

Form **1023**
(Rev. September 1990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0056

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.

Part I Identification of Applicant

- 1a Full name of organization (as shown in organizing document) 2 Employer identification number
(If none, see instructions.)
 Network for Women's Services, Inc. NONE
- 1b c/o Name (if applicable) 3 Name and telephone number of person to be
contacted if additional information is needed
 Catherine Douglass Virginia A. Arcari
- 1c Address (number, street, and room or suite no.) 4 Month the annual accounting period ends
 1056 Fifth Avenue #19C (212) 818-9200
- 1d City or town, state, and ZIP code December
 New York, New York 10128
- 5 Date incorporated or formed 6 Activity codes (See instructions.) 7 Check here if applying under section
 10/19/92 560 124 149 a ☐ 501(e) b ☐ 501(f) c ☐ 501(k)
- 8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ Yes ☒ No
 If "Yes," attach an explanation.
- 9 Has the organization filed Federal income tax returns or exempt organization information returns? ☐ Yes ☒ No
 If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

10 Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a ☒ Corporation— Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your bylaws.
- b ☐ Trust— Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ Association— Attach a copy of your 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 your bylaws.

If you are 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


(Signature)

President

(Title or authority of signer)

10/19/92
(Date)

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

Complete the Procedural Checklist (page 7 of the instructions) prior to filing.

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 your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

SEE ATTACHED

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

Contributions from professionals, grants from foundations, corporations, etc.

- 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.

Network for Women's Services, Inc. plans to solicit contributions and grants based upon written applications detailing the program (not yet drafted) and personal appeals by Network for Women's Services staff.

Form 1023 (Rev. 9-90)

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

Catherine Douglass (Director, President)
1056 Fifth Ave. #19C
New York, NY 10128

\$65,000

Hilary Maddux (Director)
845 West End Avenue
New York, New York 10025

\$0

Virginia A. Arcari (Director, Secretary)
1175 York Avenue
New York, New York 10021

\$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 the specific instructions for line 4d.)☐ 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 501(c)(3) organizations): (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 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," state "N/A."

NONE

- 9a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?

☐ Yes ☒ No
☐ Yes ☒ No

- b Is the organization a party to any leases?

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.

- 10 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 your 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) your members receive in exchange for their payment of dues?

- 11a 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 your 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.

Women only - selected by referral from governmental organizations and other Code §501(c)(3) organizations

- 12 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 which it devotes or plans to devote to this activity.

- 13 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 you were created or formed? ☒ Yes ☐ No
If you answer "Yes," do not answer questions 2 through 6.

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

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

- ☐ (a) is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;
- ☐ (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 you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement? ☐ Yes ☐ No

- 4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed. (See the instructions before completing this item.)

- 5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your 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 your 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 you were 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 you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here ☐ and attach a completed page 1 of Form 1024 to this application.

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, do you claim to be a private operating foundation?

☐ Yes (Complete Schedule E.)☐ No

After answering this question, go to Part IV.

9 If you answer "No" to question 7, indicate the public charity classification you are 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 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) ☐ 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 (i)
(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)(iv)(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) ☐ We are a publicly supported organization but are not sure whether we
meet the public support test of block (h) or block (i). We would like the
Internal Revenue Service 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), go to question 10.

Part III Technical Requirements (Continued)

- 10 If you checked box (h), (i), or (j) in question 9, have you 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 2 Forms 872-C completed and signed.)
- ☒ No—You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.
- 11 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.

N/A

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

N/A

- a Enter 2% of line 8, column (e) 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 you entered on line 12a above.

- 13 If you are requesting a definitive ruling under section 509(a)(2), check here ☐ and: N/A
- 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."
- 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.)

Yes	No	If "Yes," complete Schedule:
	X	A
	X	B
	X	C
	X	D
	X	E
	X	F
	X	G
	X	
	X	

Is the organization a church?

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

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

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

Is the organization an operating foundation?

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

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

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

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

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 12/92	(b) 19 93	(c) 19 94	(d) 19	(e) TOTAL
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see instructions)	21,000	155,000	160,000		336,000
2 Membership fees received					
3 Gross investment income (see instructions for definition)	-0-	100	150		250
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)					
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)					
8 Total (add lines 1 through 7)	21,000	155,000	160,150		336,250
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					
10 Total (add lines 8 and 9)	21,000	155,100	160,150		336,250
11 Gain or loss from sale of capital assets (attach schedule)					
12 Unusual grants					
13 Total revenue (add lines 10 through 12)	21,000	155,100	160,150		336,250
Expenses					
14 Fundraising expenses					
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
16 Disbursements to or for benefit of members (attach schedule)					
17 Compensation of officers, directors, and trustees (attach schedule)	0	65,000	65,000		
18 Other salaries and wages	17,010	49,095	54,800		
19 Interest					
20 Occupancy (rent, utilities, etc.)	3,000	16,800	17,640		
21 Depreciation and depletion					
22 Other (attach schedule)	650	23,600	18,720		
23 Total expenses (add lines 14 through 22)	20,660	154,495	156,150		
24 Excess of revenue over expenses (line 13 minus line 23)	340	605	4,000		

Part IV**Financial Data (Continued)****B.—Balance Sheet (at the end of the period shown)**Current tax year
Proposed 12/92
Date

Assets		
1	Cash	1 500
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	12 160
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)	16 160
Fund Balances or Net Assets		
17	Total fund balances or net assets	17 340
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	18 500

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

Network for Women's Services, Inc.
c/o Catherine Douglass
1056 Fifth Avenue 19C
New York, New York 10128
EIN Application Pending
Form 1023-Part II; Question 1

The Network for Women's Services ("NWS") has been established as a means of facilitating access to quality professional services for women who cannot afford such services. Initially, NWS will focus its efforts in the field of law and later in psychological and psychiatric counseling. In the future other professions may be utilized in the same manner. NWS will work with other social services organizations, whether operated by governmental organizations or privately as Code §501(c)(3) organizations, to identify populations of women in need of these professional services ("Women").

NWS's plan for the legal profession will involve first the identification of a group of individuals who teach or practice in the areas of matrimonial, family, immigration, health, employment, landlord/tenant, etc. laws ("Specialists"). NWS will also assemble a group of law firms who are interested in providing pro bono services to Women ("Firms"). Specialists will be paired with the Firms by NWS to enable each Firm to offer services to Women in areas of the law that are not routinely practiced by the Firm or where supervision is not regularly available. Specialists will also offer their services on a pro bono basis. It is expected that this activity will be implemented over the next 12 months and that NWS's coordinating efforts will be conducted by its staff.

NWS's plan for counseling professionals will begin in the second or third year with a counseling project directed toward breaking the cycle of abuse and victimization of women. The counseling project will involve first a research project to analyze the particular counseling services needed by Women who are abused and/or victimized. This research project will be implemented by assembling a nationwide advisory board of counseling professionals with experience in the field, gathering data and analyzing the various methods and strategies that may be effective in breaking the cycle of victimization. The data will then be used as the basis for developing the second phase of the counseling project, which is the creation of a training program to educate professionals about the best means for dealing with the victimization issue. These professionals will then form the basis for the third part of the counseling project, the creation of a network of counseling professionals who will offer their services on a pro bono basis or reduced cost basis to Women. It is expected that the research project will take approximately 12 months and

Network for Women's Services, Inc.
c/o Catherine Douglass
1056 Fifth Avenue 19C
New York, New York 10128
EIN Application Pending
Form 1023-Part II; Question 1

that the trainings and services will commence thereafter. The coordination of the research project and the assembly of the team of professionals will be done by the staff of NWS in association with a team of paid professional consultants.

Network for Women's Services, Inc.
 c/o Catherine Douglass
 1056 Fifth Avenue 19C
 New York, New York 10128
 EIN Application Pending
 Form 1023-Part IV; Line 22

Other Expenses	Current Year	1993	1994
Audit/Accounting	\$100	\$4000	\$4200
Administration			
(Telephone, postage, printing, repairs)	500	6400	7170
Travel	-0-	2000	2100
Equipment	-0-	10,000	4000
Conferences	-0-	500	525
Dues	-0-	500	525
Misc.	50	200	200
TOTAL	650	23,600	18,720

872-C

Revised 9-90)

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,

Network for Women's Services, Inc.
(Exact legal name of organization as shown in organizing document)
c/o Catherine Douglas
1056 Fifth Ave #19C NY NY 10128
(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 December 31, 1992
(Month, day, and year)

Name of organization (as shown in organizing document)

Network for Women's Services, Inc.

Date

12/4/92

Officer or trustee having authority to sign

Signature

Catherine Douglas

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.

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

11/17/92
EIN **13-3688519**
OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) Network for Women's Services, Inc.																							
	2 Trade name of business, if different from name in line 1 NIA		3 Executor, trustee, "care of" name Catherine Douglass																					
	4a Mailing address (street address) (room, apt., or suite no.) 1056 Fifth Ave # 19C		5a Address of business (See instructions.)																					
	4b City, state, and ZIP code NY NY 10128		5b City, state, and ZIP code																					
	6 County and state where principal business is located New York, New York																							
7 Name of principal officer, grantor, or general partner (See instructions.) ▶ Catherine J. Douglass																								
8a Type of entity (Check only one box.) (See instructions.) <table style="width:100%; border: none;"> <tr> <td>☐ Individual SSN</td> <td>☐ Estate</td> <td>☐ Trust</td> </tr> <tr> <td>☐ REMIC</td> <td>☐ Plan administrator SSN</td> <td>☐ Partnership</td> </tr> <tr> <td>☐ State/local government</td> <td>☐ Other corporation (specify)</td> <td>☐ Farmers' cooperative</td> </tr> <tr> <td>☐ Personal service corp.</td> <td>☐ Federal government/military</td> <td>☐ Church or church controlled organization</td> </tr> <tr> <td>☐ National guard</td> <td colspan="2">☐ Other nonprofit organization enter GEN (if applicable)</td> </tr> <tr> <td colspan="3">☒ Other nonprofit organization (specify) Educational</td> </tr> <tr> <td colspan="3">☐ Other (specify) ▶</td> </tr> </table>				☐ Individual SSN	☐ Estate	☐ Trust	☐ REMIC	☐ Plan administrator SSN	☐ Partnership	☐ State/local government	☐ Other corporation (specify)	☐ Farmers' cooperative	☐ Personal service corp.	☐ Federal government/military	☐ Church or church controlled organization	☐ National guard	☐ Other nonprofit organization enter GEN (if applicable)		☒ Other nonprofit organization (specify) Educational			☐ Other (specify) ▶		
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☒ Other nonprofit organization (specify) Educational																								
☐ Other (specify) ▶																								
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country	State New York																					
9 Reason for applying (Check only one box.) <table style="width:100%; border: none;"> <tr> <td>☒ Started new business</td> <td>☐ Changed type of organization (specify) ▶</td> </tr> <tr> <td>☐ Hired employees</td> <td>☐ Purchased going business</td> </tr> <tr> <td>☐ Created a pension plan (specify type) ▶</td> <td>☐ Created a trust (specify) ▶</td> </tr> <tr> <td>☐ Banking purpose (specify) ▶</td> <td>☐ Other (specify) ▶</td> </tr> </table>				☒ Started new business	☐ Changed type of organization (specify) ▶	☐ Hired employees	☐ Purchased going business	☐ Created a pension plan (specify type) ▶	☐ Created a trust (specify) ▶	☐ Banking purpose (specify) ▶	☐ Other (specify) ▶													
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☐ Banking purpose (specify) ▶	☐ Other (specify) ▶																							
10 Date business started or acquired (Mo., day, year) (See instructions.) 10/19/92		11 Enter closing month of accounting year. (See instructions.) December																						
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 7/93																								
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural	Agricultural																					
▶ 2		2	2																					
14 Principal activity (See instructions.) ▶ Educational Organization - Pro Bono Professional Serv.																								
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶		☐ Yes ☒ No																						
16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Public (retail) ☐ Other (specify) ▶		☐ Business (wholesale) ☒ N/A																						
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		☐ Yes ☒ No																						
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.																								
True name ▶		Trade name ▶																						
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.																								
Approximate date when filed (Mo., day, year)		City and state where filed																						
		Previous EIN																						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																								
Name and title (Please type or print clearly.) ▶ Catherine J. Douglass, President		Telephone number (include area code) (212) 722-2590																						
Signature ▶ <i>Catherine Douglass</i>		Date ▶ 11/19/92																						
Note: Do not write below this line. For official use only.																								
Please leave blank ▶	Geo.	Ind.	Class																					
			Size																					
			Reason for applying																					

872-C

Revised 9-90)

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,

Network for Women's Services, Inc.
(Exact legal name of organization as shown in organizing document)
c/o Catherine Douglas
1056 Fifth Ave. #19C NY NY 10168
(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 December 31, 1992
(Month, day, and year)

Name of organization (as shown in organizing document)

Network for Women's Services, Inc.

Date

10/19/92

Officer or trustee having authority to sign

Signature

Catherine Douglas

President

For IRS use only

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

Date

DEC 10 1992

By

Joseph Belenky

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

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

(See instructions on reverse side.)

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,

NETWORK FOR WOMENS SERVICES, INC
(Exact legal name of organization as shown in organizing document)

666 BROADWAY 9TH FLR NEW YORK NY 10012
(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 JUNE 30 1993
(Month, day, and year)

Name of organization (as shown in organizing document)

Date

NETWORK FOR WOMENS SERVICES INC

Officer or trustee having authority to sign

Signature ▶

Catherine Douglas

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.