## Form **1023-EZ**

(Rev. June 2014)

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it will be made public.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are

Information about Form 1023-EZ and its separate instructions is at <a href="www.irs.gov/form1023">www.irs.gov/form1023</a>

OMB No. 1545-0056

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

	igible to apply for exemption ection 501(c)(3).	using Fo	orm 1023-	EZ, and ha	ave r	ead and unde	rsta	nd the requ	iremen	ts to be exempt under		
Part I	Identification of Applican	nt										
1a	Full Name of Organization MOHAWK VALLEY RADIO GROUP IN	IC										
b	<ul><li>Address (number, street, and room/suite). If a P.O. box, see in 121 PURDY ROAD</li></ul>				structions. c City MOHAWK				<b>d</b> State NY	ate <b>e</b> Zip code + 4 13407-3626		
2	Employer Identification Number 3 Month Tax Year Ends (MI 46-4097571 12				4 Person to Contact if More Information ALAN W SMITH				Needed			
5	5 Contact Telephone Number 315-866-4200				6 Fax Number (optional)				7 User Fee Submitted \$400.00			
8 List the names, titles, and mailing addresses of your First Name: ALAN			our officers, directors, and/or t Last Name: SMITH		or trus	ustees. (If you have more		than five, see in Title: PRESI				
Street Address: 121 PURDY ROAD				City: MOHAWK			State: NY		Zip c	Zip code + 4: 13407-3626		
First Na	me: CHRISTIAN		Last Name:	MILLER				Title: VICE F	PRESIDEN	SIDENT		
Street Address: 172 COUNTRY ROAD				City: UTICA			Sta	te: NY	Zip c	Zip code + 4: 13502-0000		
First Name: THOMAS			Last Name:	THOMAS				Title: SECRE	TARY TR	RY TREASURER		
Street Address: 972 WARREN ROAD				City: MOHAWK			Sta	State: NY		Zip code + 4: 13407-0000		
First Name:			Last Name:	Name:				Title:	I			
Street Address:				City:			State:		Zip c	Zip code + 4:		
First Name: Last Na			Last Name:	ne:			Title:					
Street Address:			l	City:			State:		Zip c	Zip code + 4:		
9a	9a Organization's Website (if available):											
b	Organization's Email (optional):											
Part II			incorporator	Lassociation	or a tr	ust Chack the he	av for	r the type of ora	anization			
•	To file this form, you must be a corporation, an unincorporated association, or a trust. <b>Check the box</b> for the type of organization.  Corporation  Unincorporated association  Trust											
2	2 Check this box to attest that you have the organizing document necessary for the organizational structure indicated above. (See the instructions for an explanation of necessary organizing documents.)											
3	Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 11202013											
4	State of Incorporation or other formation: New York											
5	Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).											
	Check this box to attest that your organizing document contains this limitation.											
6	Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.											
	Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.											
7	Section 501(c)(3) requires that your org exempt purposes. Depending on your											

dissolution provision.

Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your

Form 102 Part III	23-EZ (Rev. 6-2014)  Your Specific Activities				Page		
1	Enter the appropriate 3-character NTEE Code tha	t best describes your activities (See the instructions	): A34				
2	To qualify for exemption as a section 501(c)(3) or checking the box or boxes below, you attest that	ganization, you must be organized and operated ex you are organized and operated exclusively to furt	xclusively to further one or mother the purposes indicated. <b>C</b>	ore of the follo	wing purposes. By apply.		
	Charitable						
	Scientific	itific Literary Testing for public safe					
	To foster national or international amateur s	sports competition	Prevention of cruelty to	children or ani	mals		
3	To qualify for exemption as a section 501(c)(3) or	o qualify for exemption as a section 501(c)(3) organization, you must:					
	<ul> <li>Refrain from supporting or opposing candid</li> </ul>	ates in political campaigns in any way.					
	■ Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).						
	<ul> <li>Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.</li> </ul>						
	Not be organized or operated for the primar	y purpose of conducting a trade or business that is	not related to your exempt p	urpose(s).			
	■ Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).						
	Not provide commercial-type insurance as a	substantial part of your activities.					
	Check this box to attest that you have not o	conducted and will not conduct activities that violate	te these prohibitions and rest	rictions.			
4	Do you or will you attempt to influence legislatio (If yes, consider filing Form 5768. See the instruct			Yes	No		
5	Do you or will you pay compensation to any of your officers, directors, or trustees?  (Refer to the instructions for a definition of <b>compensation</b> .)						
6	Do you or will you donate funds to or pay expenses for individual(s)?						
7	Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United  States?						
8	Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control?						
9	Do you or will you have unrelated business gross	income of \$1,000 or more during a tax year?		Yes	⊠No		
10	Do you or will you operate bingo or other gamin	g activities?		Yes	⊠No		
11	Do you or will you provide disaster relief?			Yes	⊠No		
Part IV	Foundation Classification						
Part IV		ion that is either a private foundation or a	public charity. Public ch	arity status	is a more		
	•	appropriate box (1a - 1c below) and skip to Part V b	pelow.				
	a Check this box to attest that you normal your support from public sources and you	ally receive at least one-third of your support from pou have other characteristics of a publicly supporte	oublic sources or you normall d organization. <b>Sections 509</b>	y receive at lea (a)(1) and 170	st 10 percent of <b>(b)(1)(A)(vi)</b> .		
	fees, and gross receipts (from permitted	ally receive more than one-third of your support fro sources) from activities related to your exempt fun orelated business taxable income. Section 509(a)(2)	ctions and normally receive r				
	c Check this box to attest that you are op 509(a)(1) and 170(b)(1)(A)(iv).	perated for the benefit of a college or university tha	t is owned or operated by a g	overnmental u	nit. <b>Sections</b>		
2	provisions in your organizing document, unless y	ou are a private foundation. As a private foundation you rely on the operation of state law in the state in oid liability for private foundation excise taxes und	which you were formed to m				
	need to include the provisions required	nizing document contains the provisions required by section 508(e) because you rely on the operatio instructions for explanation of the section 508(e) re	n of state law in your particula				

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Part V Reinstatement After Automatic Revocation						
	of exemption after being automatically revoked for failure to file required re applying for reinstatement under section 4 or 7 of Revenue Procedure					
meet the specified requirements of section 4, that your failure	Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)					
2 Check this box if you are seeking reinstatement under section	n 7 of Revenue Procedure 2014-11, effective the date you are filling this application.					
Part VI Signature						
	thorized to sign this application on behalf of the above organization e best of my knowledge it is true, correct, and complete.					
ALAN SMITH	PRESIDENT					
(Type name of signer)	(Type title or authority of signer)					
	08072014					

(Date)

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