

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056
 Expires 3-31-89

To be filed in the key district
 for the area in which the
 organization has its principal
 office or place of business.

For Paperwork Reduction Act Notice, see page 1 of the instructions.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). **(Read the instructions for each part carefully before making any entries.)** If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

Part I Identification

1 Full name of organization American Association of Community Theatre		2 Employer identification number (If none, see instructions) 47--0692296	
3a Address (number and street) 1341 Turvey Road		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k)	
3b City or town, state, and ZIP code Downers Grove, Illinois 60515		4 Name and telephone number of person to be contacted David Gooder (312) 968-3299	
5 Month the annual accounting period ends August	6 Date incorporated or formed January 22, 1986	7 Activity codes 119 603	
8 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.			

Part II Type of Entity and Organizational Document (see instructions)

Check the applicable entity box below and attach a **conformed** copy of the organization's organizing document and bylaws as indicated for each entity.

Corporation—Articles of incorporation and bylaws. Trust—Trust indenture. Other—Constitution or articles of association and bylaws.

Part III Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of size.
 Membership dues from community theatre organizations (vast majority are classified as Section 501(c)(3) organizations) and individuals associated with or interested in such theatre organizations.

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.) Attach representative copies of solicitations for financial support.

During the latter part of 1986, letters were sent to community theatre organizations and interested individuals urging them to become members.

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct, and complete.

(Signature)

(Title or authority of signer)

(Date)

Part III Activities and Operational Information (Continued)

- 3 Give a **detailed** narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. **(Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.)** If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VI-A.

During 1986, steps were taken to establish the organization. Steps were taken to publish a newsletter periodically and to assist in organizing a national community theatre festival for 1987. This festival program to include state and regional festivals with 10 theatres to be elected to participate in the national festival to be held in Norman, Oklahoma, in June, 1987. Each festival is to be judged by skilled and experienced theatre specialists with open critiques of each performance, the basic purpose of the festivals being to educate, and demonstrate to, the participants both audiences and performers the highest standards of the arts, crafts and skills of theatre.

In addition, the Association intends to sponsor conferences, workshops and other educational programs designed to provide information and training as to theatre arts, crafts and skills for community theatre organizations and persons interested therein.

4 The membership of the organization's governing body is:	
a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
See attached rider	none

RIDER
AMERICAN ASSOCIATION OF COMMUNITY THEATRE

Form 1023
Part III-4a

NAME	OFFICE	ADDRESS		
Bea Miller	President	3757 Waynoka Ave.	Memphis, TN	38111
James Carver	Ex. Vice President	329 S. Park	Kalamazoo, MI	49007
Marilyn Allen	Vice President	1803 Huntington	Midland, TX	79705
Charles Chestnut	Vice President	29 Meadow Lane	Chappaqua, NY	10514
Hal Robinson	Vice President	139 Lakeside Dr.	Royal Oak, MI	48073
Twink Lynch	Past President	1334 Lakeside Dr.	Topeka, KS	66604
Dale Huffington	Director	219 Bedford St. SE	Minneapolis, MN	55414
Steve Krempasky	"	1500 Rimrock Rd.	Billings, MT	59102
Mary Patterson	"	P.O. Box 18763	Oklahoma City, OK	73154
Wendy Drake Clark	"	P.O. Box 7566	Boulder, CO	80306
John Viars	"	1005 42nd	Des Moines, IA	50311
Norman McPhee	"	311 16th St.	Racine, WI	53403
Don Bachman	"	2000 Wadley	Midland, TX	79701
Jean Hoffman	"	3334 Centerville	Wilmington, DE	19807
Norman Small	"	405 Lake Ned Road	Winter Haven, FL	33880
Barbara Barrett	"	145 Plain Road	Wayland, MA	01778
Mort Clark	"	14 Lawrence Drive	White Plains, NY	10603
Suzanne Wesley	"	3824 Sherman	Bridgeport, MI	48722
Nancy Mangum	"	P.O. Box 464	Boone, NC	28607
Al King	"	1312 12th Ave. N	Clinton, IA	52732
John Patterson	"	P.O. Box 18763	Oklahoma City, OK	73154
Don McLaughlin	"			
Paul Opitz	"	1000 N. Mountain	Carson City, NV	89701
Betty Wills	"	P.O. Box 1079	Spokane, WA	99210
Ross Rowland	Secretary	8209 N. Costa Mesa	Muncie, IN	47302
Ginny Winson	Treasurer	6915 Cass	Omaha, NE	68132

Part III Activities and Operational Information (Continued)

4 c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See the Specific Instructions for line 4d.) Yes No
If "Yes," explain.

e Have any members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization? Yes No
If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

6 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

7 a What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. Cash received is, and will be, used exclusively to fund the expenses of the Association.

b To what extent have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities?
Not at all

8 Will any of the organization's facilities be managed by another organization or individual under a contractual agreement? Yes No
If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other parties.

Part III Activities and Operational Information (Continued)

9 a Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? Yes No
If "Yes," explain and show how the charges are determined.

b Does or will the organization limit its benefits, services, or products to specific classes of individuals? Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

10 Is the organization a membership organization? Yes No
If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues. Membership is open to all those who support the purposes of the Association.

b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

c Are benefits, services, or products limited to members? Yes No
If "No," explain. Participation in workshops, conferences, etc. will be open to all interested persons and organizations; as will all state festivals; newsletter and active participation in regional & national festivals will be limited to member theatre organizations.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? Yes No
If "Yes," explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

12 Does the organization have a pension plan for employees? Yes No

13 a Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related regulations? (See General Instructions.) Yes No

b If you answer "No," to 13a and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.

c If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief? Yes No

d If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.

e If you answer "No," to both 13a and 13c and section 508(a) does apply to you, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed (see instructions)? Yes No

Part IV Statement as to Private Foundation Status (see instructions)

1 Is the organization a private foundation? Yes No

2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here and complete Part VII.

3 If you answer "No," to question 1, indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) below that apply:

a Definitive ruling under section 509(a)(1), (2), (3), or (4) . Complete Part VI.

b Advance ruling under sections 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2)—see instructions.

(Note: If you want an advance ruling, you must complete and attach two Forms 872-C to the application.)

Part V Financial Data

Statement of Support, Revenue, and Expenses for the period beginning January 22, 1986, and ending August 31, 1986.

Note: Complete the financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence. If in existence less than one year, also provide proposed budgets for the two years following the current year.

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received	1	3,050.00
	2	Gross dues and assessments of members	2	4,000.00
	3 a	Gross amounts derived from activities related to organization's exempt purpose (attach schedule)		
	b	Minus cost of sales	3c	-0-
	4 a	Gross amounts from unrelated business activities (attach schedule)		
	b	Minus cost of sales	4c	-0-
	5 a	Gross amount received from sale of assets, excluding inventory items (attach schedule)		
	b	Minus cost or other basis and sales expenses of assets sold	5c	-0-
6	Investment income (see instructions)	6	-0-	
7	Other revenue (attach schedule) Interest	7	58.00	
8	Total support and revenue	8	7,108.00	
Expenses	9	Fundraising expenses	9	-0-
	10	Contributions, gifts, grants, and similar amounts paid (attach schedule)	10	-0-
	11	Disbursements to or for benefit of members (attach schedule)	11	-0-
	12	Compensation of officers, directors, and trustees (attach schedule)	12	-0-
	13	Other salaries and wages	13	-0-
	14	Interest	14	-0-
	15	Rent	15	-0-
	16	Depreciation and depletion	16	-0-
	17	Other (attach schedule) SCHEDULE J	17	1,616.00
	18	Total expenses	18	1,616.00
	19	Excess of support and revenue over expenses (line 8 minus line 18)	19	5,492.00

Balance Sheet
(at the end of the period shown above)

Assets			
20	Cash: a Interest bearing accounts	20a	5,492.00
	b Other	20b	-0-
21	Accounts receivable, net	21	-0-
22	Inventories	22	-0-
23	Bonds and notes (attach schedule)	23	-0-
24	Corporate stocks (attach schedule)	24	-0-
25	Mortgage loans (attach schedule)	25	-0-
26	Other investments (attach schedule)	26	-0-
27	Depreciable and depletable assets (attach schedule)	27	-0-
28	Land	28	-0-
29	Other assets (attach schedule)	29	-0-
30	Total assets.	30	5,492.00
Liabilities			
31	Accounts payable	31	-0-
32	Contributions, gifts, grants, etc., payable	32	-0-
33	Mortgages and notes payable (attach schedule)	33	-0-
34	Other liabilities (attach schedule)	34	-0-
35	Total liabilities.	35	-0-
Fund Balances or Net Worth			
36	Total fund balances or net worth	36	5,492.00
37	Total liabilities and fund balances or net worth (line 35 plus line 36)	37	5,492.00

If there has been any substantial change in any aspect of your financial activities since the period shown above ended, check the box and attach a detailed explanation

Proposed classified budgets are attached as Exhibit A for fiscal 1987 and 1988, and 1989.

Part VI Non-Private Foundation Status (Definitive ruling only)

A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)

The organization is not a private foundation because it qualifies as:

✓	Kind of organization	Within the meaning of	Complete
1	a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2	a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3	a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4	a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
5	being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
6	being operated for the benefit of a college or university that is owned or operated by a governmental unit	Sections 509(a)(1) and 170(b)(1)(A)(iv)	Part VI.—B
7	normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
8 ✓	normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions)	Section 509(a)(2)	Part VI.—B
9	being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)

	(a) Most recent tax year	(Years next preceding most recent tax year)			(e) Total
	19 .. 86 ..	(b) 19	(c) 19	(d) 19	
1 Gifts, grants, and contributions received	3,050				3,050
2 Membership fees received	4,000				4,000
3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513	-0-	- Not applicable -			-0-
4 Gross investment income (see instructions for definition)		See attached budgets for			-0-
5 Net income from organization's unrelated business activities not included on line 4	-0-	fiscal 1987 and 1988 and 1989			-0-
6 Tax revenues levied for and either paid to or spent on behalf of the organization	-0-				-0-
7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)	-0-				-0-
8 Other income (not including gain or loss from sale of capital assets)—attach schedule	-0-				-0-
9 Total of lines 1 through 8	7,050				7,050
10 Line 9 minus line 3	7,050				7,050
11 Enter 2% of line 10, column (e) only					141

12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

Part VI Non-Private Foundation Status (Definitive ruling only) (Continued)

B.—Analysis of Financial Support (Continued)

13 If the organization's non-private foundation status is based on:

- a** Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amount shown on line 11.
- b** Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount received from each person who is a "disqualified person." **NONE**

For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3) N/A

1 Organizations supported by applicant organization:	Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?
Name and address of supported organization	
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

3 What is the extent of common supervision or control that you and the supported organization(s) share?

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

5 Does the mentioning of the supported organization(s) in your governing instrument make you a trust that the supported organization(s) can enforce under State law and compel to make an accounting? Yes No
If "Yes," explain.

6 What portion of your income do you pay to each supported organization and how significant is the support to each?

7 To what extent do you conduct activities that would otherwise be carried out by the supported organization(s)? Explain why these activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? Yes No
If "Yes," explain.

Part VII Basis for Status as a Private Operating Foundation Not Applicable

If the organization claims to be an operating foundation described in section 4942(j)(3) and—

- (a) bases its claim to private operating foundation status on normal and regular operations over a period of years; or
- (b) is newly created, set up as a private operating foundation, and has at least one year's experience;

provide the information under the income test and under one of the three supplemental tests (assets, endowment, or support). If the organization does not have at least one year's experience, complete line 21. If the organization's private operating foundation status depends on its normal and regular operations as described in (a) above, attach a schedule similar to the one below showing the data in tabular form for the three years next preceding the most recent tax year. (See regulations section 53.4942(b)-1 for additional information before completing the "Income Test" section of Part VII.) Organizations claiming section 4942(j)(5) status must satisfy the income test and the endowment test.

Income Test		Most recent tax year
1a Adjusted net income, as defined in regulations section 53.4942(a)-2(d)	1a	
b Minimum investment return, as defined in regulations section 53.4942(a)-2(c)	1b	
2 Qualifying distributions:		
a Amounts (including administrative expenses) paid directly for the active conduct of the activities for which organized and operated under section 501(c)(3)(attach schedule)	2a	
b Amounts paid to acquire assets to be used (or held for use) directly in carrying out purposes described in sections 170(c)(1) or 170(c)(2)(B) (attach schedule)	2b	
c Amounts set aside for specific projects that are for purposes described in section 170(c)(1) or 170(c)(2)(B) (attach schedule)	2c	
d Total qualifying distributions (add lines 2a, b, and c)	2d	
3 Percentages:		
a Percentage of qualifying distributions to adjusted net income (divide line 2d by line 1a)	3a	%
b Percentage of qualifying distributions to minimum investment return (divide line 2d by line 1b) (Percentage must be at least 85% for 3a or 3b)	3b	%
Assets Test		
4 Value of organization's assets used in activities that directly carry out the exempt purposes. Do not include assets held merely for investment or production of income (attach schedule)	4	
5 Value of any stock of a corporation that is controlled by applicant organization and carries out its exempt purposes (attach statement describing corporation).	5	
6 Value of all qualifying assets (add lines 4 and 5)	6	
7 Value of applicant organization's total assets	7	
8 Percentage of qualifying assets to total assets (divide line 6 by line 7—percentage must exceed 65%)	8	%
Endowment Test		
9 Value of assets not used (or held for use) directly in carrying out exempt purposes:		
a Monthly average of investment securities at fair market value	9a	
b Monthly average of cash balances	9b	
c Fair market value of all other investment property (attach schedule)	9c	
d Total (add lines 9a, b, and c)	9d	
10 Subtract acquisition indebtedness related to line 9 items (attach schedule)	10	
11 Balance (subtract line 10 from line 9d)	11	
12 Multiply line 11 by 3 1/3% (2/3 of the percentage for the minimum investment return computation under section 4942(e)). Line 2d above must equal or exceed the result of this computation.	12	
Support Test		
13 Applicant organization's support as defined in section 509(d)	13	
14 Subtract amount of gross investment income as defined in section 509(e)	14	
15 Support for purposes of section 4942(j)(3)(B)(iii) (subtract line 14 from line 13)	15	
16 Support received from the general public, five or more exempt organizations, or a combination of these sources (attach schedule)	16	
17 For persons (other than exempt organizations) contributing more than 1% of line 15, enter the total amounts that are more than 1% of line 15	17	
18 Subtract line 17 from line 16	18	
19 Percentage of total support (divide line 18 by line 15—must be at least 85%)	19	%
20 Does line 16 include support from an exempt organization that is more than 25% of the amount of line 15?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21 Newly created organizations with less than one year's experience: Attach a statement explaining how the organization is planning to satisfy the requirements of section 4942(j)(3) for the income test and one of the supplemental tests during its first year's operation. Include a description of plans and arrangements, press clippings, public announcements, solicitations for funds, etc.		

Part VIII Required Schedules for Special Activities	Not Applicable	If "Yes," check here	And complete schedule—
1 Is the organization, or any part of it, a school?			A
2 Does the organization provide or administer any scholarship benefits, student aid, etc.?			B
3 Has the organization taken over, or will it take over, the facilities of a "for profit" institution?			C
4 Is the organization, or any part of it, a hospital or medical research organization?			D
5 Is the organization, or any part of it, a home for the aged?			E
6 Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)?			F
7 Is the organization, or any part of it, formed to promote amateur sports competition?			G

Schedule A.—Schools, Colleges, and Universities

1 Is the organization an instrumentality of a State or political subdivision of a State? Yes No
 If "Yes," document this in Part III and do not complete items 2 through 9 of this schedule. (See instructions for Schedule A.)

2 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

a Admissions? Yes No

b Use of facilities or exercise of student privileges? Yes No

c Faculty or administrative staff? Yes No

d Scholarship or loan program? Yes No

If "Yes," for any of the above, explain.

3 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? Yes No
 Attach whatever corporate resolutions or other official statements the organization has made on this subject.

4 a Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community which it serves? Yes No
 If "Yes," describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

b If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.

5 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the next academic year, of: (a) the student body, (b) the faculty and administrative staff.

6 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

7 a Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b State whether any of the organizations listed in **a** have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in **a** are officers or active members of such organizations.

8 Indicate the public school district and county in which the organization is located.

9 Has the organization ever been determined by a State or Federal administrative agency or judicial body to be racially discriminatory? Yes No
 If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in your operation, if any, have occurred since then.

Schedule B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals

1 a Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See regulations sections 53.4945-4(c) and (d).)

b If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race and whether there are, or will be, restrictions or limitations in selection procedures based on the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

3 Indicate the number of grants you anticipate making annually

4 List the names, addresses, duties, and relevant background of the members of your selection committee. If you base your selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

5 Describe any procedures you have for supervising grants (such as obtaining reports or transcripts) that you award, and any procedures you have for taking action if the terms of the grant are violated.

SCHEDULE C.—Successors to “For Profit” Institutions

1 What was the name of the predecessor organization and the nature of its activities?

2 Who were the owners or principal stockholders of the predecessor organization? (If more space is needed, attach schedule.)

Name and address	Share or interest
.....	
.....	
.....	
.....	
.....	
.....	
.....	

(continued on next page)

SCHEDULE C.—Successors to “For Profit” Institutions (Continued)

3 Describe the business or family relationship between the owners or principal stockholders and principal employees of the predecessor organization and the officers, directors, and principal employees of the applicant organization.

4 a Attach a copy of the agreement of sale or other contract that sets forth the terms and conditions of sale of the predecessor organization or of its assets to the applicant organization.

b Attach an appraisal by an independent qualified expert showing the fair market value of the facilities or property interest sold at the time of sale.

5 Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented? Yes No
If “Yes,” explain and attach copies of all leases and contracts.

6 Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization? Yes No
If “Yes,” explain and attach a list of these tenants and a copy of the lease for each such tenant.

7 Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization? Yes No
If “Yes,” explain.

SCHEDULE D.—Hospitals and Medical Research Organizations

Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule and write “N/A” in Part II.

Check here if you are claiming to be a medical research organization operated in conjunction with a hospital and complete the questions in Part II of this Schedule and write “N/A” in Part I.

Part I Hospitals

1 a How many doctors are on the hospital’s courtesy staff?
b Do these doctors include all the doctors in the community? Yes No
If “No,” give the reasons why and explain how the courtesy staff is selected.

2 Composition of board of directors or trustees. (If more space is needed, attach schedule.)

Name and address	Occupation
.....	
.....	
.....	
.....	

SCHEDULE D.—Hospitals and Medical Research Organizations (Continued)

Part I Hospitals (continued)

3 a Does the hospital maintain a full-time emergency room? Yes No

b What is the hospital's policy on administering emergency services to persons without apparent means to pay?

c Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? Yes No
Explain.

4 a Does or will the hospital require a deposit from persons covered by Medicare or Medicaid in its admission practices? Yes No
If "Yes," explain.

b Does the same deposit requirement apply to all other patients? Yes No
If "No," explain.

5 Does or will the hospital provide for a portion of its services and facilities to be used for charity patients? Yes No
Explain (include data on the hospital's past experience in admitting charity patients and arrangements it may have with municipal or government agencies for absorbing the cost of such care).

6 Does or will the hospital carry on a formal program of medical training and research? Yes No
If "Yes," describe.

7 Does the hospital provide office space to physicians carrying on a medical practice? Yes No
If "Yes," attach a list setting forth the name of each physician, the amount of space provided, the annual rent (if any), and the expiration date of the current lease.

Part II Medical Research Organizations

1 Name the hospital(s) with which you have a relationship and describe the relationship(s).

2 Describe your present and proposed (indicate which) medical research activities, show the nature of the activities, and the amount of money which has been or will be spent in carrying them out. (Making grants to other organizations is not direct conduct of medical research.)

3 Attach a statement of assets showing the fair market value of your assets and the portion of the assets directly devoted to medical research.

SCHEDULE E.—Homes for Aged

1 What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.

2 Does or will the home charge an entrance or founder's fee? Yes No
If "Yes," explain.

3 What periodic fees or maintenance charges are or will be required of its residents?

4 a What established policy does the home have concerning residents who become unable to pay their regular charges?

b What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

5 What arrangements does or will the home have to provide for the health needs of its residents?

6 In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?

7 Has the home established or will it establish any reserves for future expenditures? Yes No
If "Yes," state the source of such reserves and explain how they will be used.

8 Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.

SCHEDULE F.—Litigating Organizations (Public Interest Law Firms and Similar Organizations)

1 Will the organization conform to the guidelines for organizations engaged in litigation activities issued by the Internal Revenue Service in Rev. Proc. 71-39, 1971-2 C.B. 575, and Rev. Proc. 75-13, 1975-1 C.B. 662? . . . Yes No
If "No," explain.

2 What is the organization's area of public interest or concern?

3 Is the organization set up primarily to try the case of a particular person or prosecute a particular cause of action? . Yes No
If "Yes," explain.

4 What are the organization's criteria for selection of cases?

5 In what cases has the organization started legal proceedings and in what other cases is it preparing to start proceedings?
Describe the legal issues involved in each case and explain how they relate to the organization's area of concern.

6 a Composition of the organization's board of directors or trustees:

Name and address	Business or Occupation
.....	
.....	
.....	

b Will any of the attorneys hired by the organization be a trustee or member of the board of directors of the organization or be associated in the practice of law with any such trustee or member? . . . Yes No
If "Yes," explain.

7 Does or will the organization share office space with a private law firm? . . . Yes No
If "Yes," explain.

8 Does or will the organization receive fees for its professional services? . . . Yes No
If "Yes," explain.

SCHEDULE G.—National or International Amateur Sports Competition

1 Does your organization directly or indirectly provide any facilities or equipment for the use of amateur athletes engaged in national or international sports competition? . . . Yes No

2 How do you foster national or international sports competition?

3 Do you provide financial assistance to amateur athletes? . . . Yes No

PART V - Financial Data - Line 17

OTHER EXPENSES

Printing	530
Postage	966
Supplies	111
	<hr/>
Total Other Expenses	1,616
	<hr/> <hr/>

BUDGETS

SUPPORT AND REVENUE	FY 86/87	FY 87/88	FY 88/89
Gross Contributions	5,000	5,000	8,000
Gross Dues and Assessments of Members	20,000	38,250	50,000
Advertising in Newsletter	2,000	4,000	6,000
Conference and Convention Fees	3,000	3,000	3,000
Other	-0-	-0-	-0-
Total Support and Revenue	30,000	50,250	67,000

EXPENSES			
Salaries	10,000	17,500	22,000
Benefits	2,500	4,375	5,000
Staff Travel	-0-	1,000	1,000
Rent	-0-	-0-	-0-
Utilities	-0-	-0-	-0-
Phone	600	3,000	4,000
Postage	900	1,800	2,200
Printing/Copying	4,300	4,500	5,500
Supplies	500	800	1,000
General Insurance	600	1,150	1,350
Audit	250	500	500
Dues	2,500	2,500	2,500
Office Equipment	-0-	2,975	5,000
Equipment Maintenance	500	500	500
Computer Service	-0-	-0-	-0-
Newsletter	1,950	2,650	3,450
Programs & Projects	4,000	5,000	10,000
Awards	300	300	500
Festivals	1,000	-0-	1,000
Conventions and Conferences	1,000	1,500	2,000
Miscellaneous Expenses	100	200	500
Total Expenses	30,000	50,250	67,000

Excess of support and revenue Over Expenses	-0-	-0-	-0-
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