Schedule B. Schools, Colleges, and Universities
If you operate a school as an activity, complete Schedule B

Section I  Operational Information

1a Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B.  [ ] Yes  [ ] No

b Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B.  [ ] Yes  [ ] No

2a Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B.  [ ] Yes  [ ] No

b Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B.  [ ] Yes  [ ] No

3 In what public school district, county, and state are you located?

4 Were you formed or substantially expanded at the time of public school desegregation in the above school district or county?  [ ] Yes  [ ] No

5 Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain.  [ ] Yes  [ ] No

6 Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain.  [ ] Yes  [ ] No

7 Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services.  [ ] Yes  [ ] No

Note. Make sure your answer is consistent with the information provided in Part VIII, line 7a.

8 Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  [ ] Yes  [ ] No

Note. Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

Section II  Establishment of Racially Nondiscriminatory Policy
Information required by Revenue Procedure 75-50.

1 Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557.  [ ] Yes  [ ] No

2 Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy?  [ ] Yes  [ ] No

a If "Yes," attach a representative sample of each document.

b If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

3 Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain.  [ ] Yes  [ ] No

4 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully.  [ ] Yes  [ ] No
5. Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather than percentages for each racial category.

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

<table>
<thead>
<tr>
<th>Racial Category</th>
<th>(a) Student Body</th>
<th>(b) Faculty</th>
<th>(c) Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Year</td>
<td>Next Year</td>
<td>Current Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial categories.

<table>
<thead>
<tr>
<th>Racial Category</th>
<th>Number of Loans</th>
<th>Amount of Loans</th>
<th>Number of Scholarships</th>
<th>Amount of Scholarships</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Year</td>
<td>Next Year</td>
<td>Current Year</td>
<td>Next Year</td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

7a. Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b. Do any of these individuals or organizations have an objective to maintain segregated public or private school education? If "Yes," explain. □ Yes □ No

8. Will you maintain records according to the non-discrimination provisions contained in Revenue Procedure 75-50? If "No," explain. (See instructions.) □ Yes □ No
Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a hospital. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing hospital or medical care.

Complete Section I below.

Check the box if you are a medical research organization operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II.

Section I  Hospitals

1a Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected.

2a Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain.
   b Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain.
   c Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain.

3a Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain.
   b Does the same deposit requirement, if any, apply to all other patients? If "No," explain.

4a Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide.
   b Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy.
   c Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements.

5a Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e.
   b Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
   c Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
   d Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
   e Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule.

6a Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs.
   b Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs.

7 Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements.

8 Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative.

9 Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements.

Note. Make sure your answer is consistent with the information provided in Part VIII, line 8.
### Section I  Hospitals (Continued)

10  Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.

**Note.** Answer “Yes” if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer “No” if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11  Do you or will you offer recruitment incentives to physicians? If “Yes,” describe your recruitment incentives and attach copies of all written recruitment incentive policies.

12  Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If “Yes,” explain how you establish a fair market value for the lease.

13  Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If “Yes,” submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals.

14  Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If “Yes,” submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If “No,” explain how you will avoid any conflicts of interest in your business dealings.

**Section II  Medical Research Organizations**

1  Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).

2  Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.

3  Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.
Schedule D. Section 509(a)(3) Supporting Organizations

Section I  Identifying Information About the Supported Organization(s)

1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If “Yes,” go to Section II. If “No,” go to line 3.

3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)?
   If “Yes,” for each 501(c)(4), (5), or (6) organization supported, provide the following financial information:
   • Part IX-A. Statement of Revenues and Expenses, lines 1-13 and
   • Part X, lines 6b(i)(a), 6b(i)(b), and 7.
   If “No,” attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

Section II  Relationship with Supported Organization(s)—Three Tests

To be classified as a supporting organization, an organization must meet one of three relationship tests:

Test 1: “Operated, supervised, or controlled by” one or more publicly supported organizations, or
Test 2: “Supervised or controlled in connection with” one or more publicly supported organizations, or
Test 3: “Operated in connection with” one or more publicly supported organizations.

1 Information to establish the “operated, supervised, or controlled by” relationship (Test 1)
   Is a majority of your governing board or officers elected or appointed by the supported organization(s)? If “Yes,” describe the process by which your governing board is appointed and elected; go to Section III. If “No,” continue to line 2.

2 Information to establish the “supervised or controlled in connection with” relationship (Test 2)
   Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If “Yes,” describe the process by which your governing board is appointed and elected; go to Section III. If “No,” go to line 3.

3 Information to establish the “operated in connection with” responsiveness test (Test 3)
   Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If “Yes,” explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II; line 5. If “No,” go to line 4a.

4 Information to establish the alternative “operated in connection with” responsiveness test (Test 3)
   a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If “Yes,” explain and provide documentation; go to line 4d, below. If “No,” go to line 4b.
   b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If “Yes,” explain and provide documentation; go to line 4d, below. If “No,” go to line 4c.
   c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If “Yes,” explain and provide documentation.
   d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If “Yes,” explain and provide documentation.
   e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

Form 1023 (Rev. 6-2006)
Schedule D. Section 509(a)(3) Supporting Organizations (Continued)

Section II | Relationship with Supported Organization(s)—Three Tests (Continued)

5 Information to establish the "operated in connection with" integral part test (Test 3)
   Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 8a.
   □ Yes □ No

6 Information to establish the alternative "operated in connection with" integral part test (Test 3)
   a Do you distribute at least 85% of your annual net income to the supported organization(s)? If "Yes," go to line 6b. (See instructions.)
      □ Yes □ No
   
   If "No," state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
   b How much do you contribute annually to each supported organization? Attach a schedule.
   c What is the total annual revenue of each supported organization? If you need additional space, attach a list.
   d Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," explain.
      □ Yes □ No

7a Does your organizing document specify the supported organization(s) by name? If "Yes," state the article and paragraph number and go to Section III. If "No," answer line 7b.
   □ Yes □ No
   
   b Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).
Schedule D. Section 509(a)(3) Supporting Organizations (Continued)

Section II  Relationship with Supported Organization(s)—Three Tests (Continued)

5 Information to establish the "operated in connection with" integral part test (Test 3)
   Do you conduct activities that would otherwise be carried out by the supported organization(s)? If
   "Yes," explain and go to Section III. If "No," continue to line 6a.
   □ Yes  □ No

6 Information to establish the alternative "operated in connection with" integral part test (Test 3)
   a Do you distribute at least 85% of your annual net income to the supported organization(s)? If "Yes,"
      go to line 6b. (See instructions.)
      □ Yes  □ No
     If "No," state the percentage of your income that you distribute to each supported organization. Also
     explain how you ensure that the supported organization(s) are attentive to your operations.
   b How much do you contribute annually to each supported organization? Attach a schedule.
   c What is the total annual revenue of each supported organization? If you need additional space,
      attach a list.
   d Do you or the supported organization(s) earmark your funds for support of a particular program or
      activity? If "Yes," explain.
   □ Yes  □ No

7a Does your organizing document specify the supported organization(s) by name? If "Yes," state the
   article and paragraph number and go to Section III. If "No," answer line 7b.
   □ Yes  □ No
   b Attach a statement describing whether there has been an historic and continuing relationship
      between you and the supported organization(s).

Section III  Organizational Test

1a If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the
   supported organization(s) by name, or by naming a similar purpose or charitable class of
   beneficiaries. If your organizing document complies with this requirement, answer "Yes." If your
   organizing document does not comply with this requirement, answer "No," and see the instructions.
   □ Yes  □ No

   b If you met relationship Test 3 in Section II, your organizing document must generally specify the
      supported organization(s) by name. If your organizing document complies with this requirement,
      answer "Yes," and go to Section IV. If your organizing document does not comply with this
      requirement, answer "No," and see the instructions.
   □ Yes  □ No

Section IV  Disqualified Person Test

You do not qualify as a supporting organization if you are controlled directly or indirectly by one or more disqualified persons
(as defined in section 4946) other than foundation managers or one or more organizations that you support. Foundation
managers who are also disqualified persons for another reason are disqualified persons with respect to you.

1a Do any persons who are disqualified persons with respect to you, (except individuals who are
   disqualified persons only because they are foundation managers), appoint any of your foundation
   managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your
   foundation managers, (2) provide the names of these disqualified persons and the foundation
   managers they appoint, and (3) explain how control is vested over your operations (including assets
   and activities) by persons other than disqualified persons.
   □ Yes  □ No

   b Do any persons who have a family or business relationship with any disqualified persons with
      respect to you, (except individuals who are disqualified persons only because they are foundation
      managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which
      individuals with a family or business relationship with disqualified persons appoint any of your
      foundation managers, (2) provide the names of these disqualified persons, the individuals with a
      family or business relationship with disqualified persons, and the foundation managers appointed,
      and (3) explain how control is vested over your operations (including assets and activities) in
      individuals other than disqualified persons.
   □ Yes  □ No

   c Do any persons who are disqualified persons, (except individuals who are disqualified persons only
      because they are foundation managers), have any influence regarding your operations, including your
      assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how
      influence is exerted over your operations (including assets and activities), and (3) explain how control
      is vested over your operations (including assets and activities) by individuals other than disqualified
      persons.
   □ Yes  □ No
Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier. If you are not eligible for tax exemption under section 501(c)(3) from your date of incorporation or formation, Schedule E is also intended to determine whether you are eligible for tax exemption under section 501(c)(4) for the period between your date of incorporation or formation and the postmark date of your application.

1. Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E.
   - Yes ☐  No ☐

2a. Are you a public charity with annual gross receipts that are normally $5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts.
   - Yes ☐  No ☐

2b. If your gross receipts were normally more than $5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than $5,000? If "Yes," stop here.
   - Yes ☐  No ☐

3a. Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4.
   - Yes ☐  No ☐

3b. If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here.
   - Yes ☐  No ☐

3c. If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here.
   - Yes ☐  No ☐

4. Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule.
   - Yes ☐  No ☐

5. If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6, 7, or 8. If "No," go to line 6a.
   - Yes ☐  No ☐

6a. If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? If "Yes," you are eligible for an advance ruling. Complete Part X, line 6a. If "No," you will be treated as a private foundation.
   - Yes ☐  No ☐

   Note. Be sure your ruling eligibility agrees with your answer to Part X, line 6.

6b. Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below.
   - Yes ☐  No ☐
Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)

7 Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

<table>
<thead>
<tr>
<th>Type of Revenue</th>
<th>Projected revenue for 2 years following current tax year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) From To</td>
</tr>
<tr>
<td>1 Gifts, grants, and contributions received (do not include unusual grants)</td>
<td></td>
</tr>
<tr>
<td>2 Membership fees received</td>
<td></td>
</tr>
<tr>
<td>3 Gross investment income</td>
<td></td>
</tr>
<tr>
<td>4 Net unrelated business income</td>
<td></td>
</tr>
<tr>
<td>5 Taxes levied for your benefit</td>
<td></td>
</tr>
<tr>
<td>6 Value of services or facilities furnished by a governmental unit without charge</td>
<td></td>
</tr>
<tr>
<td>7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)</td>
<td></td>
</tr>
<tr>
<td>8 Total of lines 1 through 7</td>
<td></td>
</tr>
<tr>
<td>9 Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)</td>
<td></td>
</tr>
<tr>
<td>10 Total of lines 8 and 9</td>
<td></td>
</tr>
<tr>
<td>11 Net gain or loss on sale of capital assets (attach an itemized list)</td>
<td></td>
</tr>
<tr>
<td>12 Unusual grants</td>
<td></td>
</tr>
<tr>
<td>13 Total revenue. Add lines 10 through 12</td>
<td></td>
</tr>
</tbody>
</table>

8 According to your answers, you are only eligible for tax exemption under section 501(c)(3) from the postmark date of your application. However, you may be eligible for tax exemption under section 501(c)(4) from your date of formation to the postmark date of the Form 1023. Tax exemption under section 501(c)(4) allows exemption from federal income tax, but generally not deductibility of contributions under Code section 170. Check the box at right if you want us to treat this as a request for exemption under 501(c)(4) from your date of formation to the postmark date.

Attach a completed Page 1 of Form 1024, Application for Recognition of Exemption Under Section 501(a), to this application.
Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing

Section I. General Information About Your Housing

1. Describe the type of housing you provide.

2. Provide copies of any application forms you use for admission.

3. Explain how the public is made aware of your facility.

4a. Provide a description of each facility.
   b. What is the total number of residents each facility can accommodate?
   c. What is your current number of residents in each facility?
   d. Describe each facility in terms of whether residents rent or purchase housing from you.

5. Attach a sample copy of your residency or homeownership contract or agreement.

6. Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements.

   Note. Make sure your answer is consistent with the information provided in Part VIII, line 8.

7. Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services.

   Note. Make sure your answer is consistent with the information provided in Part VIII, line 7a.

8. Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities.

   Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.

   Note. Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

9. Do you participate in any government housing programs? If "Yes," describe these programs.

10a. Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b.

   b. How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.

   c. Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases.

   Note. Make sure your answer is consistent with the information provided in Part VIII, line 8.
## Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)

### Section II  Homes for the Elderly or Handicapped

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Do you provide housing for the elderly? If “Yes,” describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1b  Do you provide housing for the handicapped? If “Yes,” describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2a  Do you charge an entrance or founder’s fee? If “Yes,” describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2b  Do you charge periodic fees or maintenance charges? If “Yes,” describe what these charges cover and how they are determined.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2c  Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your community. Also, if “Yes,” explain how you determine your housing is affordable.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3a  Do you have an established policy concerning residents who become unable to pay their regular charges? If “Yes,” describe your established policy.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3b  Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If “Yes,” describe these arrangements.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4  Do you have arrangements for the healthcare needs of your residents? If “Yes,” describe these arrangements.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5  Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If “Yes,” describe these design features.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Section III  Low-Income Housing

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Do you provide low-income housing? If “Yes,” describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2  In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If “Yes,” describe what these charges cover and how they are determined.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3a  Is your housing affordable to low income residents? If “Yes,” describe how your housing is made affordable to low-income residents.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Note. Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3b  Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If “Yes,” describe these restrictions.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4  Do you provide social services to residents? If “Yes,” describe these services.</td>
<td>☐</td>
<td>☐</td>
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</table>
Schedule G. Successors to Other Organizations

1a. Are you a successor to a for-profit organization? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b.
   □ Yes  □ No

   b. Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a. Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation.
   □ Yes  □ No

   b. Provide the tax status of the predecessor organization.
   □ Yes  □ No

   c. Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved.
   □ Yes  □ No

   d. Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption.
   □ Yes  □ No

   e. Explain why you took over the activities or assets of another organization.

3. Provide the name, last address, and EIN of the predecessor organization and describe its activities.
   Name: ____________________________  EIN: ______________
   Address: __________________________

4. List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Share/Interest (if a for-profit)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

5. Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest.
   □ Yes  □ No

6a. Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof.
   □ Yes  □ No

   b. Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions.
   □ Yes  □ No

   c. Provide a copy of the agreement(s) of sale or transfer.

7. Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed.
   □ Yes  □ No

8. Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined.
   □ Yes  □ No

9. Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined.
   □ Yes  □ No
**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures**

### Section I

**Names of individual recipients are not required to be listed in Schedule H.**

Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.

#### 1a
Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.

#### 1b
Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.

#### 1c
If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).

#### 1d
Specify how your program is publicized.

#### 1e
Provide copies of any solicitation or announcement materials.

#### 1f
Provide a sample copy of the application used.

#### 2
Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If “No,” refer to the instructions.

#### 3
Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)

#### 4a
Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)

#### 4b
Describe how you determine the number of grants that will be made annually.

#### 4c
Describe how you determine the amount of each of your grants.

#### 4d
Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)

### Section II

Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.

#### 1a
If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures?

#### 1b
For which section(s) do you wish to be considered?

- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution

- 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product

#### 2
Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring?

#### 3
Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2?
Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (Continued)

Section II  Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)

4a  Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an employee of a particular employer? If "Yes," complete lines 4b through 4f.

   □ Yes  □ No

4b  Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.)

   □ Yes  □ No

4c  Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer?

   If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?

   □ Yes  □ No

4d  Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?

   If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e.

   □ Yes  □ No  □ N/A

4e  If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39?

   □ Yes  □ No  □ N/A

   If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.

   Note. Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.

4f  If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e.

   □ Yes  □ No