _____ %

- 2 Are you currently registered as a vendor with the Tax Department? Yes No If Yes, enter your *Certificate of Authority* number _____.

If you answer Yes to questions 3 through 7, attach an explanation.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 3 Has any distribution of the organization's property ever been made to shareholders or members? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4 Does any part of the net earnings of the organization go to the benefit of any private shareholder or individual? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5 Has the organization ever advocated or opposed pending or proposed legislation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6 Has the organization ever participated in a political campaign or endorsed a candidate for public office? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7 If the organization fosters national or international amateur sports competition, does it provide any facilities or equipment, either directly or indirectly, for the use of amateur athletes? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8 Have you received an exemption from federal income tax? (If Yes, see instructions) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 If you are a branch or chapter, has your parent organization received an exemption from federal income tax that applies to subordinate branches or chapters? (If Yes, see instructions) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

- 10 Check the appropriate box to indicate your type of organization.
- Corporation – (attach a copy of articles of incorporation, including filing receipt, and bylaws)
- Trust – (attach a copy of Declaration of Trust and bylaws)
- Other – (attach a copy of constitution and bylaws)

11 Attach the following to this application:

- **Statement of activities** fully describing all current and proposed activities.
- **Statement of receipts and expenditures** for your most recent fiscal year of operation, clearly reflecting the nature and amount of receipts and the purpose and amount of expenditures. (If you have been in existence less than a year, submit a statement of your receipts and expenditures to date, and a proposed budget for the rest of the year.)
- **Statement of assets and liabilities** as of the end of your most recent fiscal year (if you have been in existence less than a year, your statement should be as of the date of this application).

I declare that I have examined the information given in this application and all attachments and, to the best of my knowledge and belief, it is correct and complete. I understand that a willfully false representation is a crime punishable under the laws of New York State including but not limited to sections 175.30, 175.35, and 210.45 of the Penal Law, and section 1817(b) of the Tax Law.

Signature of officer or trustee <i>Maria D Walker</i>	Date <i>3-24-05</i>
Name of title of officer or trustee (please print) <i>MARIA D WALKER, TREASURER</i>	