

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 18 2005

NEW YORK STATE STOP-DWI FOUNDATION  
INC  
C/O COUCH WHITE  
PO BOX 222 540 BROADWAY  
ALBANY, NY 12201-2222

Employer Identification Number:  
14-1829790  
DLN:  
17053078709025  
Contact Person: ERIC J BERTELSEN ID# 31323  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated January 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

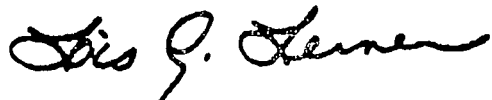
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

State of New York  
Office of the Attorney General  
Charities Bureau  
120 Broadway, New York, NY 10271  
http://www.oag.state.ny.us/charities

For Office Use Only:

CHAR410

No. \_\_\_\_\_  
\_\_\_ 7-A \_\_\_ EPTL \_\_\_ DUAL

## CHARITIES REGISTRATION STATEMENT

INSTRUCTIONS - TYPE or PRINT in ink the answers to all items applicable to the registrant. This form must be filed with the Office of the Attorney General if it is a New York charitable organization, or holds property or does business in New York for charitable purposes. In addition, any organization, wherever it is located, that solicits contributions in New York and receives in excess of \$25,000 or pays anyone other than its employees to raise funds must complete this form.

1. ORGANIZATION'S NAME:  
New York State Stop-DWI Foundation, Inc.
2. PRINCIPAL STREET ADDRESS:  
540 Broadway, P.O. Box 22222, Albany, NY 12201-2222  
(Street) (City) (State) (Zip Code)
3. MAILING ADDRESS (if different from above):  
\_\_\_\_\_
4. PRINCIPAL NEW YORK STATE ADDRESS (if different from above):  
\_\_\_\_\_
5. ADDRESS WHERE BOOKS/RECORDS ARE KEPT: "SAME AS ABOVE"
6. LIST ALL NAMES UNDER WHICH ORGANIZATION SOLICITS CONTRIBUTIONS (INCLUDING GRANTS):  
New York State Stop-DWI Foundation, Inc.
7. DAYTIME PHONE NUMBER: (518) 426-4600 FAX NUMBER: (518) 426-0376
8. DATE FISCAL YEAR ENDS: Month 12 Day 31
9. DATE AND STATE IN WHICH INCORPORATED OR FORMED: (date) 10/2/00 (state) NY
10. DATE BEGAN DOING BUSINESS IN NEW YORK: 3/5/01
11. DATE BEGAN MAINTAINING ASSETS IN NEW YORK: 3/5/01
12. HAS THE ORGANIZATION PREVIOUSLY BEEN REGISTERED WITH NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL AND/OR CHARITIES SECTION OF DEPARTMENT OF STATE?  
YES  NO IF YES, REGISTRATION NUMBER(S): \_\_\_\_\_  
Name, if not the same as in Number 1 above: \_\_\_\_\_
13. LIST PROFESSIONAL FUND RAISERS (PFR), FUND RAISING COUNSEL (FRC) AND COMMERCIAL COVENTURERS (CCV) WHO HAVE AGREED TO ACT ON BEHALF OF THE ORGANIZATION:

| <u>FRC, PFR, CCV</u> | <u>ADDRESS</u> | <u>CONTRACT PERIOD</u> |
|----------------------|----------------|------------------------|
| <u>N/A</u>           | _____          | _____                  |
| _____                | _____          | _____                  |
| _____                | _____          | _____                  |
14. HAS THE ORGANIZATION APPLIED FOR OR BEEN GRANTED TAX EXEMPT STATUS BY THE IRS?  
 YES  NO If yes, enter the date of application or the Federal ID Number:  
(date applied) 10/23/01 (date granted) \_\_\_\_\_ (fed. ID #) 14-1829790
15. HAS TAX EXEMPTION EVER BEEN DENIED?  YES  NO  
If yes, name of agency and date of denial \_\_\_\_\_