

FORM 1023
(Rev. April 1965)

TREASURY DEPARTMENT—INTERNAL REVENUE SERVICE

EXEMPTION APPLICATION

(To be made only by a principal officer of the organization claiming exemption)

To be filed in duplicate with the District Director for your District.

For use of organizations applying for exemption under section 501(a) and described in section 501(c)(3) of the Internal Revenue Code, which are organized and operated (or will operate) exclusively for one or more of the following purposes (check purpose(s)):

- Religious Charitable Scientific Testing for Public Safety
 Educational For the prevention of cruelty to children or animals Literary

Every organization that claims to be exempt must furnish the information and data specified in duplicate. If any organization fails to submit the information and data required, this application will not be considered on its merits and the organization will be notified accordingly.

This application shall be open to public inspection in accordance with section 6104(a)(1) of the Internal Revenue Code. See separate instructions for Form 1023 to properly answer the questions below.

1a. Full name of organization: **Innisfree Corporation** b. Employer identification number: **not yet assigned**

2. Complete address (number, street, city or town, State and Postal ZIP code): **c/o Sydney H. McKenzie, III, Esq., 14 South Park Street, Montclair, N.J. 07042**

3a. Is the organization incorporated? Yes No b. If "Yes," in which State and under which law (General corporation, not for profit, membership, educational, eleemosynary, etc.)? Cite statutory provisions. **New Jersey - non-profit, L, 1898, c. 181 (R.S. 15:1-1 et s**

4a. If not incorporated, what is form of organization? **N/A** b. Date incorporated or organized: **May 6, 1970** c. Month and day on which the annual accounting period ends: **December 31**

5a. Has organization filed Federal income tax return(s)? Yes No b. If "Yes," form number of return filed and Internal Revenue District where filed. c. Year(s) filed

6. After July 1, 1950, did the creator of your organization (if a trust), or a contributor to your organization, or a brother or sister (whole or half blood), spouse, ancestor, or lineal descendant of such creator or contributor, or a corporation controlled directly or indirectly by such creator or contributor, enter into any of the transactions (or activities) enumerated below? NOTE: If you have any knowledge or contemplate that you will be a party to any of the transactions (or activities) enumerated in 6a through 6f, check "planned" in the applicable block(s) and see instructions.

	Yes	No	Planned		Yes	No	Planned
a. Borrow any part of your income or corpus?		<input checked="" type="checkbox"/>		d. Purchase any securities or other property from you?		<input checked="" type="checkbox"/>	
b. Receive any compensation from you?			<input checked="" type="checkbox"/>	e. Sell any securities or other property to you?		<input checked="" type="checkbox"/>	
c. Have any part of your services made available to him?			<input checked="" type="checkbox"/>	f. Receive any of your income or corpus in any other transaction?		<input checked="" type="checkbox"/>	

7. Have you issued or do you plan to issue membership, stock, or other certificates evidencing voting power in the organization? Yes No

8a. Are you the outgrowth or continuation of any form of predecessor(s)? Yes No

b. Do you have capital stock issued and outstanding? Yes No

c. Have you made or do you plan to make any distribution of your property to shareholders or members? Yes No

d. Did you receive or do you expect to receive 10 percent or more of your assets from any organization, group of affiliated organizations (affiliated through stockholding, common ownership, or otherwise), any individual, or members of a family group (brother or sister whether whole or half blood, spouse, ancestor, or lineal descendant)? Yes No

e. Does any part or will any part of your receipts represent payment for services of any character rendered or to be rendered by you? Yes No

f. Are you now, have you ever been, or do you plan to be engaged in carrying on propaganda, or otherwise advocating or opposing pending or proposed legislation? Yes No

g. Do you participate or plan to participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office? Yes No

h. Have you made or do you plan to make any payments to members or shareholders for services rendered or to be rendered? Yes No

i. Does any part or do you plan to have any part of your net income inure to the benefit of any private shareholder or individual? Yes No

j. Are you now or are you planning to be affiliated in any manner with any organization(s)? Yes No

k. Do you hold or plan to hold 10 percent or more of any class of stock or 10 percent or more of the total combined voting power of stock in any corporation? Yes No

RECEIVED
MAR 20 1968

THOMAS S. RUE
Notary Public of New Jersey
My Commission Expires Nov. 4, 1968

9. Has any State or any court (including a Court of Probate, Surrogate's Court, etc.) ever declared whether you were or were not organized and operated for charitable, etc., purposes? Yes No. If "Yes," attach copies in duplicate of pertinent administrative or judicial decisions.

10. You must attach copies in duplicate of the following:

a. If incorporated, a copy of your articles of incorporation, or if not incorporated, a copy of your constitution, articles of association, declaration of trust, or other document whereby you were created setting forth your aims and purposes, a copy of all amendments thereto, and any changes presently proposed. **See attachment.**

See attachment.

b. A copy of your bylaws or other similar code of regulations, all amendments thereto, and any changes presently proposed.

See attachment.

c. A complete statement of assets and liabilities as of the end of each annual accounting period (or as of the date of the filing of this application, if you were in existence for less than a year).

See attachment.

d. A statement of receipts and expenditures for each annual accounting period of operation (or for the period for which you were in existence, if less than a year).

See attachment.

e. A statement which clearly indicates what State statutes or court decisions govern the distribution of assets upon dissolution. (This statement may be omitted if your charter, certificate, or other instrument of organization makes provision for such distribution.)

See attachment.

f. A brief statement of the specific purposes for which you were formed. (Do not quote from or make reference to your articles of incorporation, constitution, articles of association, declaration of trust, or other document whereby you were created for this question.)

See attachment.

g. A statement explaining in detail each fund-raising activity and each business enterprise you have engaged in or plan to engage in, accompanied by copies of all agreements, if any, with other parties for the conduct of each fund-raising activity or business enterprise.

See attachment.

h. A statement which describes in detail the nature of each of your activities which you have checked on page 1, activities which you sponsor, and proposed activities.

See attachment.

i. A statement which explains fully any specific activities that you have engaged in or sponsored and which have been discontinued. Give dates of commencement and termination and the reasons for discontinuance.

See attachment.

j. A statement which describes the purposes, other than in payment for services rendered or supplies furnished, for which your funds are expended or will be expended.

See attachment.

k. A schedule indicating the name and position of each officer, director, trustee, etc., of the organization and the relationship, if any, by blood, marriage, adoption, or employment, of each such person to the creator of the organization (if a trust), to any person who has made a substantial contribution to the organization, or to a corporation controlled (by ownership of 50 percent or more of voting stock or 50 percent or more of value of all stock), directly or indirectly, by such creator or contributor. The schedule shall also indicate the time devoted to position and compensation (including salary and expense account allowance), if any, of each officer, director, trustee, etc., of the organization.

None

l. A copy of each lease, if any, in which you are the lessee or lessor of property (real, personal, gas, oil, or mineral) or in which you own an interest under such lease, together with copies of all agreements with other parties for development of the property.

SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete.

May 21, 1970

Date

Clyde B. [Signature]

Signature of officer

President

Title

ATTACHMENT

6b. Certain of the incorporators may be members of the staff of a summer camp to be run by the corporation in Damascus, Pa. for high school age children. They may be reimbursed for their services if the income of the camp project justifies reimbursement.

6c. Certain of the incorporators have minor children who may become campers at the camp described above.

8d. The corporation expects to receive a gift of approximately \$13,000.00 from the Iris W. and Sanford G. Bluestein Foundation, a tax exempt organization as described in section 501(c)(3). Sanford G. Bluestein is an incorporator and trustee of Innisfree Corporation.

8e. The corporation intends to operate a summer camp as noted above. Receipts are anticipated from the campers staying at the camp.

8h. See answer to 6b above.

10a. A copy of the Certificate of Incorporation is attached hereto. No amendments or changes are presently proposed.

10b. A copy of the by-laws of the corporation is attached hereto. No amendments or changes are presently proposed.

10c. The assets and liabilities of the corporation as of May 20, 1970 are:

ASSETS

Cash on Hand		\$2,407.84
Dance proceeds	\$283.00	
Bake sales	86.84	
Contributions	125.00	
Theater benefit	113.00	
Camper receipts	1,800.00	

LIABILITIES

499.70

Conrad & Jones, attorneys	288.75
Postage, stationery	119.00
Advertising	8.50
Central Pres- byterian Church	17.50
Temple Shomrei Eemunah	25.00
Printing, picnic	40.95

ATTACHMENT - Page 2

10d. The receipts and expenditures for the corporation from the date of incorporation to date are:

RECEIPTS \$2,407.84

(source as listed
under assets)

EXPENDITURES 29.56

Advertising	\$10.56
Camp registra- tion	10.00
Food license	1.00
Photographs	8.00

10e. See Certificate of Incorporation.

10f. Innisfree was formed primarily to provide non-profit educational, artistic and recreational facilities for young people (ages 12-18) without regard to race or economic status where they could interact in a self-governing atmosphere with the participants deciding upon the rules and regulations, imposing the necessary restrictions, and delegating the responsibilities necessary for the functioning of the community. In order to have a complete cross-section of the outside community involved, extensive scholarship assistance is anticipated.

10g. The following fund-raising activities have been engaged in:

ACTIVITY	GROSS PROCEEDS
Benefit dance	283.00
Bake sale	86.84
Individual contribution solicitation	125.00
Theater benefit	113.00

In addition, \$1,800.00 has been raised by advanced payment by prospective campers for their tuition.

In the future additional personal solicitation of funds by personal and mail solicitations.

ATTACHMENT - Page 3

10h. Innisfree intends to operate a non-profit residential summer experience for young people (ages 12-18). An attempt will be made through substantial scholarship assistance to enroll a cross representation of students with regard to race and economic status. The camp will be a self-governing community (one man--one vote) where the participants decide upon the rules and regulations, impose restrictions, and delegate responsibilities necessary for the functioning of the community. The program will consist of a wide choice of educational, artistic, and recreational activities, but the choice of participation will be each individual's daily decision. The activities will include:

<u>Educational</u>	<u>Artistic</u>	<u>Recreational</u>
Communication Skills	Art: all media	Swimming
Creative Writing	Photography	Small craft
Ecology	Sewing & Needlework	Camping
Journalism	Carpentry & Furniture Restoration	Field Sports
Literature	Crafts	Hiking
Comparative Religions	Music: instrumental, vocal, composition	Biking
Math		Cooking: outdoor & indoor
Group Dynamics	Drama	
Individual tutoring will be offered		

In addition, Innisfree may, in the future, operate a private educational institution based on the same principles set forth for the camp.

10i. No activities have been discontinued.

10j. The funds will be used for providing scholarships to students who are unable to provide tuition to the camp operated by Innisfree.

10k.

Trustees

1. Clyde B. Rue
6 Fairfield Street, Montclair, N.J.
2. Ann W. Rue
6 Fairfield Street, Montclair, N.J.
3. William W. Brown
418 Valley Road, Upper Montclair, N.J.
4. Gail W. Brown
418 Valley Road, Upper Montclair, N.J.
5. Paul C. Maylone
86-B Tierney Drive, Bradford Arms, Cedar Grove, N.J.
6. Peter C. Malcolm
60 Prospect Avenue, Montclair, N.J.
7. Dr. Sanford G. Bluestein
309 Upper Mountain Avenue, Upper Montclair, N.J.

Officers

1. President: Clyde B. Rue
2. Vice President: William W. Brown
3. Secretary: Ann W. Rue
4. Treasurer: Gail W. Brown
5. Assistant Treasurer: Paul C. Maylone

Authorization and Declaration
(See Separate Instructions)

Part I—TAX INFORMATION AUTHORIZATION

Name, address including ZIP code, and identifying number of taxpayer(s)

Innisfree Corporation, a non-profit New Jersey corporation

hereby authorizes (Name, address including ZIP code, and telephone number)

Sydney H. McKenzie, III, Esq.
14 South Park Street
Montclair, New Jersey 07042

201-746-6700

to receive from or inspect confidential tax information in any office of the Internal Revenue Service with respect to (Specify Internal Revenue tax matters and years or periods):

1969 - 1970

Copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above matters should be sent to (Name, address including ZIP code, and telephone number):

Sydney H. McKenzie, III, address above

and

This tax information authorization revokes all prior tax information authorizations on file with the same Internal Revenue office with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address including ZIP code, or refer to attached copies of prior authorizations)

This tax information authorization does NOT revoke any prior powers of attorney on file with the same Internal Revenue office with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address including ZIP code)

Signature of or for taxpayer(s)

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this tax information authorization on behalf of the taxpayer.

(Signature)

President

(Title, if applicable)

(Date)

(Signature)

(Title, if applicable)

(Date)

Part II—DECLARATION BY ATTORNEY, CERTIFIED PUBLIC ACCOUNTANT, OR ENROLLED AGENT

Name, address including ZIP code, telephone number of representative(s) (not required if stated in Part I)

PART II—TAX INFORMATION AUTHORIZATION

Sydney M. Korman, III, Esq.
14 South Park Street
Montclair, New Jersey 07042

201-746-6700

I declare that I am not currently under suspension or disbarment from practice before the Internal Revenue Service, that

I am a member in good standing of the bar of the highest court of the jurisdiction indicated below; or

~~I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or~~

~~I am enrolled as an agent pursuant to the requirements of Treasury Department Circular No. 230;~~

And that I am authorized to represent Innisfree Corporation

Designation (Attorney, C.P.A. or Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date
Attorney	New Jersey	<i>Sydney M. Korman, III</i>	12/22/70

