



OGDEN UT 84201-0046

In reply refer to: 0423223404
Sen. 03. 2013 LTR 1224C 0
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BODC: SB

OPENAFS FOUNDATION INC

Taxpayer Identification Number:

Dear Taxpayer:

Thank you for your correspondence dated June 04, 2013.

We have no record that you are a tax-exempt organization. If you want to apply for exempt status, please complete and submit to the Cincinnati Service Center a Form 1023, Application for Recognition of Exemption Under Section 501(c)3 of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a) or for Determination Under Section 120.

If you need forms, schedules or publications to respond to this letter, you can obtain them by visiting the IRS website at www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you have any further questions about your organization's filing requirements, accounting period, or exempt status, please contact our Customer Service Site at 1-877-829-5500.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

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OPENAFS FOUNDATION INC

Sincerely yours,



Sheila Bronson
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter
Envelope

The OpenAFS Foundation, Inc.

June 4, 2013

Internal Revenue Service
Cincinnati, OH 45999

Re: The OpenAFS Foundation, Inc.

Dear Sir or Madam:

I am writing to correct the status and the filing requirements of the above-referenced corporation. The corporation is not a for-profit entity but rather a tax-exempt, non-profit entity which will file an annual Form 990, not a Form 1120.

I am attaching a signed copy of the Form SS-4 for The OpenAFS Foundation, Inc. for your further information as well as a copy of the Internal Revenue Service's letter assigning The OpenAFS Foundation, Inc. with a tax identification number and incorrectly reflecting it as a for-profit entity.

I respectfully request confirmation of this change on your records as soon as convenient. Please mail the confirmation or any other information for The OpenAFS Foundation, Inc. to the address of:

Please contact the undersigned if there are any questions.

Very truly yours,

THE OPENAFS FOUNDATION, INC.

By: 

Roman W. Mitz, Jr., Executive Director

Enclosure



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0023

OPENAFS FOUNDATION INC

Date of this notice: 06-04-2013

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN . . . This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

09/15/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is OPEN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

575A

06-04-2013 OPEN B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 06-04-2013
EMPLOYER IDENTIFICATION NUMBER: 46-2902947
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

OPENAFS FOUNDATION INC
% ROMAN W MITZ JR
5607 BEACON STREET
PITTSBURGH, PA 15217

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested The OpenAFS Foundation, Inc.					
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, administrator, trustee, "care of" name N/A				
	4a Mailing address (room ant., suite no. and street, or P.O. box) N/A	5a Street address (if different) (Do not enter a P.O. box.) N/A				
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions) N/A				
	6 County and state where principal business is located Allegheny County, Pennsylvania					
	7a Name of responsible party		7b SSN, ITIN, or EIN			
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members			
8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ Form 990 <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) if any ▶					
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State Pennsylvania	Foreign country N/A			
10	Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Nonprofit Corporation <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
11	Date business started or acquired (month, day, year). See instructions. May 20, 2013					
12	Closing month of accounting year June					
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural 0</td><td>Household 0</td><td>Other 0</td></tr></table>			Agricultural 0	Household 0	Other 0
Agricultural 0	Household 0	Other 0				
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). N/A					
16	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Nonprofit charitable					
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Principally, nurturing, evolving and increasing the use of the OpenAFS technology					
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶					

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Louis A. Prosperi	Designee's telephone number (include area code) (412) 341-1490
	Address and ZIP code 1910 Cochran Road, Manor Oak Two, Suite 730, Pittsburgh, PA 15220	Designee's fax number (include area code) (412) 341-1492
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.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ Roman W. Mitz, Jr., Treasurer		

Signature ▶ *Roman W. Mitz, Jr.* Date ▶ **6/4/2013**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 1-2010)