| 000 T  | (and proxy tax u  | usiness ir   | ncome lax Ke                            | turn               | OMB No. 1545-0687            |  |
|--|---|--|---|--------------------|------------------------------|--|
| Form <b>990-T</b>  |   | (and proxy tax under section 6033(e))  For calendar year 2013 or other tax year beginning , and ending |   |                    |                              |  |
|  | ➤ See sep   | arate instruction  | s.                                      |                    | 2013                         |  |
| Department of the Treasury   | Information about Form 990-T and its in   | Information about Form 990-T and its instructions is available at www.irs.gov/form990t.                |   |                    |                              |  |
| Internal Revenue Service  Check box if   |   | may be made pu   |   | D Employer identif | 501(c)(3) Organizations Only |  |
| B Exempt under section   | OIL REGION ALLIANCE   |  |   | (Employees' trust, |                              |  |
| X 501( C)( 3   |   | J OL DOD   | INDOD,                                  |                    | anne o conso a montan (      |  |
|  | 20(e) Or Number, street, and room or suite no. If a P.O. box, se  | e instructions   |   | 25-111             | 8284                         |  |
|  | 30(a) Type 217 ELM STREET   | o moradions.   |   | E Unrelated busine |                              |  |
| 529(a)   | City or town, state or province, country, and ZIP or  | foreign postal code  |   | (See instructions. |                              |  |
| C Book value of all assets   | OIL CITY  | PA 1   | 16301                                   | 900099             |                              |  |
| at end of year   | F Group exemption number (See instructions  |  |   |                    |                              |  |
| 2,260,0  | 36 G Check organization type ► X 501(c  | ) corporation  | 501(c) trust                            | 401(a) trust       | Other trust                  |  |
| ► ADVERTI  | zation's primary unrelated business activity. SING INCOME   | 0.1011   |   |                    | 7                            |  |
| I During the tax year  | was the corporation a subsidiary in an affiliated group<br>ame and identifying number of the parent corporation | p or <mark>a balan</mark> t su   | ositiary controller gro                 | up?                | . ▶ Yes X No                 |  |
| res, enter the r   | ame and identifying number of the parent corporation  | ULILIN   | ו וטט כי ו                              |                    |                              |  |
| J The books are in ca  | re of ▶ DAN TWOMBLY   |  | Teler                                   | hone number >      | 814-677-3152                 |  |
|  | ated Trade or Business Income   |  | (A) Income                              | (B) Expenses       | (C) Net                      |  |
| 1a Gross receipts or   | sales   |  |   |                    |                              |  |
| b Less returns and   | allowances c Balance  | ► 1c   |   |                    |                              |  |
| 2 Cost of goods so   | d (Schedule A, line 7)  | 2  |   |                    |                              |  |
| 3 Gross profit. Sub  | ract line 2 from line 1c  | 3  |   |                    |                              |  |
| 4a Capital gain net i  | come (attach Form 8949 and Schedule D)  | 4a   |   |                    |                              |  |
|  | orm 4797, Part II, line 17) (attach Form 4797)  |  |   |                    |                              |  |
| <ul> <li>Capital loss dedu</li> </ul>  | ction for trusts  | 4c   |   |                    |                              |  |
|  | erships and S corporations (attach statement)   | 5  |   |                    |                              |  |
| 6 Rent income (Sci   |   | 6  |   |                    |                              |  |
| 7 Unrelated debt-fit   | anced income (Schedule E)   | 7  |   |                    |                              |  |
| 8 Interest, annuities, r   | oyalties, and rents from controlled organizations (Schedule F)  | 8  |   |                    |                              |  |
|  | f a section 501(c)(7), (9), or (17) organization (Schedule G)   |  |   |                    | _                            |  |
|  | activity income (Schedule I)  | 100  | 1 505                                   | 10.00              | 17 400                       |  |
| 11 Advertising incom   |   | 11   | 1,565                                   | 19,06              | -17,499                      |  |
|  | e instructions; attach schedule.)   | ****   | 1,565                                   | 19,06              | -17,499                      |  |
| Part II Dedu   | nes 3 through 12tions Not Taken Elsewhere (See instruct   |  |   |                    |                              |  |
| deduc  | tions must be directly connected with the u   | nrelated busi  | iness income.)                          |                    | contributions,               |  |
| 14 Compensation of   | officers, directors, and trustees (Schedule K)  |  |   | 14                 | 4                            |  |
| 15 Salaries and wag  | 98  |  |   | 1                  | 5                            |  |
| 16 Repairs and mair  | tenance   |  | * |                    |                              |  |
| 17 Bad debts   | *************************   |  |   |                    | 7                            |  |
| 18 Interest (attach se   | hedule)   |  |   |                    |                              |  |
| 19 Taxes and license   | S   |  |   |                    |                              |  |
| 20 Charitable contributi   | ons (See instructions for limitation rules.)  |  |   | 20                 | Total -                      |  |
| 21 Depreciation (atta  |   | *******  | 21                                      |                    |                              |  |
|  | claimed on Schedule A and elsewhere on return   |  |   |                    |                              |  |
| The state of the s | oferral companyation plans  |  |   |                    |                              |  |
| 25 Employee benefit  | eferred compensation plans  | *******  |   | 2!                 |                              |  |
| 26 Excess exempt e   | programs  |  |   | 20                 |                              |  |
| 27 Excess readershi  | penses (Schedule I)<br>costs (Schedule J)   |  |   | 2                  |                              |  |
| 28 Other deductions  | (attach schedule)   | *****  |   | 21                 |                              |  |
| 29 Total deductions  | . Add lines 14 through 28   |  | ***********                             | 2!                 |                              |  |
| 30 Unrelated busines   | s taxable income before net operating loss deduction  | . Subtract line 2  | 29 from line 13                         | 30                 |                              |  |
| Net operating los  | deduction (limited to the amount on line 30)  |  |   | 3                  |                              |  |
| 32 Unrelated busines   | s taxable income before specific deduction. Subtract  | line 31 from line  | e 30                                    | 3:                 | 2 -17,499                    |  |
| 33 Specific deduction  | (Generally \$1,000, but see line 33 instructions for ex   | ceptions.)   |   | 3:                 | 1,000                        |  |
| 34 Unrelated busin   | ss taxable income. Subtract line 33 from line 32. If I  | line 33 is greate  | r than line 32,                         |                    |                              |  |
|  | of zero or line 32  |  |   |                    |                              |  |
| DAA For Paperwork F  | eduction Act Notice, see instructions.  |  |   |                    | Form <b>990-T</b> (2013      |  |

Form 990-T (2013) OIL REGION ALLIANCE OF BUSINESS, 25-1118284
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of exploited activity  business income from trade or business income business income business income from trade or business income business income  1. N/A  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col. (A). line 10, col. (B).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  | Gross income in activity that not unrelated iness income | 6. Experimental and a column | Part                                    | r here and on page 1, I, line 9, column (B).  7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1, Part II, line 26. |
|--|--|------------------------------|---|---|
| (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A).  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (loss) from unrelated business income from trade or business income from trade or business income from trade or business income  (1) N/A  (2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical advertising income (see instructions)  Part I Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported on a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income From Periodicals Reported On a Separate Basis (For each Income F | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | Part                                    | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,   |
| Enter here and on page 1, Part I, line 9, column (A).  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (loss) from unrelated business income from trade or business income from page 1, Part I, line 10, col. (A).  Enter here and on page 1, Part I, line 10, col. (B).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.  5. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.  1. Name of periodical advertising costs advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.  1. Name of periodical advertising costs advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.  2. Gross advertising and or (loss) (col. 4)  | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | Part                                    | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,   |
| Enter here and on page 1, Part I, line 9, column (A).  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income  2. Gross unrelated drade or business income from trade or business income from trade or business income  1. Description of exploited activity  2. Gross unrelated trade or business (column 2 minus column 3 minu | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | Part                                    | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,   |
| Enter here and on page 1, Part I, line 9, column (A).  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income  2. Gross unrelated business income from trade or business income from page 1, Part 1, line 10, col. (B).  Totals  2. Gross unrelated with production of unrelated with business income from page 1, Part 1, line 10, col. (B).  Enter here and on page 1, Part 1, line 10, col. (B).  Enter here and on page 1, Part 1, line 10, col. (B).  Schedule J – Advertising Income (see instructions).  2. Gross unrelated with business income from Page 1, Part 1, line 10, col. (B).  3. Direct advertising gain or (loss) (col. 2 gains col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8  | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | Part                                    | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,   |
| Part I, line 9, column (A).  Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income  2. Gross unrelated business income from trade or business income business income increased business income from trade or business income business income increased business income is a subject to the production of unrelated trade or business income increased business income i | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | Part                                    | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,   |
| Schedule I – Exploited Exempt Activity Income, Other Than Advertising Incom  2. Gross unrelated business income from trade or business income from page 1, Part 1, line 10, col. (B).  Enter here and on page 1, Part 1, line 10, col. (B).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income advertising costs from page 1, Part 1, line 10, col. (B).  5. Advertising gain or (inst) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.  (1) N/A  (2)  (3)  (4)  Totals (carry to Part II, line (5)) Part II Income From Periodicals Reported on a Separate Basis (For each   | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | ble to                                  | expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,  |
| 2. Gross unrelated business income from trade or business income is represented to the production of t | Gross income<br>in activity that<br>not unrelated        | 6. Expe                      | ble to                                  | expenses (column 6 minus column 5, but not more than column 4).  Enter here and on page 1,  |
| (2) (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  Totals  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income 1. Name of periodical advertising costs  2. Gross advertising costs 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each   |  |                              |   | on page 1,  |
| (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each  |  |                              |   | on page 1,  |
| (3) (4)  Enter here and on page 1, Part I, line 10, col. (A).  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each  |  |                              |   | on page 1,  |
| Enter here and on page 1, Part I, line 10, col. (A).  Totals  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income 1. Name of periodical  2. Gross advertising costs 1. Name of periodical  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each)   |  |                              |   | on page 1,  |
| Enter here and on page 1, Part I, line 10, col. (A).  Totals  Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each   |  |                              |   | on page 1,  |
| Schedule J – Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income Substitution and substitution a |  |                              | *************************************** |   |
| Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income  3. Direct advertising costs  4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each)  |  |                              |   |   |
| 2. Gross advertising income  2. Gross advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  (1) N/A  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each)  |  |                              |   |   |
| (2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each   | Circulation income                                       | 6. Reade<br>cost             |   | 7. Excess readership costs (column 6 minus column 5, but not more than column 4).   |
| (2) (3) (4)  Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each   |  |                              |   |   |
| Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each  |  |                              |   |   |
| Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each  |  |                              |   |   |
| Totals (carry to Part II, line (5))  Part II Income From Periodicals Reported on a Separate Basis (For each  |  |                              |   |   |
|  | periodical li  | sted in Pa                   | art II, fill                            | l in columns  |
| 2. Gross advertising income  2. Gross 3. Direct 2 minus col. 3). If a gain, compute cols. 5 through 7.   | Circulation  | 6. Reade<br>cost             | 857007370 <b>8</b> 86                   | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4).   |
| (1) VISITOR GUIDE 1,565 19,064 -17,499   |  |                              |   | V   |
| (2)  |  |                              |   |   |
| (3)  |  |                              |   |   |
| (4)  |  |                              |   |   |
| Totals from Part I   |  |                              |   |   |
| Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (A). Ine 11, col. (B).  Totals, Part II (lines 1-5)   |  |                              |   | Enter here and<br>on page 1,<br>Part II, line 27.   |
| Schedule K - Compensation of Officers, Directors, and Trustees (see instruction  | s)   |                              |   |   |
| 1. Name 2. Title   | time   |                              |   | ensation attributable to related business   |
| (1) N/A  |  | %                            |   |   |
| (2)  |  | %                            |   |   |
| (3)  |  | %                            |   |   |
| (4)  |  | %                            |   |   |
| Total. Enter here and on page 1, Part II, line 14  |  | <b>&gt;</b>                  |   |   |

(Rev. January 2014)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

| Name of exempt organization or other filer, see instructions.  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  Number, street, and room or suite no. If a P.O. box, see instructions.  217 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY  PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Code  Form 990 or Form 990-EZ  OI Form 990-T (corporation)  Form 990-BL  O2 Form 1041-A  Form 990-PF  O3 Form 990-PF  O4 Form 590-PF  O4 Form 590-PF  O5 Form 990-T (sec. 401(a) or 408(a) trust)  DAN TWOMBLY  217 ELM STREET  The books are in the care of ▶ OIL CITY  PA 16301  Ferm 990-T (trust other than above)  O6 Form 8870  112  DAN TWOMBLY  217 ELM STREET  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6 months for a corporation return for the organization named above. The extension is for the organization's return for.  I request an automatic 3-month (6 months for a corporation return for the organization named above. The extension is for the organization's return for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for.   | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (in page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8865.  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (in months for a corporation required to file Form 990-T), or an additional (not automatic). 3-month extension of time v. You can electronically file Form 8868 in request an extension of time to file any of the forms listed in Fart I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, with wow, iris gov/effic and click on e-file for Charifles A Nonprofits.  Part I lan!  A Lattornatic 3-Month Extension of Time. Only submit Toriginal (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I can be completed for the required to file income tax returns.  Part I can be added to file form 990-T and requesting an automatic 6-month extension - check this box and complete Part I can be file income tax returns.  Enter file is identifying number, see instructions of it is income tax returns.  Part I can be completed for the file of the file of the file of the file income tax returns.  Enter file is identifying number, see instructions of II REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  File type does not not be calculated and the file of the fi   | Internal Revenue   | ,  |  | rts mati detions is at www.n   | 13.904/10/11/10000                      |                  |                               |
|--|--|--|--|--|--|---|------------------|-------------------------------|
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filling (e-file), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (if months for a corporation required to file Form 990-T), or an additional (not automatic). 3-month extension of time, You can electronically file Form 8876 in request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, with waw king specified and click on enfile for Charlises & Notarginia.  Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions in the file of the return of the file of the return of the filer see instructions.  Type or print  Type or OIL REGION ALLIANCE OF BUSINESS,  INDUSTRY & TOURISM  Number, street, and room or suite no. If a P.O. box, see instructions.  21.7 ELM STREET  File yie due see see to the return that this application is for (file a separate application for each return)  Diffuse the Return code for the return that this application is for (file a separate application for each return)  Diffuse you from 990-Form 990-EZ  11 Form 990-T (rout other return that this application is for (file a separate application for each return)  Diffuse you for form 990-EZ  11 Form 990-T (rout other return that this application is for (file a separate application for each return)  Porm 990-T (rout other handows)  12 Form 990-T (  | Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filing (e-file), You can electronically file Form 8868 if you need at 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file a pay of the form sisted in Part I or Part II with the exception of Form 8370, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chartiles & Nonportits.  ■Part III ■ Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and required any automatic 3-month extension —check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  ■ Tentor filer's Education or other filer, see instructions  Type or OTL REGION ALLIANCE OF BUSINESS, TINUSTRY 2 TOURISM  17Pe to the Time of the Individing number, see instructions.  21.7 ELM STREET  City, town or post office, state, and zip code. For a foreign address, see instructions.  21.7 ELM STREET  City, town or post office, state, and zip code. For a foreign address, see instructions.  OTL CITY PA 1630.1  Application  Return   Series   Code   Form 990-EZ   O1   Form 990-T (corporation)   O7   O7   O7   O7   O7   O7   O7   O   |  |  |  |  |   |                  | <b>&gt;</b> [                 |
| Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part 1 or Part 1 with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and cilic x on e-file for Charties & Nonprofits.  Part 1 and Lutomatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part 1 only.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  Social security number (SIN) or print  Tile by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SIN)  217 DIM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY PA 16301  Application  Return   Series   Se | Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8886 to request an extension of time to file any of the forms listed in Part 1 or Part I with the exception of Form 8870. Home for making in the form sharing in the file of the form sharing in the form sharing in the form sharing in the file of the file of the form sharing in the form sharing in the file of the form sharing in the form sharing in the file of the fi |  |  |  |  | 7.77                                    | 868              |                               |
| a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.  Part I only  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions.  Type or OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  TINDUSTRY & TOURISM  Number, street, and room or suite no. If a P.O. box, see instructions.  21.7 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY PA 1630.1  Application  Section Return code for the return that this application is for (file a separate application for each return)  OF Code  Application  Section 1990-EZ  O1 Form 990-EZ  | a corporation required to file Form 990-TI, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRSI in paper forms (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/effe and click on e-file for Chartiles & Norprofits.  Part I = Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  |  |  |  | 50<br>00 - 2000 - 20 - 2000 - 20 - 20 - 20 -   | West of the second                      |                  |                               |
| 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see  Part II  | 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/effile and click on e-file for Charities & Nonprofits.  Part II  |  |  |  |  | 100 000 아를 보고 있었다면서 하는 14개인 일이다는        |                  |                               |
| Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit wow, irs, gov/effig and click on e-file for Charlies & Nonprofits.  Part I only  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions  Type or Oll REGION ALLIANCE OF BUSINESS, INDUSTRY & TOUTISM 25-1118284  TINDUSTRY & TOUTISM 25-1118284  TINDUSTRY & TOUTISM 25-1118284  TINDUSTRY & TOUTISM 217 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY PA 16301  Teter the Return code for the return that this application is for (file a separate application for each return)  The Form 990 or Form 990-EZ 01 Form 1991-Tile (corporation) 07-7  Form 990-BL 02 Form 1991-Tile (corporation) 07-7  Form 990-BL 02 Form 1991-Tile (corporation) 09-7  Form 990-Toutism 1990-Tile (corporation) 09-7  Form 990-Tile (corporation) 09-7  Form 990-Tile (corporation) 09-7  Tile books are in the care of Voll CITY PA 16301  Telephone No. × 814-677-3152 FAX No. × 116 form 990-Tile (corporation) 1990-Tile this is for a Group Return, enter the organization for equired to file Form 990-Tile extension is for the whole group, check this box   | Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/effice and click on e-file for Charities & Nonprofits.  Part Len!  Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part Lonly  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions  Fine type or OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  Aumber, street, and room or sulte no. If a P.O. box, see instructions.  Social security number (SN)  227-1118284  Number, street, and room or sulte no. If a P.O. box, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  O7  Application   Serum 990-EZ  |  | 하는 지금 아이들이 보다를 하는데 하다면 그 가장 이번 가장에 들어 가장 이 경우를 하는데 하다면 하는데   |  |  |   |                  |                               |
| Instructions . For more details on the electronic filing of this form, visit www.irs.gov/effie and click on e-file for Charities & Nonprofits.    Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   | Part I   |  | [1882] - (1982) - 그리고 1882 (1984) (1984) (1984) [1984] - (1984) [1984) [1984] (1984) (1984) (1984) (1984) (198   |  | 리는 5 그리고 LV 10 전 전 시간 10 10 10 10 10 10 10 10 10 10 10 10 10   |   | ion              |                               |
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| A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions Type or print  Name of exempt organization or other filer, see instructions.  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM  Number, street, and room or suite no. If a P.O. box, see instructions.  217 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY  PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  OIL CITY  Application Is For  Code Is Form 990 or Form 990-EZ  O1 Form 990-T (corporation)  O3 Form 990-T (corporation)  O6 Form 990-PF  O4 Form 5227  O1 Form 990-T (see. 401(a) or 408(a) trust)  O5 Form 800-T (see. 401(a) or 408(a) trust)  O6 Form 890-T (trust other than above)  O6 Form 8870  O12  Telephone No. S14-677-3152  FAX No. PA  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's foru digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's foru digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's foru flegit Group Exemption Number (GEN)  If this is for a a Group Return, enter the organization's foru flegit Group Exemption Number (GEN)  If this is for a a Group Return, enter the organization for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the calculation's return for turn for the organization named above. Th | A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifying number, see instructions Type or print OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)  25-1118284  Number, street, and room or suite no. If a P.O. box, see instructions. OIL CITY OIL CITY File M STREET City, town or post office, state, and ZIP code, For a foreign address, see instructions. OIL CITY Application Series of the return that this application is for (file a separate application for each return)  O7 Form 990 or Form 990-EZ O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 14720 (individual) O3 Form 4720 (individual) O9 Form 990-PF O4 Form 990-T (see: 401(a) or 408(a) trust) O5 Form 990-T (see: 401(a) or 408(a) trust) O6 Form 990-T (trust other than above)  DAN TROMBLY 217 ELM STREET  The books are in the care of I OIL CITY PA 16301  Telephone No. M 314-677-3152 FAX No. M If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's return for the organization named above. The extension is for the organization's return for  C calendar year 2013 C1 calendar year 2013 C2 calendar year 2013 C3 calendar year 2013 C3 calendar year 2013 C3 calendar year 2013 C4 calendar year 2013 C5 ca | AND DESCRIPTION OF THE PARTY OF |  |  |  |   | profits.         |                               |
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| to file income tax returns.    Enter filer's identifying number, see instructions.   | Type or print  | Part I only  |  |  |  |   |                  | <b>▶</b> X                    |
| Type or print OLI REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM Surface date for filter, state, and come or suite no. If a P.O. box, see instructions.  OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM Surface date for filting year extent. See instructions.  217 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY PA 16301  Code  Form 990 or Form 990-EZ  OIL Form 990-EZ  OIL Form 990-EZ  OIL Form 990-PF  OA FORM 4720 (individual)  Form 4720 (individual)  Form 990-PF  OA FORM 990-PF  OA FORM 990-PF  OA FORM 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  OB Form 890-T (trust other than above)  DAN TWOMBLY  217 ELM STREET  The books are in the care of POIL CITY  FAX No. PIT Is for part of the group, check this box  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If the manes and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the calendar year 2013 or  | Enter filer's identifying number, see instructions   | All other corp   | porations (including 1120-C filers), partnerships, REMI  | Cs, and trus   | sts must use Form 7004 to req  | uest an extension                       | of time          |                               |
| Name of exempt organization or other filer, see instructions.   Social security number (EIN) or OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM   25-1118284   | Name of exempt organization or other filer, see instructions.   25-1118284   | to file income   | e tax returns.   |  |  |   |                  |                               |
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| INDUSTRY & TOURISM  Number, street, and room or suite no. If a P.O. box, see instructions.  217 ELM STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY  PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Code Is For  Code Is For  Code Is For  Code Code Code Form 990-FZ  01 Form 990-T (corporation)  07  Form 990-BL  02 Form 1041-A  08  Form 4720 (individual)  09  Form 990-T (see, 401(a) or 408(a) trust)  DAN TWOMBLY  217 ELM STREET  The books are in the care of ➤ OIL CITY  PA 16301  Telephone No. ➤ 814-677-3152  FAX No. ➤  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization for.  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization for the organization named above. The extension is for the organization's return for.  If the organization's return for.  X calendar year 2013 or   | INDUSTRY & TOURISM   25-1118284   Number, street, and room or suite no. If a P.O. box, see instructions.   Social security number (SSN)   217 ELM STREET   |  |  |  | s,   | Mindred Control State (1997)            |                  |                               |
| Continue for return. See Instructions.   Coll CITY   Coll CITY   PA 16301  | Club Street   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   | 50000000000000000000000000000000000000   | INDUSTRY & TOURISM   |  |  | 25-11182                                | 84               |                               |
| Continue for return. See Instructions.   Coll CITY   Coll CITY   PA 16301  | Club Street   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   | File by the  | Number, street, and room or suite no. If a P.O. box  | x. see instru  | ctions.  | Social security n                       | umber (SSN       | D                             |
| ceture, See natructions.  OIL CITY  PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Code Is For Code Is Form 990-BL 02 Form 1041-A 08  Form 990-BL 02 Form 1041-A 08  Form 4720 (individual) 03 Form 4720 (other than individual) 09  Form 990-PT 04 Form 5227 10  Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6089 11  Form 990-T (trust other than above) 06 Form 8870 12  DAN TWOMBLY 217 ELM STREET  The books are in the care of ▶ OIL CITY PA 16301  Telephone No. ▶ 814-677-3152 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box ▶ If this is or the whole group, check this box ▶ If it is for part of the group, check this box ▶ If this is or the whole group, check this box ▶ If it is for part of the group, check this box ▶ If this is or the whole group, check this box ▶ If it is for part of the group, check this box ▶ If the group the  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OIL CITY  PA 16301  Enter the Return code for the return that this application is for (file a separate application for each return)  O7  Application  Return  SFOR  Code  Form 990 or Form 990-EZ  O1 Form 990-T (corporation)  O7  Form 990-BL  O2 Form 1041-A  O8  Form 4720 (individual)  Form 990-F  O4 Form 5227  D3 Form 990-F  Form 990-T (sec. 401(a) or 408(a) trust)  O5 Form 6069  11  Form 990-T (trust other than above)  O6 Form 8870  D1  Telephone No. ► 814-677-3152  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization required to file Form 990-T) extension of time  until 11/15/14, to file the exempt organization required to file Form 990-T) extension of time  until 11/15/14, to file the exempt organization required to file Form 990-T) extension is for the organization's return for:  X calendar year 2013 or  Lax year beginning and ending  | due date for   |  |  |  |   |                  |                               |
| Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 or Form 990-EZ O1 Form 990-T (corporation) Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) Form 990-PF O4 Form 5227 O5 Form 990-T (see. 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870  DAN TWOMBLY 217 ELM STREET  The books are in the care of ▶ OIL CITY FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization for equired to file Form 990-T) extension of time until 11/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for the organization named above. The extension is  | Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Separate application   Return Code Separate application   Return Code Separate application   Return Separate application   Return Code Separate application   Return Separate   Retur |  | City, town or post office, state, and ZIP code. For  | a foreign ade  | dress, see instructions.   |   |                  |                               |
| Application Is For Code Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 4720 (individual)  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  DAN TWOMBLY  217 ELM STREET  The books are in the care of > OIL CITY  Telephone No. > 814-677-3152  FAX No. >  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group, check this box  If this is or the whole group, check this box  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X Code  Is Form 990-T (corporation)  O3 Form 990-T (corporation)  O4 Form 5227  O5 Form 6069  O5 Form 8870  O6 Form 8870  O7  FAX No. >  O8  FAX No. >  O8  FAX No. >  O8  FAX No. >  O8  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is for.   | Return   Application   Return   Application   Return   S For   Code   Is For   S Form 990-EZ   O1   Form 990-T (corporation)   O7   Form 990-BL   O2   Form 1041-A   O8   Form 4720 (individual)   O9   Form 990-PF   O4   Form 5227   O10   Form 990-T (sec. 401(a) or 408(a) trust)   O5   Form 8069   O11   Form 990-T (trust other than above)   O6   Form 8870   O12   Form 990-T (trust other than above)   O6   Form 8870   O12   Form 990-T (trust other than above)   O6   Form 8870   O12   Form 990-T (trust other than above)   O6   Form 8870   O13   Form 990-T (trust other than above)   O6   Form 8870   O14   Form 990-T (trust other than above)   O15   Form 990-T (trust other than above)   O15   Form 8870   O15   Form 990-T (trust other than above)   O15   Form 990-T (trus |  | OIL CITY PA  | 1630:  | 1  | Y                                       |                  |                               |
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| Form 990 or Form 990-EZ  Form 990-BL  O2  Form 1041-A  O8  Form 990-BL  Form 990-BL  O3  Form 4720 (individual)  Form 990-PF  O4  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (sec. 401(a) or 408(a) trust)  O5  Form 6069  11  Form 990-T (trust other than above)  O6  Form 8870  12  DAN TWOMBLY  217  ELM STREET  The books are in the care of POIL CITY  PA 16301  Telephone No. P 814-677-3152  FAX No. P  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  It is with the names and ElNs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  EX calendar year 2013  O1  Form 990-T (corporation)  O3  Form 4720 (other than individual)  O9  Form 990-T (corporation)  O4  Form 990-T (corporation)  O5  Form 990-T (corporation)  O6  O7  Form 990-T (corporation)  O6  O7  O7  O7  O7  O7  O7  O7  O7  O7   | Form 990 or Form 990-EZ  | Application  | n  | Return   | Return Application   |   |                  | Return                        |
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|  |  |  |  | eck reason:  | Initial return I Fin   | ai return                               |                  |                               |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  |  |  |  |  |  |   |                  |                               |
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| ► Li tax year deginning and ending .   |  | Form 990-T Form 990-T Form 990-T  The books Telephone If the orga If this is for the whole go It is with the suntil 1 for the o  If the tax CI  The books Telephone If the orga If this is for the whole go If the tax CI  The books Telephone If the orga If the tax CI  The books Telephone If the orga If the tax CI  The books Telephone If the orga If the tax CI  The books Telephone If the orga If the tax CI  The books Telephone If the orga If the tax The orga If the orga If the tax The orga If the tax The orga If the  | T(sec. 401(a) or 408(a) trust)  T(trust other than above)  DAN TWOMBLY  217 ELM STREET  are in the care of ▶ OIL CITY  e No. ▶ 814-677-3152  anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box  ▶ □ If it is for part of names and EINs of all members the extension is for.  est an automatic 3-month (6 months for a corporation of 1/15/14 ), to file the exempt organization return for:  calendar year 2013 or  tax year beginning , and ending a year entered in line 1 is for less than 12 months, check hange in accounting period population is for Forms 990-BL, 990-PF, 990-T, 4720, and able credits. See instructions. | FAX Note in the United Group Exemple the group, and the organization of the organization of 6069, en | Form 5227 Form 6069 Form 8870  b.  ed States, check this box ption Number (GEN) check this box  lile Form 990-T) extension of tinganization named above. The | . If this is and attach me extension is | 1                | 10<br>11<br>12                |
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## OIL REGION ALLIANCE OF BUSINESS, INDUSTRY & TOURISM 217 ELM STREET OIL CITY, PA 16301

## **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.