

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

▶ (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your organizing document)		<b>2</b> c/o Name (if applicable)	
Peter L. Clevinger Memorial Foundation, Inc.			
<b>3</b> Mailing address (Number and street) (see instructions)		Room/Suite	<b>4</b> Employer Identification Number (EIN)
21710 W 61st St			46-1845299
City or town, state or country, and ZIP + 4			<b>5</b> Month the annual accounting period ends (01 - 12)
Shawnee , KS 66218			12
<b>6</b> Primary contact (officer, director, trustee, or authorized representative)		<b>b</b> Phone: 913-660-7715	
a Name: Eric Raplinger		<b>c</b> Fax: (optional)	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9a</b> Organization's website:			
<b>b</b> Organization's email: (optional)			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		01/23/2013	
<b>12</b> Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  Yes  No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  Yes  No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  Yes  No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  Yes  No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  Yes  No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  Yes  No

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.   
 Location of Purpose Clause (Page, Article, and Paragraph): Page One, "Purpose" Clause
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. \_\_\_\_\_
- c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: Kansas

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Ralph Clevinger	Chairman	21710 W 61st St Shawnee, KS 66218	None
Kathleen Clevinger	Chairman	21710 W 61st St Shawnee, KS 66218	None
Monica Kissick	Executive Director	408 E 74th St Kansas City, MO 64131	None
Eric Raplinger	Treasurer	3031 S 63rd St Kansas City, KS 66106	None

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

**c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

**2a** Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship.  Yes  No

**b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  Yes  No

**c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  Yes  No

**3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

**b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  Yes  No

**4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No
- b** Do you or will you approve compensation arrangements in advance of paying compensation?  Yes  No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements?  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  Yes  No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source?  Yes  No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.  Yes  No
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?  
**Note.** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  Yes  No

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases.  Yes  No
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  Yes  No

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.  Yes  No
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at **arm's length**.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors** (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.  Yes  No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.  Yes  No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.  Yes  No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.  Yes  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

**Part VIII Your Specific Activities (Continued)**

**4a** Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.)  **Yes**  **No**

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other Memorial Golf Tournament**

Attach a description of each fundraising program.

**b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.  **Yes**  **No**

**c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.  **Yes**  **No**

**d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

**e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.  **Yes**  **No**

**5** Are you affiliated with a governmental unit? If "Yes," explain.  **Yes**  **No**

**6a** Do you or will you engage in economic development? If "Yes," describe your program.  **Yes**  **No**

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.  **Yes**  **No**

**b** Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.  **Yes**  **No**

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.  **Yes**  **No**

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.  **Yes**  **No**

**b** Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  **Yes**  **No**

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.  **Yes**  **No**

**Part VIII Your Specific Activities (Continued)**

**11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  Yes  No

**12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  Yes  No

- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.

**13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  Yes  No

- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  Yes  No
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
  - (i)** Do you require an application form? If "Yes," attach a copy of the form.  Yes  No
  - (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.  Yes  No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.

**14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  Yes  No

- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  Yes  No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  Yes  No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  Yes  No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  Yes  No

**Part VIII Your Specific Activities (Continued)**

- 15** Do you have a **close connection** with any organizations? If "Yes," explain.  Yes  No
- 16** Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain.  Yes  No
- 17** Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain.  Yes  No
- 18** Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain.  Yes  No
- 19** Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  Yes  No
- 20** Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C.  Yes  No
- 21** Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F.  Yes  No
- 22** Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  Yes  No
- Note.** Private foundations may use Schedule H to request advance approval of individual grant procedures.



**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From 1/23/13 To 12/31/13	(b) From 1/1/14 To 12/31/14	(c) From 1/1/15 To 12/31/15	(d) From _____ To _____	
<b>Revenues</b>	<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)	63,111	40,000	40,000		143,111
	<b>2</b> Membership fees received					0
	<b>3</b> Gross investment income					0
	<b>4</b> Net unrelated business income					0
	<b>5</b> Taxes levied for your benefit					0
	<b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					0
	<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					0
	<b>8</b> Total of lines 1 through 7	63,111	40,000	40,000		143,111
	<b>9</b> 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)					0
	<b>10</b> Total of lines 8 and 9	63,111	40,000	40,000		143,111
	<b>11</b> Net gain or loss on sale of capital assets (attach schedule and see instructions)					0
	<b>12</b> Unusual grants					0
	<b>13</b> Total Revenue Add lines 10 through 12	63,111	40,000	40,000		143,111
<b>Expenses</b>	<b>14</b> Fundraising expenses	13,927	15,000	15,000		
	<b>15</b> Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	<b>16</b> Disbursements to or for the benefit of members (attach an itemized list)					
	<b>17</b> Compensation of officers, directors, and trustees					
	<b>18</b> Other salaries and wages					
	<b>19</b> Interest expense					
	<b>20</b> Occupancy (rent, utilities, etc.)					
	<b>21</b> Depreciation and depletion					
	<b>22</b> Professional fees					
	<b>23</b> Any expense not otherwise classified, such as program services (attach itemized list)					
	<b>24</b> Total Expenses Add lines 14 through 23	13,927	15,000	15,000		

**Part IX Financial Data (Continued)**

**B. Balance Sheet (for your most recently completed tax year)**

Year End: **2013**

		(Whole dollars)	
<b>Assets</b>			
<b>1</b>	Cash . . . . .	<b>1</b>	49,184
<b>2</b>	Accounts receivable, net . . . . .	<b>2</b>	
<b>3</b>	Inventories . . . . .	<b>3</b>	
<b>4</b>	Bonds and notes receivable (attach an itemized list) . . . . .	<b>4</b>	
<b>5</b>	Corporate stocks (attach an itemized list) . . . . .	<b>5</b>	
<b>6</b>	Loans receivable (attach an itemized list) . . . . .	<b>6</b>	
<b>7</b>	Other investments (attach an itemized list) . . . . .	<b>7</b>	
<b>8</b>	Depreciable and depletable assets (attach an itemized list) . . . . .	<b>8</b>	
<b>9</b>	Land . . . . .	<b>9</b>	
<b>10</b>	Other assets (attach an itemized list) . . . . .	<b>10</b>	
<b>11</b>	<b>Total Assets (add lines 1 through 10)</b> . . . . .	<b>11</b>	<b>49,184</b>
<b>Liabilities</b>			
<b>12</b>	Accounts payable . . . . .	<b>12</b>	
<b>13</b>	Contributions, gifts, grants, etc. payable . . . . .	<b>13</b>	
<b>14</b>	Mortgages and notes payable (attach an itemized list) . . . . .	<b>14</b>	
<b>15</b>	Other liabilities (attach an itemized list) . . . . .	<b>15</b>	
<b>16</b>	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	<b>16</b>	<b>0</b>
<b>Fund Balances or Net Assets</b>			
<b>17</b>	<b>Total fund balances or net assets</b> . . . . .	<b>17</b>	<b>49,184</b>
<b>18</b>	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	<b>18</b>	<b>49,184</b>
<b>19</b>	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1 a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.  **Yes**  **No**
- b** As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2** Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.  **Yes**  **No**
- 3** Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.  **Yes**  **No**
- 4** Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?  **Yes**  **No**
- 5** If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.  
 The organization is not a private foundation because it is:
  - a** 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
  - b** 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
  - c** 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
  - d** 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No

**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes  No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

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

**Please Sign Here**



(Signature of Officer, Director, Trustee, or other authorized official)

Ralph Clevinger

(Type or print name of signer)

Chairman

(Type or print title or authority of signer)

5/17/14

(Date)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

**Schedule A. Churches**

<b>1a</b>	Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Do you have a form of worship? If "Yes," describe your form of worship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2a</b>	Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Do you have a distinct religious history? If "Yes," describe your religious history.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	Do you have a literature of your own? If "Yes," describe your literature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3</b>	Describe the organization's religious hierarchy or ecclesiastical government.		
<b>4a</b>	Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	What is the average attendance at your regularly scheduled religious services?		
<b>5a</b>	Do you have an established place of worship? If "Yes," refer to the instructions for the information required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Do you own the property where you have an established place of worship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6</b>	Do you have an established congregation or other regular membership group? If "No," refer to the instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7</b>	How many members do you have?		
<b>8a</b>	Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b-8d, below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	May your members be associated with another denomination or church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d</b>	Are all of your members part of the same family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>9</b>	Do you conduct baptisms, weddings, funerals, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>10</b>	Do you have a school for the religious instruction of the young?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11a</b>	Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	Do you have schools for the preparation of your ordained ministers or religious leaders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is your minister or religious leader also one of your officers, directors, or trustees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>14</b>	Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>15</b>	Do you issue church charters? If "Yes," describe the requirements for issuing a charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>16</b>	Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>17</b>	Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**Schedule B. Schools, Colleges, and Universities (Continued)**

**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).

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Total</b>						

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

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Total</b>								

**7 a** 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**

**1 a** 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.  **Yes**  **No**

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**2 a** 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.  **Yes**  **No**

**b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain.  **Yes**  **No**

**c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain.  **Yes**  **No**

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**3 a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain.  **Yes**  **No**

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

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**4 a** 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.  **Yes**  **No**

**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.  **Yes**  **No**

**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.  **Yes**  **No**

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**5 a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e.  **Yes**  **No**

**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.  **Yes**  **No**

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**6 a** 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.  **Yes**  **No**

**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.  **Yes**  **No**

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**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.  **Yes**  **No**

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**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.  **Yes**  **No**

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**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.  **Yes**  **No**

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



**Schedule C. Hospitals and Medical Research Organizations (Continued)****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.  Yes  No

**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.

- 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.  Yes  No
- 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.  Yes  No
- 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.  Yes  No
- 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.  Yes  No

**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 with 3 columns: Name, Address, EIN. Includes dashed lines for additional rows.

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(ii)(a), 6b(ii)(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)?

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)?

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?

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?

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?

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)?

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?

e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

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)?

Schedule D. Section 509(a)(3) Supporting Organizations (Continued)

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

- 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  **Yes**  **No** Schedule A and stop here. Do not complete the remainder of Schedule E.

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

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

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

**b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27  **Yes**  **No** 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.

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

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

**5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of  **Yes**  **No** 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.

**6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of  **Yes**  **No** 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.

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

**b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7  **Yes**  **No** below.

**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.

Type of Revenue	Projected revenue for 2 years following current tax year		
	(a) From _____ To _____	(b) From _____ To _____	(c) Total
<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)			
<b>2</b> Membership fees received			
<b>3</b> Gross investment income			
<b>4</b> Net unrelated business income			
<b>5</b> Taxes levied for your benefit			
<b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)			
<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)			
<b>8</b> Total of lines 1 through 7			
<b>9</b> 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)			
<b>10</b> Total of lines 8 and 9			
<b>11</b> Net gain or loss on sale of capital assets (attach an itemized list)			
<b>12</b> Unusual grants			
<b>13</b> Total revenue. Add lines 10 through 12			

**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. [ ] Yes [ ] No

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. [ ] 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 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. [ ] Yes [ ] No

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. [ ] Yes [ ] No

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. [ ] Yes [ ] No

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)****Section II Homes for the Elderly or Handicapped**

- 1 a** 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.  Yes  No
- b** 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.  Yes  No
- 
- 2 a** 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.  Yes  No
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined.  Yes  No
- c** 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.  Yes  No
- 
- 3 a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy.  Yes  No
- b** 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.  Yes  No
- 
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements.  Yes  No
- 
- 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.  Yes  No

**Section III Low-Income Housing**

- 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.  Yes  No
- 
- 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.  Yes  No
- 
- 3 a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents.  Yes  No
- 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.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions.  Yes  No
- 
- 4** Do you provide social services to residents? If "Yes," describe these services.  Yes  No

**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.

**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.

Name	Address	Share/Interest (if a for-profit)

**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.

- 1 a Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
b Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
c If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
d Specify how your program is publicized.
e Provide copies of any solicitation or announcement materials.
f 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.)
4 a Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
b Describe how you determine the number of grants that will be made annually.
c Describe how you determine the amount of each of your grants.
d 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.)
5 Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
6 Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
7 Are relatives of members of the selection committee, or of your officers, directors, or substantial contributors eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections?

Note. If you are a private foundation, you are not permitted to provide educational grants to disqualified persons. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

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

- 1 a 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?
b For which section(s) do you wish to be considered?
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
- b 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
- c Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer?  Yes  No  N/A  
 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
- d Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?  Yes  No  N/A  
 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
- e 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.
- f 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

# Form 1023 Checklist

(Revised December 2013)

## Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

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**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- Assemble the application and materials in this order:
- Form 1023 Checklist
  - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
  - Form 8821, *Tax Information Authorization* (if filing)
  - Expedite request (if requesting)
  - Application (Form 1023 and Schedules A through H, as required)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - Bylaws or other rules of operation and amendments
  - Documentation of nondiscriminatory policy for schools, as required by Schedule B
  - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
  - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- |            |     |     |    |          |            |     |          |    |          |
|------------|-----|-----|----|----------|------------|-----|----------|----|----------|
| Schedule A | Yes | ___ | No | <u>X</u> | Schedule E | Yes | ___      | No | <u>X</u> |
| Schedule B | Yes | ___ | No | <u>X</u> | Schedule F | Yes | ___      | No | <u>X</u> |
| Schedule C | Yes | ___ | No | <u>X</u> | Schedule G | Yes | ___      | No | <u>X</u> |
| Schedule D | Yes | ___ | No | <u>X</u> | Schedule H | Yes | <u>X</u> | No | ___      |

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
  - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Page 1, "Purpose"
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Kansas Law
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
  - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011





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

Date of this notice: 01-23-2013

Employer Identification Number:  
46-1845299

Form: SS-4

Number of this notice: CP 575 A

PETER L CLEVINGER MEMORIAL  
FOUNDATION INC  
21710 W 61ST ST  
SHAWNEE, KS 66218

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

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

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-1845299. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

Form 1120

06/15/2013

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

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

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

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

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

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

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

**IMPORTANT REMINDERS:**

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

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

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

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

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

CP 575 A

9999999999

Your Telephone Number ( ) -  
Best Time to Call

DATE OF THIS NOTICE: 01-23-2013  
EMPLOYER IDENTIFICATION NUMBER: 46-1845299  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

PETER L CLEVINGER MEMORIAL  
FOUNDATION INC  
21710 W 61ST ST  
SHAWNEE, KS 66218



KOBACH  
y of State



State of Kansas

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564

Not For Profit Articles of Incorporation  
Date: 01/23/2013

RE: Peter L Clevinger Memorial Foundation Inc  
Business Entity ID Number: 6798227

Dear Business Customer:

Congratulations on filing Not For Profit Articles of Incorporation. Your business is now incorporated with the Kansas Secretary of State.

A few of the responsibilities you will have for the business include: filing an annual report with the Secretary of State each year as well as a K-150 with the Department of Revenue.

Every not for profit corporation must file an annual report each year and pay a filing fee. The annual report and fees are due together on the 15th day of the 6th month after the last day of the corporation's tax year end. Example: If you have a tax year end of December, the annual report will be due every June 15th. An annual report is not required if the not for profit corporation has not been incorporated for six months prior to its first tax year end.

You may save time by filing the annual report online at [www.kssos.org](http://www.kssos.org).

For more information regarding the K-150, which is due to the Kansas Department of Revenue each year, please call 785-368-8222 or visit [www.kssos.org](http://www.kssos.org).

You may view the status and general information for your business, as well as obtain certificates or letters of good standing by visiting [www.kssos.org](http://www.kssos.org).

Sincerely,

Kris W. Kobach  
Kansas Secretary of State

**Kansas Secretary of State**  
Memorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594  
phone: (785) 296-4564 - email: [kssos@kssos.org](mailto:kssos@kssos.org) - url: [www.kssos.org](http://www.kssos.org)

## Not For Profit Articles of Incorporation

**The name of the corporation:**

Peter L Clevinger Memorial Foundation Inc

File date: 01/23/2013

File time: 13:53:46

Business Entity Number: 6798227

**Registered office in Kansas:**

21710 W 61st St  
Shawnee, Kansas  
66218

**Name of the resident agent at the registered office:**

Kathleen Clevinger

**Mailing address for official mail:**

Peter L Clevinger Memorial Foundation Inc  
21710 W 61st St  
Shawnee, KS  
66218 USA

**The nature or purpose of the business entity:**

The purpose of this business entity is to engage in any lawful act or activity for which the entity may be organized under the laws of Kansas.

To engage in lawful not-for-profit activity for which the entity may be organized under the laws of Kansas and in accordance with IRS code section 501(c)(3).

**This corporation will not have the authority to issue stock. The conditions of the membership are set in the bylaws.**

**Will the powers of the Incorporator(s) terminate upon filing the articles of incorporation?**

No

**Director(s) information:**

Ralph Clevinger  
21710 W 61st St  
Shawnee KS  
66218 USA

Kathleen Clevinger  
21710 W. 61st St  
Shawnee KS  
66218 USA

James D Campbell Jr  
1840 Collingswood Rd  
Upper Arlington OH  
43221 USA

**Expiration date of the corporate existence:**

Perpetual

**Tax closing month:**

December

**Incorporator information:**

James D Campbell Jr  
1840 Collingswood Rd  
Shawnee KS  
66218 USA

**"I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct."**

Execution date: 01/23/2013

**The signature(s) of the incorporator(s):**

James D Campbell Jr  
James D Campbell Jr



I, Kris W. Kobach, Secretary of State of Kansas, do hereby certify that this is the true and correct copy of the original document filed electronically on 01/23/2013.

Kris W. Kobach

**Kansas Secretary of State**

Memorial Hall, 1st floor - 120 SW 10th Ave. - Topeka, Kansas 66612-1594  
phone: (785) 296-4564 - email: [kssos@kssos.org](mailto:kssos@kssos.org) - url: [www.kssos.org](http://www.kssos.org)



**BYLAWS  
OF  
THE PETER L CLEVINGER FOUNDATION INC**

**ARTICLE I**

Name

The name of this Corporation (hereinafter referred to as this “corporation”) is The Peter L Clevinger Foundation Inc, as incorporated as nonprofit in the State of Kansas.

**ARTICLE II**

Board of Directors

Section 2.1 Powers. The Directors of this corporation shall constitute its governing Board and shall have such powers and authority as shall be conferred upon them by the Articles of Incorporation, the Bylaws and the statutes of the State of Kansas, under which this corporation is organized.

Section 2.2 Number and Terms. The Board of Directors shall consist of such a number of directors, not less than three (3), the exact number to be fixed from time to time solely by resolution of the Board of Directors, acting by not less than a majority of the directors then in office. At their annual meeting, the Board of Directors shall elect directors for one year terms, and until their respective successors are elected and qualify, the necessary number of directors to fill any vacancy then existing on the Board of Directors and to succeed those directors whose term of office is then expiring. Nothing herein contained shall be construed to prevent the election of any director to succeed himself or herself.

Section 2.3 Vacancies. The Board of Directors at any meeting may accept the resignation of any director submitted in writing. Any vacancy occurring among the Board of Directors by reason of death, resignation or any other circumstances, shall be filled under the next annual meeting of the voting members by the concurring vote of a majority of the directors then in office.

Section 2.4 Annual Meeting. The annual meeting of the Board of Directors for the purpose of electing directors and officers and transacting such other business as may properly come before the meeting shall be held each year at the time and place, within or outside the State of Kansas, as designated from time to time by the Board of Directors.

Section 2.5 Other Meetings. Other meetings of the Board of Directors may be held at any time or place whenever they are called by the President or any two directors. Anyone entitled to call a special meeting of the directors may make written request to the President to call the meeting, and the Secretary shall then give notice of the meeting, setting forth the time, place and purpose thereof, to be held no later than thirty (30) days after receiving the request. If the Secretary fails to give notice of the meeting within ten (10) days from the date on which the request is received by the President, the person or persons who requested the meeting may fix the time and place of the meeting and give notice thereof in the manner hereinafter provided. The business transacted at a special meeting is limited to the purpose stated in the notice of the meeting.

Section 2.6 Notice. Written notice of each meeting of the Board of Directors stating the time, place and purpose thereof shall be given by the Secretary by mailing the same to each director at

his or her residence or business address at least ten (10) days before the meeting or by delivering the same personally to the director at least seven (7) days before the meeting. Any director may waive notice of a meeting before, at or after the meeting, in writing or by attendance. Attendance at a meeting is deemed a waiver unless the director objects at the beginning of the meeting to the transaction of business because the meeting is not lawfully called or convened, or objects before a vote on an item of business because the item may not lawfully be considered at the meeting, and the director does not participate in the consideration of the item at that meeting.

Section 2.7 Quorum. At all meetings of the Board of Directors a quorum shall consist of not less than a majority of all directors then holding office as a director. If a quorum is not present, the meeting may be adjourned from time to time for that reason and any business which might have been transacted at the meeting as set forth in the notice thereof may be transacted at the adjourned meeting if a quorum is then present.

Section 2.8 Voting. Only directors present in person at the meeting may vote. There shall be no cumulative voting nor any voting by mail. Each director shall be entitled to only one vote on any matter brought before any meeting of the Board of Directors. A majority of the directors present at any meeting, if there be a quorum, shall be sufficient to transact any business, unless a greater number of votes are required by law, the Articles of Incorporation or these Bylaws. A director shall not appoint a proxy for himself or herself or vote by proxy at a meeting of the Board of Directors. A director who is present at a meeting of the Board of Directors when an action is taken is presumed to have assented to the action unless the director votes against the action or is prohibited from voting on the action.

Section 2.9 Adjourned meetings. When a meeting of the Board of Directors is adjourned to another time or place, notice of the adjourned meeting need not be given other than by announcement at the meeting at which adjournment is taken.

Section 2.10 Written action. Any action required or permitted to be taken at a meeting of the Board of Directors may be taken by written action signed by the number of directors that would be required to take the same action at a meeting of the board at which all directors were present; provided that all directors must be notified of the text of the written action before it is signed by any of the directors. All directors shall be notified immediately of the effective date of any such written action that is duly taken.

Section 2.11 Director conflict of interest. This corporation shall not enter into any contract or transaction with (a) one or more of its directors or (b) an organization in or of which a director is a director, officer or legal representative or has a material financial interest; unless the material facts as to the contract or transaction and as to the director's interest are fully disclosed or known to the Board of Directors, and the Board of Directors authorizes, approves, or ratifies the contract or transaction in good faith by the affirmative vote of a majority of the directors (without counting the interested director), at a meeting at which there is a quorum without counting the interested directing. Failure to comply with the provision of this Section 2.11 shall not invalidate any contract or transaction to which this corporation is a party. This Section does not authorize any act of "self-dealing" as defined in Section 4941(d) of the Internal Revenue Code.

Section 2.12 Executive Committee. The Board of Directors may by unanimous affirmative action of the entire Board designate two or more of their number to constitute an Executive Committee which, to the extent determined by unanimous affirmative action of the Board, shall have and exercise the authority of the Board of Directors in the management of the business of this

corporation, but shall not have the power to amend these Bylaws. Such Executive Committee shall act only in the interval between meetings of the Board of Directors and shall be subject at all times to the control and direction of the Board of Directors. The Executive Committee may meet at stated times or on notice to all committee members given any of their own number. Vacancies in the membership of the Executive Committee may be filled by the Board of Directors at a regular meeting or at a special meeting called for that purpose.

## **ARTICLE III**

### **Officers**

Section 3.1 General. The officers of this corporation shall be a President, a Secretary, a Treasurer and such other officers as the Board of Directors may from time to time designate. Officers shall be elected by the Board of Directors to serve for terms of one year and until their respective successors are chosen and have qualified. Any officer may at any time be removed by the Board of Directors with or without cause. The same person may hold more than one office the same time, except the offices of President and Treasurer. The officers need not be directors of this corporation.

Section 3.2 President. The President shall be the chief executive and operating officer in charge of all normal daily operations of this corporation and shall preside at all meetings of the Board of Directors. He or she shall be responsible for the general supervision, direction and management of the affairs of this corporation. He or she may execute on behalf of this corporation all contracts, deeds, conveyances and other instruments in writing which may be required or authorized by the Board of Directors for the proper and necessary transaction of the business of this corporation. He or she shall concern himself or herself with matters of long range policy, direction and growth, and shall perform such other duties as the Board of Directors may designate from time to time.

Section 3.3 Secretary. The Secretary shall keep accurate minutes of all meetings of the Board of Directors and shall be custodian of the records, documents and papers of this corporation. He or she shall provide for the keeping of proper records of all transactions of this corporation. He or she shall have and may exercise any and all other powers and duties pertaining by law, regulation or practice to the office of Secretary, or imposed by these Bylaws. He or she also shall perform such other duties as may be assigned to him or her from time to time by the Board of Directors.

Section 3.4 Treasurer. The Treasurer shall keep or cause to be kept full and accurate records showing all receipts and disbursements of this corporation and shall deposit or cause to be deposited all monies and their valuable effects of this corporation in its name and to its credit in such depository or depositories as may be designated by the Board of Directors from time to time. The disbursement of all funds of this corporation shall be submitted to and approved by the President or by the Treasurer and proper vouchers or receipts for all such disbursements or payments shall be taken from their recipient thereof. A full written report of all receipts and disbursements of money and property of this corporation shall be rendered to the directors at their annual meetings and at such other intervals as may be requested by them, showing the financial condition of this corporation in such detail and with such supporting schedules and explanatory statements as the Board of Directors may require or request; such annual or interim reports are to be made by the Treasurer, or on the Treasurer's behalf by the accountant or auditor selected each year by the Board of Directors as hereafter specified. The Treasurer shall perform

such other duties as may be assigned to him or to her from time to time by the Board of Directors.

Section 3.5 Vacancies. If any office shall become vacant by reason of death, resignation or otherwise, the Board of Directors shall elect a successor or successors to serve for the unexpired term or terms of the office or offices in which such vacancy occurs. In the event of the absence or disability of any officer of this corporation, the Board of Directors may designate such other officer or officers who shall exercise such powers and perform such duties for the time such other officer is absent or disabled.

Section 3.6 Compensation. The directors, as such, shall not receive compensation. The compensation of all officers and other agents or representatives performing services for this corporation requiring compensation shall be fixed by the Board of Directors by the concurring vote of not less than a majority of the directors in attendance at the meeting; but nothing herein contained shall be construed to preclude any director or other officer from serving this corporation in any other capacity and receiving compensation for the fair and reasonable value of the services rendered.

## **ARTICLE IV**

### Indemnification

Any person who at any time shall serve or shall have served as a director, officer or employee of this corporation, or of any other enterprise at the request of this corporation, and the heirs, executors and administrators of such person shall be indemnified by this corporation in accordance with, and to the fullest extent permitted, by Kansas law, as may be amended from time to time.

## **ARTICLE V**

### Miscellaneous

Section 5.1 Corporate Seal. The official seal of this corporation is shall be developed and affixed to corporate documents after development.

Section 5.2 Electronic communications. A director or committee member may participate in a meeting by any means of communication through which such person, other persons so participating, and all persons physically present at the meeting may simultaneously hear each other during the meeting. Participation in a meeting by that means constitutes presence in person at the meeting.

Section 5.3 Amendments. The Board of Directors may amend these Bylaws by adopting a resolution setting forth the amendment.

Section 5.4 Authority to borrow, encumber assets. No director, officer, agent or employee of this corporation shall have any power or authority to borrow money on its behalf, to pledge its credit or to mortgage or pledge its real or personal property except within the scope and to the extent of the authority delegated by resolutions adopted from time to time by the Board of Directors.

Section 5.5 Deposit of funds. All funds of this corporation shall be deposited from time to time to the credit of this corporation in such banks, trust companies, or other depositories as the Board of Directors may approve or designate, and all such funds shall be withdrawn only in the manner or matters authorized by the Board of Directors from time to time.



A majority of the Board of Directors hereby certify that the foregoing Bylaws were adopted as the complete Bylaws of this corporation by the Board of Directors of said corporation on this 23<sup>rd</sup> day of January, 2013.

/s/ Ralph Clevinger  
Ralph Clevinger – Chairman

/s/ Kathleen Clevinger  
Kathleen Clevinger – Chairman

/s/ Monica Kissick  
Monica Kissick – Executive Director

/s/ Eric Raplinger  
Eric Raplinger – Treasurer



**Attachment to Form 1023 and Schedules**  
**The Peter L Clevinger Memorial Foundation Inc**  
**EIN: 46-1845299**

**Part II.**

See Articles of Incorporation included herewith.  
See Bylaws included herewith.

**Part IV.**

Incorporated on January 23, 2013, The Peter L. Clevinger Memorial Foundation Inc. ("The Peter L. Clevinger Memorial Foundation") is a nonprofit corporation created with a passion to serve the greater good. With a mission to raise awareness and support for educational opportunities and youth education initiatives, the Peter L. Clevinger Memorial Foundation works to provide the hope and growth that are only possible through learning. Whether through academic scholarship funding or through fiscal support and leadership of other educational advancement programs, the Peter L. Clevinger Memorial Foundation spends each day working to ensure that each child has a chance to succeed through education.

The Peter L. Clevinger Memorial Foundation is incorporated as a non-profit entity in the state of Kansas. It was created in honor of the late Peter L. Clevinger. Peter passed tragically on January 20, 2013 while serving in the United States Air Force. Peter was a highly regarded athlete, friend, and confidant who touched many lives in his brief time on earth. The family and friends of Peter L. Clevinger decided that starting a foundation in his honor for the purpose of directing funds toward the provision of academic opportunity for others was the best way to honor his legacy.

A nonprofit organization incorporated in the state of Kansas, the Peter L. Clevinger Memorial Foundation has no employees and does not compensate any of its directors or officers. One hundred percent of all contributions to the Peter L. Clevinger Memorial Foundation are will be applied to the promotion for future or ongoing charitable activities and distributed to maximize educational opportunities through scholarships or other outreach initiatives

The Peter L. Clevinger Memorial Foundation desires to raise and funds for charitable purposes to both individuals and organizations. Distributions to individuals will be made in the form of educational scholarships. High schools students meeting certain eligibility criteria may be provided with educational assistance scholarships from the Peter L. Clevinger Memorial Foundation. This eligibility criteria will be publically provided to applicants prior to any individual grant disbursal. As of this time, no formal eligibility criteria has been developed.

All distributions by The Peter L. Clevinger Memorial Foundation will be designated for charitable purposes. Distributions made to individuals may be limited in scope. In addition, any contributions made to § 501(c)(3) organizations will only be allocated to funds or entities which support charitable, educational objectives.

The Peter L. Clevinger Memorial Foundation, Inc. also plans to allocate funds to IRC § 501(c)(3) organizations promoting educational opportunity. Such organizations include, but are not limited to, State universities' general scholarship funds, local organizations providing educational scholarships to individuals in need, or other organizations founded to provide educational opportunity. Organizations or non-profits engaging in any non-charitable and non-education purpose will be ineligible for receipt of The Peter L. Clevinger Memorial Foundation funds. At this time, there are no recipient organizations as no disbursements have been made. In the event that grant requests are solicited, contemplated and satisfied, the recipient organizations will be those that are §501(c)(3) entities designed to provide the resources necessary for educational opportunity.

All grant requests will be screened by a rigorous process. Directors will meet semi-annually to review the applications for funding. Distributions will be made semi-annually. Applications must be mailed or hand delivered, and must include certification of the requesting organization's § 501(c)(3) status. The Peter L. Clevinger Memorial Foundation will award grants for capital expenditures, for special projects, and for one time programs designed for educational purposes. Organizations requesting funding for a specific project are more likely to be awarded funding, as these requests are verifiable both for purpose and for fund-usage. Grants will be made at the discretion of the Board of Directors.

Any grant request must include a statement of total funds requested, the total funds required for the project, whether funds have already been committed to the project, and whether funds have already been allocated or raised. In addition, any grant request must include a statement as to whether the project will be on-going, whether additional funds will be required, the total number of youth who will be effected by the grant, whether the project duplicates the efforts of other organizations and how The Peter L. Clevinger Memorial Foundation will be recognized for its partnership should the grant be awarded.

If necessary and when comprised, the grant application will ask for the above statements as well as information relating to the date of the grant submission, the name of the organization requesting funds, the requesting organization's mission statement, contact information, tax identification number, a statement of the organizations history and a copy of its annual budget.

In addition, upon approval of a grant application, The Peter L. Clevinger Memorial Foundation will provide fund usage and a final report in cooperation with the Benedictine College Peter L. Clevinger Endowment.

#### **Part V.**

##### Line 2a.

Ralph and Kathleen Clevinger are presently married. Monica Kissick is the daughter of Ralph and Kathleen.

##### Line 3a.

The duties of the officers and trustees are performed solely on a volunteer basis. The Peter L. Clevinger Memorial Foundation does not maintain a record of the number of hours volunteered by each individual. The officers and directors plan to meet semi-annually and on an ad hoc basis to discuss items related to The Peter L. Clevinger Memorial Foundation operations. The estimated hours volunteered per year listed in the table below is based on meetings, discussions and ad hoc conversations related to The Peter L. Clevinger Memorial Foundation functions. In addition to performing duties as officers and directors, these individuals devote time to the planning of scholarship distributions, selection beneficiaries, conducting administrative processes and attending functions as a representative of The Peter L. Clevinger Memorial Foundation.

Name	Title	Qualifications & Duties	Estimated Hours Volunteered Per Year
Ralph Clevinger	Chairman	Preside over meetings and lead The Peter L. Clevinger Memorial Foundation in all matters relating to the public outreach, receipt of scholarship applicants, coordinating of website operations and commission of scholarship review committee. In the event that the foundation accepts grant applications in the future, will lead the review process for such applications. See Articles of Incorporation and Bylaws for more positional details.	75
Kathleen Clevinger	Chairman	Keep a complete and accurate record of all income and expenses, write checks on order of President, review annual budget and undertake additional administrative obligations. See Articles of Incorporation and Bylaws for more positional details.	75
Monica Kissick	Executive Director	In charge of fundraising activities for the foundation. Serve as organizational representative to general public at the discretion of the President. See Articles of Incorporation and Bylaws for more positional details.	75

Eric Raplinger	Treasurer	Lead all operations relating to § 501(c)(3) certification, corporation reporting responsibilities, filing of tax returns, and annual reports. See Articles of Incorporation and Bylaws for more positional details.	75

Line 4g.

Generally, a policy for setting reasonable compensation is not necessary because the officers, directors and volunteers for The Peter L. Clevinger Memorial Foundation perform services on a volunteer basis. Compensation of or distribution of funds to directors or officers is expressly prohibited within the adopted Bylaws.

Lines 5b and 5c.

A policy for setting reasonable compensation is not necessary because the officers, directors and volunteers for The Peter L. Clevinger Memorial Foundation perform services on a volunteer basis. Compensation of or distribution of funds to directors or officers is expressly prohibited within the Articles of Incorporation and adopted Bylaws.

**Part VI.**

Lines 1a, 1b

The Peter L. Clevinger Memorial Foundation provides funds for charitable purposes to both individuals and organizations. Distributions to individuals are made in the form of educational scholarships. High schools students meeting certain eligibility criteria may be provided with educational assistance scholarships from The Peter L. Clevinger Memorial Foundation. This eligibility criteria will be made publically available before any disbursements are made.

Where The Peter L. Clevinger Memorial Foundation receives contributions beyond that which are required to distribute through its annual scholarship programs, it plans to allocate those funds to IRC § 501(c)(3) organizations promoting educational opportunity. Such organizations include, but are not limited to, State universities' general scholarship funds, local organizations providing educational scholarships to individuals in need, or other organizations founded to provide educational opportunity. Organizations of non-profits engaging in any non-charitable and non-education purpose will be ineligible for receipt of The Peter L. Clevinger Memorial Foundation funds.

Line 2

All distributions by The Peter L. Clevinger Memorial Foundation will be designated for charitable purposes. Distributions made to individuals may be limited in scope. For example,

scholarship grants may be limited to Kansas City girls and boys high school soccer players who demonstrate a strong work ethic, respect for teammates, strong character and integrity, a willingness to put others before self, and who plan to enroll in a four-year college or university. In addition, any contributions made to § 501(c)(3) organizations will only be allocated to funds or entities which support charitable, educational objectives.

### **Part VIII.**

#### **Line 4a.**

The Directors of the Peter L. Clevinger Memorial Foundation will be conducting our 2nd annual golf outing in 2014 to continue to raise funds for the organizations charitable initiatives. The continuation of our primary fund raiser will see all proceeds towards the charitable purpose of the organization. Primarily in 2014, the Benedictine College, Peter L. Clevinger Soccer Scholarship Endowment is intended to support need based students.

#### **Line 4d.**

Kansas City, Kansas  
Kansas City, Missouri  
The Peter L. Clevinger Memorial Foundation fundraises solely on its own behalf.

#### **Lines 13b-13g.**

At this time, The Peter L. Clevinger Memorial Foundation does not and has not offered grants, loans, or other distributions to other organizations. The sole activities undertaken by The Peter L. Clevinger Memorial Foundation in its own name and under its own auspices.

In the event that The Peter L. Clevinger Memorial Foundation receives funds beyond that necessary for the allotment of scholarships to individuals (as discussed within explanations for Part IV, Lines 1 and 2), The Peter L. Clevinger Memorial Foundation contemplates a procedure by which it will solicit grant applications for charitable, educational support activities. Because The Peter L. Clevinger Memorial Foundation is designed expressly for the provision of charitable support for educational purposes and individuals in need of educational opportunity, any issuance of grants will be designated in services of that purpose.

In the event that grant requests are solicited, contemplated and satisfied, the recipient organizations will be those that are §501(c)(3) entities designed to provide the resources necessary for educational opportunity. Such organizations include local organizations designed to provide books to scholastic libraries, local scholarship funds or any other organizational objective designed to increase academic advancement for those who would not otherwise have such opportunity.

All grant requests will be screened by a rigorous process. Directors will meet semi-annually to review the applications for funding. Distributions will be made semi-annually.

Applications must be mailed or hand delivered, and must include certification of the requesting organization's § 501(c)(3) status. ]The Peter L. Clevinger Memorial Foundation will award grants for capital expenditures, for special projects, and for one time programs designed for educational purposes. Organizations requesting funding for a specific project are more likely to be awarded funding, as these requests are verifiable both for purpose and for fund-usage. Grants will be made at the discretion of the Board of Directors.

Any grant request must include a statement of total funds requested, the total funds required for the project, whether funds have already been committed to the project, and whether funds have already been allocated or raised. In addition, any grant request must include a statement as to whether the project will be on-going, whether additional funds will be required, the total number of youth who will be effected by the grant, whether the project duplicates the efforts of other organizations and how The Peter L. Clevinger Memorial Foundation will be recognized for its partnership should the grant be awarded.

If necessary and when comprised, the grant application will ask for the above statements as well as information relating to the date of the grant submission, the name of the organization requesting funds, the requesting organization's mission statement, contact information, tax identification number, a statement of the organizations history and a copy of its annual budget.

In addition, upon approval of a grant application, The Peter L. Clevinger Memorial Foundation will provide fund usage and a final report in cooperation with the Benedictine College Peter L. Clevinger Endowment.

### **Part X**

#### **Line 1b.**

Pursuant to § 508(e), and IRS Publication 557, the Articles of Incorporation of The Peter L. Clevinger Memorial Foundation include all requisite language. In addition, in accordance with IRS Revenue Ruling 75-38, 1975-1 C.B. 161, charter requirements are further satisfied through Kansas law's requiring that The Peter L. Clevinger Memorial Foundation. act or refrain from acting so as not to subject the foundation to the taxes imposed on prohibited transactions.

### **Schedule H**

#### **Lines 1-7.**

The purpose of all scholarship distributions by The Peter L. Clevinger Memorial Foundation is to maximize educational opportunities through direct financial support. Named in



honor of the deceased Peter L. Clevinger, an ardent supporter of social development through educational opportunity, scholarships and grants will be given annually to Kansas City students who epitomize these values.

At this time, The Peter L. Clevinger Memorial Foundation exclusively plans to award scholarships to Kansas City high school students who plan to attend college or university at an accredited academic institution. Recipients are high school-graduating, former high school athletics participants in Kansas City who, based on a review committee including the high school's athletic director, the Directors of The Peter L. Clevinger Memorial Foundation, meet the following eligibility requirements:

- Demonstrated admission to attend college or university after high school graduation
- Student of the game
- Strong work ethic
- Respect for teammates
- Strong character and integrity
- Willingness to put others before self

Upon selection, checks will be issued by The Peter L. Clevinger Memorial Foundation directly to the institution of higher education that the recipient plans to attend. Checks are made on behalf of the recipient and are allocated to the cost of their tuition, room, board, or other expenses governed by and paid to the University itself. The selection committee will, into the future, reflect those persons serving as directors and officers of The Peter L. Clevinger Memorial Foundation and those persons subsequently filling Kansas City high school athletic director positions.

If contributions allow for it, The Peter L. Clevinger Memorial Foundation desires to grant scholarships to Kansas City students in each of the next three years. Scholarship amounts are designed to reflect the average cost of books for a single year of college at a normal four year academic institution. Scholarship amounts will not decrease for the same of multiplying the total amount of scholarships given unless overall charitable contributions to The Peter L. Clevinger Memorial Foundation significantly decrease in subsequent years. In addition, scholarships are one-time payments to the academic institution of the individuals choice and that they will attend; no subsequent scholarships or disbursements are provided beyond the initial The Peter L. Clevinger Memorial Foundation contribution.

At this time, The Peter L. Clevinger Memorial Foundation does not offer grants, loans, or other distributions to other organizations. In the event that The Peter L. Clevinger Memorial Foundation receives funds beyond that necessary for the allotment of scholarships to individuals (as discussed within explanations for Part IV, Lines 1 and 2), The Peter L. Clevinger Memorial Foundation contemplates a procedure by which it will solicit grant applications for charitable, educational support activities. Because The Peter L. Clevinger Memorial Foundation is designed expressly for the provision of charitable support for educational purposes and individuals in need of educational opportunity, any issuance of grants will be designated in services of that purpose.

At this time, there are no recipient organizations. In the event that grant requests are solicited, contemplated and satisfied, the recipient organizations will be those that are §501(c)(3) entities designed to provide the resources necessary for educational opportunity.

All grant requests will be screened by a rigorous process. Directors will meet semi-annually to review the applications for funding. Distributions will be made semi-annually. Applications must be mailed or hand delivered, and must include certification of the requesting organization's § 501(c)(3) status. The Peter L. Clevinger Memorial Foundation will award grants for capital expenditures, for special projects, and for one time programs designed for educational purposes. Organizations requesting funding for a specific project are more likely to be awarded funding, as these requests are verifiable both for purpose and for fund-usage. Grants will be made at the discretion of the Board of Directors.

Any grant request must include a statement of total funds requested, the total funds required for the project, whether funds have already been committed to the project, and whether funds have already been allocated or raised. In addition, any grant request must include a statement as to whether the project will be on-going, whether additional funds will be required, the total number of youth who will be effected by the grant, whether the project duplicates the efforts of other organizations and how The Peter L. Clevinger Memorial Foundation will be recognized for its partnership should the grant be awarded.

If necessary and when comprised, the grant application will ask for the above statements as well as information relating to the date of the grant submission, the name of the organization requesting funds, the requesting organization's mission statement, contact information, tax identification number, a statement of the organizations history and a copy of its annual budget.

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# For Pete's Sake



## 2<sup>nd</sup> Annual Golf Tournament Registration Form

**About Peter** Peter Clevinger was a beloved son, dedicated brother, accomplished Benedictine College soccer player, loyal US Battlefield Airman and friend to all. Peter passed away tragically and unexpectedly on January 20<sup>th</sup>, 2013 at the age of 25.

**Our Mission** Peter was a blessing to everyone he encountered and his family and friends are committed to commemorating his legacy.

**Tournament Proceeds** All proceeds will benefit the Peter L. Clevinger Memorial Foundation. A scholarship has been established in Peter's name at his alma mater, Benedictine College.

VISIT OUR WEBSITE FOR MORE INFORMATION: [www.peterLclevinger.com](http://www.peterLclevinger.com)

### Tournament Information

Like us on Facebook: [www.facebook.com/ForPetesSakeGolfTournament](http://www.facebook.com/ForPetesSakeGolfTournament)

# Saturday August 16<sup>th</sup>, 2014

11 A.M. Registration • Noon Shotgun Start

## Hillcrest Country Club

8200 Hillcrest Road • Kansas City, Missouri 64138

4-person Scramble | Hole-in-One Prizes | Food and Beverages Provided

Silent Auction | Gift Bag | Awards Dinner

**Sponsorships Available**

(Complete registration on reverse side)

## Sponsorship Levels

### Raven Level – \$10,000

- 4 Golf Foursomes
- Recognition as Raven Level on website and rule pamphlet
- Feature recognition on signage at registration
- Signage at 2 holes and 2 greens
- Large logo on T-shirt
- Signage throughout clubhouse and golf course

### Saint Level – \$5,000

- 2 Golf Foursomes
- Recognition as Saint Level on website and rule pamphlet
- Feature recognition on signage at registration
- Signage at 2 holes
- Featured logo on T-shirt
- Signage throughout clubhouse and golf course

### Legend Level – \$3,000

- 1 Golf Foursome
- Recognition as Legend Level on website and rule pamphlet
- Feature recognition on signage at registration
- Signage at 1 hole
- Featured logo on T-shirt
- Logo on beverage carts

### Strike Force Level – \$1,000

- 1 Golf Foursome
- Recognition as Strike Force Level on website and rule pamphlet
- Feature recognition at awards dinner
- Signage at 1 hole
- Featured logo on T-shirt

### Golf Foursome – \$500

- 4-person Scramble
- Food and Beverage
- Gift bag
- Awards dinner tickets

### Non-Golfer Level – \$300

- No golf included
- Recognition on course signage
- Recognition in rule pamphlet
- 2 award dinner tickets

### Award Dinner Ticket – \$40

- Award dinner admittance
- Silent auction participation

### All Donations Welcome

- If you're not a golfer or can't make the event, but still want to donate feel free to fill in any amount below. No minimum or maximum giving level required.

**Also accepting  
silent auction  
donations!**

(see contact information  
below if interested)

## Tournament Registration

Company Name \_\_\_\_\_ Sponsorship Category \_\_\_\_\_  
(If Applicable)

Address \_\_\_\_\_

1. Player Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email \_\_\_\_\_  
(Team Captain)

2. Player Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

3. Player Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

4. Player Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

Mulligans (\$20per stroke; 4 stroke maximum): \_\_\_\_\_

Total Amount Included: \$ \_\_\_\_\_

Payment Enclosed       Credit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CSV \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Day Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Registration Deadline: July 31<sup>st</sup>, 2014 (SPOTS ARE LIMITED AND FILL UP FAST!)**

Please make checks payable to: Peter L. Clevinger Memorial Foundation

Return complete player registration and payment to: 22052 W. 66<sup>th</sup> Street #107 | Shawnee, KS 66226

Registration complete once payment received in full | Cash, check or credit will be accepted during silent auction

Contact Monica Clevinger Kissick with any questions ([monica.kissick@gmail.com](mailto:monica.kissick@gmail.com) | 913-220-9393)

**Your support in honoring Peter and commemorating his legacy is truly appreciated!**



## OFFICE OF ADVANCEMENT

February 20, 2014

Mr. and Mrs. Ralph L. Clevinger  
21710 W 61st St  
Shawnee, KS 66218-9467

Dear Ralph and Kathy:

At Benedictine College, we treasure both the gift and the giver. So, we want to say "thank you," not only for your generous donation of \$5,000.00 toward the Peter L. Clevinger Endowment, but for your continuing friendship with the College.

We believe that your gift has honored your special friend or loved one. In the case of the dearly departed, it has preserved that person's name in Benedictine's memory. Your gift is a great way to pay tribute—and we invite you to check in with us from time to time to verify that your generosity has, in fact, made a difference in someone's life.

Each of our students needs a strong foundation to become leaders, not only in their chosen professions, but in our communities as well. Your gift helps our students pave the road for their future.

So, we join them in once again saying "thank you."

Sincerely,

Ms. Kelly J. Vowels  
Vice President for Advancement



### BENEDICTINE COLLEGE

1020 North Second Street Atchison KS 66002-1499  
913.360.7418 or 1.800.766.0078

#### Official receipt

Gift Date: 2/14/2014  
Gift Amount: \$5,000.00 (Cash)

#### Thank You!!

Thank you for your kind gift in support of Benedictine College. No goods or services were provided in exchange for your contribution. Please retain this official receipt for your tax records. Gifts to Benedictine College are tax deductible within federal guidelines.

Mr. and Mrs. Ralph L. Clevinger  
Peter L. Clevinger Memorial  
21710 W 61st St  
Shawnee, KS 66218-9467