



CT-247

(6/02)

New York State Department of Taxation and Finance

Application for Exemption from Corporation Franchise Taxes By a Not-for-Profit Organization

Mailing name and address	Legal name of corporation COMMUNITY FREE SOFTWARE GROUP, INC.	Employer identification number 06-1728200	<i>For office use only</i>
	Mailing name at location below (if different from legal name) and address c/o PILOSOFT		
	Number and street or PO Box 55 BROAD STREET, LOWER LEVEL	City NEW YORK	
Principal business activity EDUCATIONAL SERVICES		Date tax exemption claimed from JUNE 23, 2004	<i>For audit use only</i>
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Other		Business/officer telephone number (212) 426-2311	
Date of formation JUNE 23, 2004		State or country of incorporation NEW YORK	
Indicate exact name of the law under which the entity was formed (general corporation, not-for-profit, membership, etc.). Cite statutory provisions. NEW YORK NOT-FOR-PROFIT CORPORATION LAW, TYPE B UNDER SECTION 201			

Federal return filed on Form: 990 990T 1120 Other: _____

1 Is the entity organized and operated as a not-for-profit organization? Yes No

2 Is the entity authorized to issue capital stock? If Yes, check the appropriate box below Yes No

Title holding company Collective investment Other: _____

List shareholders: _____

3 Does any part of the net earnings of the organization benefit any officer, director, or member? Yes No

4 Does the entity meet the qualifications for exemption from federal income tax? (See General information on the back of this form.) Yes No
If No, stop. You do not qualify as an exempt organization.

5 Did the entity apply for federal exemption? Yes No
If Yes, indicate date of exemption OCTOBER 27, 2005. Attach a copy of your federal exemption letter.

6 Is the entity engaged in an unrelated business activity at a location in New York State? Yes No

7 Is the entity operating as a trust under section 401(a) and exempt from federal income tax under section 501(a) of the Internal Revenue Code? Yes No

8 List location and type of activity for each office and other places of business (attach separate sheet if necessary).

Location	Nature of activity

9 List officers, employees, agents, and representatives in New York State and briefly describe their duties (attach separate sheet if necessary).

Name	Title	Duties
STEPHEN J. LYNCH	PRESIDENT	SEE ATTACHED BYLAWS
JOSEPH A. MAFFIA	TREASURER	SEE ATTACHED BYLAWS
DAVID J. WILLIAMS	SECRETARY	SEE ATTACHED BYLAWS

10 List type and use of real property owned in New York State (attach separate sheet if necessary).

Type	How used

11 Describe any New York State activities not shown above (attach separate sheet if necessary).

Certification. I certify that this application and any attachments are to the best of my knowledge and belief true, correct, and complete. Willfully filing a false application is a misdemeanor punishable under the Tax Law.

Signature of elected officer or authorized person		Official title SECRETARY OF THE BOARD OF DIRECTORS	Date JANUARY 23, 2006
Paid preparer use only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this return