

Form **1024**  
 (Rev. September 1998)  
 Department of the Treasury  
 Internal Revenue Service

**Application for Recognition of Exemption  
 Under Section 501(a)**

OMB No. 1545-0057

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 the organization.

**Complete the Procedural Checklist on page 6 of the instructions.**

**Part I. Identification of Applicant** (Must be completed by all applicants; also complete appropriate schedule.)  
 Submit only the schedule that applies to your organization. Do not submit blank schedules.

Check the appropriate box below to indicate the section under which the organization is applying:

- a  Section 501(c)(2) — Title holding corporations (Schedule A, page 7)
- b  Section 501(c)(4) — Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 8)
- c  Section 501(c)(5) — Labor, agricultural, or horticultural organizations (Schedule C, page 9)
- d  Section 501(c)(6) — Business leagues, chambers of commerce, etc. (Schedule C, page 9)
- e  Section 501(c)(7) — Social clubs (Schedule D, page 11)
- f  Section 501(c)(8) — Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 13)
- g  Section 501(c)(9) — Voluntary employees' beneficiary associations (Parts I through IV and Schedule F, page 14)
- h  Section 501(c)(10) — Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E, page 13)
- i  Section 501(c)(12) — Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G, page 15)
- j  Section 501(c)(13) — Cemeteries, crematoria, and like corporations (Schedule H, page 16)
- k  Section 501(c)(15) — Mutual insurance companies or associations, other than life or marine (Schedule I, page 17)
- l  Section 501(c)(17) — Trusts providing for the payment of supplemental unemployment compensation benefits (Parts I through IV and Schedule J, page 18)
- m  Section 501(c)(19) — A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K, page 19)
- n  Section 501(c)(25) — Title holding corporations or trusts (Schedule A, page 7)

1a Full name of organization (as shown in organizing document) <b>Burlington Community Development Corporation</b>	2 Employer identification number (EIN) (if none, see Specific Instructions on page 2) <b>03-0336348</b>	
1b c/o Name (if applicable)	3 Name and telephone number of person to be contacted if additional information is needed  <b>Mr. Brendan Keleher                  (802) 865-7019</b>	
1c Address (number and street) <span style="float: right;">Room/Suite</span> <b>149 Church Street, Clerk &amp; Treasurer's Office</b>		
1d City, town or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 2. <b>Burlington, Vermont 05401</b>		
1e Web site address	4 Month the annual accounting period ends <b>June 30th</b>	5 Date incorporated or formed <b>March 4, 1982</b>

- 6 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.
- 7 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.  
**See attachment A**

- 8 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.
- a  Corporation — Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of the bylaws. **Attachment B**
  - 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 that the organization was formed by adoption of the document by more than one person. Also include a copy of the bylaws.
- If this 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 **Brendan Keleher, Secretary** 10-7-99  
 (Signature) (Type or print name and title or authority of signer) (Date)



Internal Revenue Service  
District Director  
Internal Revenue Service Center  
P.O. BOX 192  
COVINGTON KY 41012-0192929

Department of the Treasury  
Southeast Region  
F-5548 ALS EO  
Refer Reply To:  
17053-287-03001-9  
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Date: October 15, 1999

BURLINGTON COMMUNITY DEVELOPMENT  
CORPORATION  
C/O CLERK & TREASURERS OFFICE  
149 CHURCH ST  
BURLINGTON VT 05401

Document Locator Number: 17053-287-03001-9  
User Fee Paid: \$ 500

### ***ACKNOWLEDGEMENT OF YOUR REQUEST***

We have received your application for recognition of exemption from Federal income tax and have assigned it document locator number 17053-287-03001-9. You should refer to that number in any communication with us concerning your application.

We will review your application and send a reply as soon as possible. However, we must process applications in the order that we receive them.

You may normally expect to hear from us within (120 days). If you do not hear from us within that period and choose to write again, please include a copy of this letter with your correspondence. Also, please provide a telephone number and the most convenient time to call if we need to contact you. If you wish, you may call E. Wolf between the hours of 8:00 a.m. and 4:30 p.m. EST at (877) 829-5500 for assistance.

Thank you for your cooperation.

Form 5548 EOAB ALS