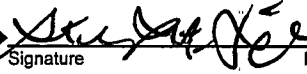
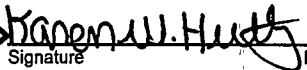


43-03-19

Form CHAR410 For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)	Registration Statement for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.charitiesnys.com/	Open to Public Inspection
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Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) Greater Rochester Teen Book Festival, Inc.		5. Fed. employer ID no. (EIN) <u>37-1647492</u>	
2. c/o Name (if applicable) Stephanie A Squicciarini		6. Organization's website www.teenbookfestival.org	
3. Mailing address (Number and street) 1 Fairport Village Landing		7. Primary contact Stephanie A Squicciarini	
City or town, state or country and ZIP+4 Fairport, New York 14450		Title President	
4. Principal NYS address (Number and street) 1 Fairport Village Landing		Phone 585-223-9091	
City or town, state or country and ZIP+4 Fairport, New York 14450		Fax 	
		Email StephanieS@tbflive.org	

Part B - Certification - Two Signatures Required				
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.				
1. President or Authorized Officer/Trustee	 Signature	Stephanie A Squicciarini Printed Name	President Title	1/12/2012 Date
2. Chief Financial Officer or Treasurer	 Signature	Karen Wolfarth Hultz Printed Name	Treasurer Title	1/12/2012 Date

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order, payable to "NYS Department of Law."

Part D - Attachments - All Documents Required	
Attach <u>all</u> of the following documents to this Registration Statement, even if you are claiming an exemption from registration:	
<ul style="list-style-type: none"> • Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • Bylaws or other organizational rules, and any amendments; and • IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and • IRS tax exemption determination letter (if applicable) 	

Part E - Request for Registration Exemption	
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
* If "Yes", complete Schedule E.	

Part F - Organization Structure

1. Incorporation / formation

<p>a. Type of organization: Corporation <input checked="" type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Other * <input type="checkbox"/> * If Other, describe:</p>	<p>b. Type of corporation if New York not-for-profit corporation A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/></p> <p>c. Date incorporated if a corporation or formed if other than a corporation <u>08 / 24 / 2010</u></p> <p>d. State in which incorporated or formed New York</p>
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2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)
N/A		

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
Stephanie A Squicciarini	President	3360 Culver Road Rochester, New York 14622	-- / -- / --
Karen Wolfarth Hultz	Treasurer	280 Tobey Road Pittsford, New York 14534	-- / -- / --
Lisabeth P. Puckett	Secretary	22 Clarkes Crossing Fairport, New York 14450	-- / -- / --
			-- / -- / --
			-- / -- / --
			-- / -- / --
			-- / -- / --
			-- / -- / --

4. Other Names and Registration Numbers

a. List all other names used by your organization, including any prior names
 N/A

b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration
 N/A

Part G - Organization Activities

1. Month the annual accounting period ends (01-12) 06	2. NTEE code B99 - Education N.E.C.
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3. Date organization began doing each of following in New York State:

a. conducting activity	07/01/2011
b. maintaining assets	07/01/2011
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.)	07/01/2011

4. Describe the purposes of your organization
 The Greater Rochester Teen Book Festival's ("TBF") main purpose is to bring together authors who write for teens for a day-long event. The event includes presentations by individuals and panels of authors on a variety of topics of interest to teen readers, including the writing process, themes of their books, struggles of teens, and more. The event is open to everyone and attracts teens, parents, teachers, and librarians. Additional activities held at TBF include acting and writing workshops for teens, teen film festival discussions, teen entertainment including bands and dance troupes, and author autographing sessions. TBF works with schools, libraries, writing and literacy organizations, and others to coordinate author visits to those organizations when the author is a good fit for that organization's mission. In the past TBF has also coordinated visits to drug treatment and support facilities, juvenile detention centers, teen cancer centers, and community centers serving at-risk teens

5. Has your organization or any of your officers, directors, trustees or key employees been:

a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
 * If "Yes", describe:

b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
 * If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
 * If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
 * If "Yes", describe the purposes for which contributions are or will be solicited:
 Fundraisers are held throughout the year and include Read-a-Thons, bottle and can drives, and other fundraisers as they are found to be appropriate. TBF also relies on direct donations, in-kind support, and sponsorships by other organizations and businesses. In the future, grants will also be sought to support the goal of keeping TBF free to attend.

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
N/A	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: __/__/____ End date: __/__/____
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: __/__/____ End date: __/__/____
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: __/__/____ End date: __/__/____

Part H - Federal Tax Exempt Status

1. If applicable, list the date your organization:

a. applied for tax exempt status	01/12/2012
b. was granted tax exempt status	___/___/___
c. was denied tax exempt status	___/___/___
d. had its tax exempt status revoked	___/___/___

2. Provide Internal Revenue Code provision: 501(c)(3)