

**NORTHERN COLORADO
COMMUNITY HOUSING, LTD**

APPLICATION FOR RECOGNITION OF EXEMPTION

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 7 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) NORTHERN COLORADO COMMUNITY HOUSING, LTD.		2 Employer identification number (EIN) (If none, see page 2 of the instructions.) 84-1352870
1b c/o Name (if applicable) COLLEEN FINNMAN		3 Name and telephone number of person to be contacted if additional information is needed COLLEEN FINNMAN (970) 962-2517
1c Address (number and street) P O BOX 2731	Room/Suite	
1d City or town, state, and ZIP code LOVELAND CO 80539-2731		4 Month the annual accounting period ends DECEMBER
5 Date incorporated or formed 05-16-96	6 Activity codes (See page 3 of the instructions.) 381	
7 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)		
8 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.		
9 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).		
10 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.		

11 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 11**, on page 3.) Get **Pub. 557, Tax-Exempt Status for Your Organization**, 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

CLIENT'S COPY

(Signature)

(Title or authority of signer)

(Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Part II 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.

NORTHERN COLORADO COMMUNITY HOUSING, LTD., DBA FUNDING PARTNERS FOR HOUSING SOLUTIONS WILL INCLUDE THE FOLLOWING PROGRAM ACTIVITIES IN THE IMPLEMENTATION OF THE ORGANIZATION'S MISSION TO "COORDINATE, ENHANCE, AND LEVERAGE RESOURCES TO INCREASE THE INVENTORY AND RETENTION OF HOUSING WHICH IS AFFORDABLE TO LOW AND MODERATE INCOME INDIVIDUALS".

1. SOLICITATION OF GRANT MONIES FROM A VARIETY OF FUNDERS WITH THE PURPOSE OF DISTRIBUTION TO BOTH NONPROFIT AND FOR PROFIT DEVELOPERS OF AFFORDABLE HOUSING.

2. TO SECURE LOW INTEREST AND NO INTEREST LOAN CAPITAL CRITICAL TO THE CONSTRUCTION AND REHABILITATION OF AFFORDABLE HOUSING.

3. TO PROVIDE DEVELOPERS OF AFFORDABLE HOUSING WITH THE TECHNICAL ASSISTANCE NEEDED TO FINANCE, CONSTRUCT AND RENOVATE AFFORDABLE HOUSING.

ALL FUNCTIONS WILL BE PERFORMED BY PAID STAFF TO BE HIRED BY THE ORGANIZATION WITH SUPPORT, GUIDANCE, AND ASSISTANCE FROM THE VOLUNTEER BOARD OF DIRECTORS. IT IS THE DESIRE OF THE BOARD OF DIRECTORS TO HAVE PAID STAFF HIRED BY JANUARY, 1997, WITH THE PROGRAM ACTIVITIES BEGINNING IMMEDIATELY AFTER. IT IS A GOAL TO BEGIN RAISING AND DISTRIBUTING FUNDS DURING 1997 ALONG WITH THE PROVISION OF TECHNICAL ASSISTANCE TO ORGANIZATIONS DURING THE SAME TIME FRAME.

CURRENTLY NO PROGRAM ACTIVITIES ARE UNDERWAY AND BOARD ACTIVITIES ARE FOCUSED UPON SECURING STARTUP FUNDING, PROMOTING THE ORGANIZATION THROUGH THE MEDIA, ATTENDING TO ADMINISTRATIVE DETAILS, AND HIRING STAFF. SOME STARTUP FUNDS HAVE BEEN SECURED FROM THE CITIES OF LOVELAND AND FORT COLLINS AND WILL BE USED TO HIRE STAFF. THE BOARD OF DIRECTORS IS CURRENTLY RECRUITING APPLICANTS FOR THE POSITION OF EXECUTIVE DIRECTOR.

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

FUNDING FROM THE CITIES OF FORT COLLINS AND LOVELAND, COLORADO

- 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.

AT THIS POINT ALL OF THE FUNDS FOR OPERATION ARE COMING FROM THE MAJOR CITIES IN THE NORTHERN COLORADO AREA. AFTER 501(C)3 STATUS IS APPROVED SOLICITATION FOR FINANCIAL SUPPORT WILL BE RELEASED AS A PRESS RELEASE (SEE ATTACHED DRAFT). POSSIBLE SOURCES OF FUNDS WILL BE FROM PRIVATE, LOCAL AND NATIONAL FOUNDATIONS, CORPORATE PROGRAMS, LOCAL BUSINESS, OR INDIVIDUALS.

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.**SEE ATTACHED SCHEDULE****b** Annual compensation**-0-****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 II, 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.

THIS CORPORATION WAS FORMED AS A SUCCESSOR OF LOVELAND COMMUNITY HOUSING, LTD. AND HAS NOW EXPANDED TO INCLUDE THE CITY OF FORT COLLINS URBAN GROWTH AREA. THE TWO AREAS HAVE JOINED FORCES FOR PARALLEL EFFORTS.**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.

MOST INITIAL FUNDING WILL COME FROM THE CITIES OF FORT COLLINS AND LOVELAND COLORADO**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."

CASH IS THE ONLY ASSET THAT IS USED IN THE PERFORMANCE OF ITS FUNCTION.

- 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? ☐ N/A ☐ 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? ☐ N/A ☒ Yes ☐ No
- If "Yes," explain how the recipients or beneficiaries are or will be selected.

BENEFITS WILL BE LIMITED TO PEOPLE EARNING 80% OR LESS OF MEDIAN INCOME OR TO ORGANIZATIONS SERVICING THE ABOVE LISTED GROUP OF PEOPLE.

- 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 7 below.

- 2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8.

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

- ☐ a Is 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

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-2 C.B. 490, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

- 4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ Yes ☐ No

If "No," your organization is requesting an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

- 5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? ☐ Yes ☐ No

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Line 5, on page 4 before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

- 6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application 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

- 7 If you answer "Yes" to question 6 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 ☐ and attach a completed page of Form 1024 to this application.

Part III Technical Requirements (Continued)**8** Is the organization a private foundation?☐

Yes (Answer question 9.)

☒

No (Answer question 10 and proceed as instructed.)

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

Yes (Complete Schedule E.)

☐

No

After answering question 9 on this line, go to line 15 on page 7.

10 If you answer "No" to question 8, 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1)
and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a
medical research organization operated in conjunction with a
hospital (MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1)
and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1)
and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> 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 i
(MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public
safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> 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)(iv) |
| h | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> The organization is a publicly supported organization but is not sure
whether it meets the public support test of block h or block 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 10, go to question 15.If you checked box **g** in question 10, go to questions 12 and 13.If you checked box **h**, **i**, or **j**, in question 10, go to question 11.

Part III Technical Requirements (Continued)

11 If you checked box h, i, or j on line 10, has the organization completed a tax year of at least 8 months?

☐

Yes - Indicate whether you are requesting:

☐

A definitive ruling (Answer questions on lines 12 through 15.)

☐

An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-C completed and signed.)

☒

No - You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.

12 If the organization received any unusual grants during any of the tax years shown in Part IV-A, 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.

13 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 _____

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 13a above.

14 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 II, Line 4d, 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.

15 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.)

Yes	No	If "Yes," complete Schedule:
-----	----	------------------------------------

Is the organization a church?

A

Is the organization, or any part of it, a school?

B

Is the organization, or any part of it, a hospital or medical research organization?

C

Is the organization a section 509(a)(3) supporting organization?

D

Is the organization a private operating foundation?

E

Is the organization, or any part of it, a home for the aged or handicapped?

F

Is the organization, or any part of it, a child care organization?

G

Does the organization provide or administer any scholarship benefits, student aid, etc.?

H

Has the organization taken over, or will it take over, the facilities of a "for profit" institution?

I

Part IV 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 tax year	3 prior tax years or proposed budget for 2 years			
		(a) From _____ to _____	(b) 19 97 _____	(c) 19 98 _____	(d) 19 _____	(e) TOTAL
Revenue	1 Gifts, grants, and contributions received (not including unusual grants - see pages 5 and 6 of the instructions)		125000	125000		250000
	2 Membership fees received					
	3 Gross investment income (see instructions for definition)					
	4 Net income from organization's unrelated business activities not included on line 3					
	5 Tax revenues levied for and either paid to or spent on behalf of the organization					
	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)		3600	3600		7200
	7 Other income (not including gain or loss from sale of capital assets) (attach schedule)					
	8 Total (add lines 1 through 7)		128600	128600		257200
	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.					
	10 Total (add lines 8 and 9)		128600	128600		257200
	11 Gain or loss from sale of capital assets (attach schedule)					
	12 Unusual grants					
	13 Total revenue (add lines 10 through 12)		128600	128600		257200
Expenses	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid (attach schedule)		48000	58500		
	16 Disbursements to or for benefit of members (attach schedule)					
	17 Compensation of officers, directors, and trustees (attach schedule)		-0-	-0-		
	18 Other salaries and wages		38250	38250		
	19 Interest					
	20 Occupancy (rent, utilities, etc.)		3600	3600		
	21 Depreciation and depletion					
	22 Other (attach schedule)		38470	27800		
	23 Total expenses (add lines 14 through 22)		128320	128150		
	24 Excess of revenue over expenses (line 13 minus line 23)		280	450		

Part IV Financial Data (Continued)

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

SINCE THERE HAS NOT YET BEEN MUCH ACTIVITY IN THE CORPORATION TO THIS POINT
THERE ARE NO ASSETS OR LIABILITIES OF ANY SUBSTANTIAL AMOUNT.

NORTHERN COLORADO COMMUNITY HOUSING, LTD.
EIN - 84-1352870
PART II LINE 4a

RONALD SCHNEIDER BANK ONE 200 E. 7TH STREET LOVELAND, CO 80537	PRESIDENT	-0-
COLLEEN FINNMAN CITY OF LOVELAND 500 E THIRD STREET LOVELAND, CO 80537	SECRETARY	-0-
LINDA NORTON REALTY WORLD RHOADES LTD 2850 MCCLELLAND DR FT COLLINS, CO 80526	TREASURER	-0-
WILL ARDUINO HEWLETT-PACKARD 3404 E HARMONY ROAD FT COLLINS, CO 80525	BOARD MEMBER	-0-
MARY COSGROVE PROJECT SELF SUFFICIENCY 2105 MAPLE DR LOVELAND, CO 80538	BOARD MEMBER	-0-
ALFRED FLORES DIRECTOR OF APARTMENT LIFE HOUSING AND FOOD SERVICES COLORADO STATE UNIVERSITY FT COLLINS, CO 80523	BOARD MEMBER	-0-
PAMELA HOWARD 620 COLORADO FT COLLINS, CO 80524	BOARD MEMBER	-0-
CANDACE MAYO LOVELAND HOUSING AUTHORITY 2105 MAPLE DR LOVELAND, CO 80538	BOARD MEMBER	-0-
KOGER PROPST FIRSTBANK 1013 E HARMONY RD FT COLLINS, CO 80525	BOARD MEMBER	-0-
GINNY RILEY 1525 BLUE SPRUCE DR FT COLLINS, CO 80524	BOARD MEMBER	-0-

NORTHERN COLORADO COMMUNITY HOUSING, LTD.
EIN - 84-1352870
PART IV LINE 22

	<u>1997</u>	<u>1998</u>
PAYROLL TAXES AND BENEFITS	\$ 9563	\$ 9563
CONSULTANTS	16000	16000
OFFICE EXPENSES	2200	2200
START-UP EXPENSES	<u>10670</u>	<u>-0-</u>
OTHER EXPENSES	<u>\$38740</u>	<u>\$27800</u>

Form **8718**

(Rev. January 1996)

Department of the Treasury
Internal Revenue Service**User Fee for Exempt Organization
Determination Letter Request****▶ Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.)**

For IRS Use Only

Control number _____

Amount paid _____

User fee screener _____

1 Name of organization**NORTHERN COLORADO COMMUNITY HOUSING, LTD.****2** Employer Identification Number**84-1352870****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 . . . ▶ **\$465**

c ☐ Group exemption letters . . . ▶ **\$500****Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 96-8, 1996-1 I.R.B. 187.

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. Attach Form 8718 to your determination letter application.

To avoid delays, send the determination letter application and

Form 8718 to the applicable IRS address shown below. Use the address below even if a different address appears in another form or publication.

If the organization
is inSend fee and request
for determination
letter to

Connecticut, Maine,
Massachusetts, New
Hampshire, New York,
Rhode Island, Vermont
Delaware, District of
Columbia, Maryland,
New Jersey,
Pennsylvania, Virginia,
any U.S. possession or
foreign country
Indiana, Kentucky,
Michigan, Ohio,
West Virginia

Internal Revenue Service
EP/EO Division
P. O. Box 1680, GPO
Brooklyn, NY 11202
Internal Revenue Service
EP/EO Division
P. O. Box 17010
Baltimore, MD 21203
Internal Revenue Service
P. O. Box 192
Covington, KY
41012-0192

Arizona, Colorado,
Kansas, Oklahoma,
New Mexico, Texas,
Utah, Wyoming

Internal Revenue Service
EP/EO Division
Mail Code 4950 DAL
1100 Commerce Street
Dallas, TX 75242

Alabama, Arkansas,
Florida, Georgia,
Louisiana, Mississippi,
North Carolina, South
Carolina, Tennessee

Internal Revenue Service
EP/EO Division
P.O. Box 941
Atlanta, GA 30370

Alaska, California,
Hawaii, Idaho, Nevada,
Oregon, Washington

Internal Revenue Service
EO Application
EP/EO Division
McCaslin Industrial Park
2 Cupania Circle
Monterey Park, CA
91755-7406

Illinois, Iowa,
Minnesota, Missouri,
Montana, Nebraska,
North Dakota,
South Dakota,
Wisconsin

Internal Revenue Service
EP/EO Division
230 S. Dearborn
DPN 20-5
Chicago, IL 60604

Attach Check or Money Order Here

Form **872-C**

(Rev. April 1996)

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

(See instructions on reverse side.)

OMB No. 1545-0056

To be used with
Form 1023. Submit
in duplicate.

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.

NORTHERN COLORADO COMMUNITY HOUSING, LTD

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

P.O. BOX 2731LOVELAND, CO 80539-2731

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

and the

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

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 12/31/96

(Month, day, and year)

Name of organization (as shown in organizing document)

Date

NORTHERN COLORADO COMMUNITY HOUSING, LTD.

Officer or trustee having authority to sign

Signature ►

Title ► PRESIDENT

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

By ►

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

JSA