Form 1024

(Rev. September 1990) Department of the Treasury Internal Revenue Service

Application for Recognition of Exemption Under Section 501(a)

OMS No. 1545-0057

If elietrof status is approved. This application will be open for public respection.

Read the instructions for each Part carefully. A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization.

Complete the Procedural Checklist on page 6 of the instructions.

	Complete the	Procedural Checklist o	n page 6 of the instri	uctions.	
Part I, Identification of A Submit only the		st be completed by all olies to your organization			ile.)
Check the appropriate box b	elow to indicate the	section under which the or	ganization is applying:		
a Section 501(c)(2)-	-Title holding corpor	ations (Schedule A. page 7)			
	Civic leagues, social hedule B, page 8)	welfare organizations (inclu	iding certain war weterans	' organizations), or local as	socrations of
c Section 501(cl(5)-	Labor, agricultural, i	or horticultural organization	is (Schedule C, page 9)		
d Section 501(c)(6)-	-Business leagues, ch	ambers of commerce, etc.	(Schedule C, page 9)		
# 5ection 501(c)(7)-	-Social clubs (Schedu	ile D, page 11)			
f Section 501(c)(8)-	-Fraternal beneficiary	societies, etc., providing life	sick, accident, or other be	nefits to members (Schedul	i. E, page 13)
		s' beneficiary associations (CONTRACTOR OF THE PERSON OF TH		
1072 (\$200 0000 000 000 000 000 000 000 000 00		societies, orders, etc., not p	STATE OF THE PARTY		
	—Senevolent life ins like organizations (Se	urance associations, mutual chedule G, page 15)	ditch ar Inigation compa	nies, mutual or cooperative	telephone
하다 하고 하지 않아 아이 나가 없었다.		toria, and like corporations	The state of the s	spen unit reservance	
AND 1240 - COLUMN AND TOWNS IN		companies or associations, o		010 Table 1 (100 T	Part William
		the payment of supplemen	THE RESERVE OF THE PARTY OF THE		Total March College of the same
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	chary unit, etc., or past or presi erations or trusts (Schedule		ces of the United States (Sche	due a, page 180
1a Full name of organizar			n page er	2 Employer Identification	on number (EIN) of
CALCULATION OF THE PARTY.	a race view in the		and the same	none, see Specific In	
NATIONAL ASSOC	IATION OF GO	VERNMENT EMPL	OYEES	EIN nur	nber
The c/o Name (If applicable	et:			3 Name and telephone	
Jon Doe (Local Pr	esident or Tre	asurer)		contacted if additional	Information is needed
Local' Address (number and	street)		Room/Suite	phone num	ber
Id City, town or post offi- Instructions for Part Local' Address		If you liave a foreign add	ress, see Specific	70 W	
Te. Web site address		4 Month the annual	ccounting period ends	5 Date incorporated	or formed
		Decemb		January	
5 Did the organization post if "Yes," attach an exp		ration of exemption under the	y Code section or under any	other section of the Coide?	▼ Yes □ No
		ax returns or exempt organ , and Internal Revenue offic		98 182 182 183	□ Yes ☑ No
8 Check the box for the THE APPLICATION BEF		ATTACH A CONFORMED O	COPY OF THE CORRESPON	DING ORGANIZING DOCUM	MENTS TO
		Articles of Incorporation (inc sal; also attach a copy of th	없게 되면 어린 사람들이 하이라 그렇지만 살아가 있었다.	restatements) showing app	roxal by the
b ☐ Trust—	Attach a copy of the	rust Indenture or Agreeme	nt, including all appropriat	te signatures and dates.	
	other evidence that the	rtides of Association, Constitute organization was formed by			
	of the bylaws, or an unincorporates	fassociation that has not y	et adopted bylava, check l	nere	× 17
i declare under this application	the penalties of perjury	that I am authorized to sign thi nying schedules and attachmer	application on behalf of the	above organization, and	that I have examined discomplete.
SIGN X Signat	ure		print name		
HERE	(Signature)		(Type or print name and 5	sie or authority of signer!	(Date)

Attachment

Form 1024

Part I - Line 6

Our organization, (Name of Local) as an affiliated local/union of the National Association of Government Employees had previously been recognized as an exempt organization under the Group Exemption number (#500-001) of the National Association of Government Employees.



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Part II. Activities and Operational Information

(Must be completed by all applicants)

Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The sole purpose of NAGE Local ______ is to represent the working conditions and needs of the bargaining unit employees of the ______. This activity consumes 100% of the organization's time. This is accomplished in the form of partnering with others labor organizations and participating with various labor/management committee, contract negotiations & enforcement.



2. List the organization's present and future sources of financial support, beginning with the largest source first.

Our present, future and only means of financial support are supplied in the form of union dues collected from our locals' members. These dues are directly sent to the NAGE headquarters located in Quincy, Massachusetts. Our locals' source of income is per capita paid form members dues.

Form 1824 (Rev. IFS6) Page 3

David H	A stimiting and	Descriptional	information	(continued)
erant III.	Activities and	Goerational	informasion	(continued)

3	Give the following in	formation about t	the organization's governing body:	
			7	

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
President	n/a
Vice President	n/a
Treasurer	n/a
Chief Shop Steward	n/a
Secretary	n/a

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

n/a

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).
n/a

6 If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) If any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.

n/a

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

Sole qualification is employment in the local's bargaining unit. Class of members are by definition bargaining unit employees. There is no other class of membership, all dues paying members have voting rights. There is no membership solicitation.

8 Explain how your organization's assets will be distributed on dissolution.

n/a

- 411	cir, activities and operational information (continued)			
g	Has the organization made or does it plan to make any distribution of its property or surplus funds to shareholders or members? If "Yes," state the full details, including: (1) amounts or value; (2) source of funds or property distributed or to be distributed; and (3) basis of, and authority for, distribution or planned distribution.	. [□ Yes	₩ Ne
10	Does, or will, any part of your organization's receipts represent payments for services performed or to be performed? If "Yes," state in detail the amount received and the character of the services performed or to be performed.	7/2	☐ Yes	☑ No
11	Has the organization made, or does it plan to make, any payments to members or shareholders for services performed or to be performed? If "Yes," state in detail the amount paid, the character of the services, and to whom the payments have been, or will be, made.	. [☐ Yes	₽ Ne
12	Does the organization have any arrangement to provide insurance for members, their dependents, or others lincluding provisions for the payment of sick or death benefits, pensions, or annuities? If "Yes," describe and explain the arrangement's eligibility rules and attach a sample copy of each plan document and each type of policy issued.	Ī	☐ Yes	✓ No
13	Is the organization under the supervisory jurisdiction of any public regulatory body, such as a social welfare agency, etc.3	. [□ ves	✓ Ne
14	Does the organization now lease or does it plan to lease any property? If "Yes," explain in detail, include the amount of rent, a description of the property, and any relationship between the applicant organization and the other party. Also, attach a copy of any rental or lease agreement, (If the organization is a party, as a lessor, to multiple leases of rental real property under similar lease agreements, please attach a single representative copy of the leases.)	225	☐ Yes	₩ No
15	Has the expanization spent or does it plan to spend any money attempting to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office or to an office in a political organization? If "Yes," explain in detail and list the amounts spent or to be spent in each case.	·I	□ Yes	₹ No
16	Does the organization publish pamphlets, brochures, newsletters, journals, or similar printed material? If "Yes," attach a recent copy of each.	. [☐ Yes	No No

Part III. Financial Data (Must be completed by all applicants)

Complete the financial statements for the current year and for each of the 3 years inimediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

_	A. Statem	ent of Revenue	and Expenses	2	Non-to-ben-ben-ben-ben-ben-ben-ben-ben-ben-ben	
		taj Corrent Tax Year	A Price Tax Years	or Proposed Budget to	r Next 2 Years	
	Revenue	From 1/1/11 10 12/31/11	1/1/10 to 12/31/10	7/7/09	1/1/08 uti 12/31/08	ini Total
6	(Local's per capita)	THE PROPERTY OF	AN ORENES ASSOCIATION	o life and the later	HIII CONTRACTOR	titi totat
1	Gross dues and assessments of members					
2	Gross contributions, gifts, etc.			1	1	
3	Gross amounts derived from activities related to the organization's exempt purpose (attach schedule) (Include related cost of sales on line 9)					
4	Gost amounts from unrelated fromess activities (attach schedale)					
5	Gain from sale of assets, excluding inventory items (attach schedule)					
5	Investment income (see page 3 of the instructions)					
7	Other revenue (attach schedule)					
B	Total sevenue (add lines 1 through 7) Expenses			1		
9	Expenses attributable to activities related to the organization's exempt purposes			0 14	115	
o	Expenses attributable to unrelated business activities					
1	Contributions, gifts, grants, and similar amounts paid (attach schedule)					
2	Didumements to or for the beselft of members (attach schedule)	San San File				
1	Compensation of officers, directors, and trustees (attach when te)					
4	Other salaries and wages					
5	Interest					
6	Occupancy					
7	Depreciation and depletion	100				
8	Other expenses (attach schedule)	-				
9	Total expenses (add lines 9 through 18)					
0	Excess of revenue over expenses (line 8 minus					-
	line (9)					
	B. Balance Shee	t (at the end of	the period sho	own)	0.	
		Assets			St to	ert Tex Year
î.	Cash	ecce ecce ecce	4000 HOUR H	con more econo	1	
2	Accounts receivable, net		- ((영 - 항상 - 1	30 FB FB	2	
3	Inventories		A1118 MILIS M	THE RESERVE ACTIVE	3	
4	Bonds and notes receivable (attach schedule)		- ((영 - 항상 - 1	30 FB FB	4	
5	Corporate stocks (attach schedule)		#1178 H118 H	THE RESERVE ACTIVE	5	
5	Mortgage loans (attach schedule)		- ((영 - 중앙 - 5	30 FB FB	6	
7	Other investments (attach schedule)		*****		7	
B	Depreciable and depletable assets (attach schedulet	보닷 깊이 깊이	- [(영 - 닭장 - [R R R	8	
9	Land		4004 0004 0		9	
0	Other assets (attach schedule)	경기 경기 경기	- [(영 - 및장 -]	R R R	10	
1	Total assets		4004 0004 0		11	
	PARAMETER DOLL DOLL BUT BUT BUT INDIG	Liabilities	Inn Des E	365 150 1500	12	
2	Accounts payable	100 100 100	110 DE I	S. 185 185	is is in	
3	Contributions, gifts, grants, etc., payable	\$100 \$100 B100	\$155 B116 B	THE RIPS ROOM	14	
4	Mortgages and notes payable (attach schedule)	196 196 196	110 DE I	S. 186 186	15	
5	Other liabilities (attach schedule)	\$100 \$100 \$100	\$155 E156 E	THE RIPS ROOM	10	
6		nces or Net Ass	ets	52 155 155	SST PSTB	
7	Total fund balances or net assets Total liabilities and fund balances or net assets	Constitution of the Constitution	Mary 1	02 105 106 1	17	
-0	A STATE OF THE PROPERTY AND A PROPERTY OF THE	THE RESERVE TO STREET	THE RESERVE OF THE PARTY OF THE			

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above,

check the box and attach a detailed explanation

Pari	t IV. Notice Requirements (Sections 501(c)(9) and 501(c)(17) Organizations Only)	
1	Section 501(c)(9) and 501(c)(17) organizations:	
	Are you filing Form 1024 within 15 months from the end of the month in which the organization was created or formed as required by section 505(c)?	□ No
	If "Yes," skip the rest of this Part.	
	If "No," answer question 2.	
2	If you answer "No" to question 1, are you filing Form 1024 within 27 months from the end of the month in which the organization was created or formed?	□ No
	If "Yes," your organization qualifies under Regulation section 301,9100-2 for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 3- and 4.	
	If "No," answer question .I.	
1	If you answer "No" to question 2, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301,9100-37.	□ No
	If "Yes," give the reasons for not filing this application within the 27-month period described in question 2. See Specific Instructions, Part IV, Line 3, page 4, before completing this item. Do not answer question 4.	
	If "No," answer question 4.	
4	If you answer "No" to question 3, your organization's qualification as a section 501(c)(9) or 501(c)(17) organization can	
	be recognized only from the date this application is filled. Therefore, does the organization want us to consider its application as a request for recognition of exemption as a section 501(c)(9) or 501(c)(17) organization from the date the application is received and not retroactively to the date the organization was created or formed? Ves	□ No

Sch	nedule A	Organizations described in section 501(c)(2) or 501(c)(25) (Title holding corporations or trust	ts)	7.0
1		replete hame, address, and EIN of each organization for which title to property is held and the number and type of t panization's stock held by each organization.	ts	
2		excess of revenue over expenses has not been or will not be turned over to the organization for which title to project purpose for which the excess is or will be retained by the title holding organization.	oper	y is
3	shown in its	If a corporation described in section 501(c)(2), state the purpose of the organization for which title to property governing instrument) and the Code sections under which it is classified as exempt from tax. If the organization his ion or ruling letter recognizing it as exempt from taxation, please attach a copy of the letter.	is held (as eccived
4	501(c)(25)(C)	If a corporation or trust described in section 501(c)(25), state the basis whereby each shareholder is described in . For each organization described that has received a determination or ruling letter recognizing that organization n, please attach a copy of the letter.	secti as exc	
5	a Is any re	to the activities of the organization, nt received attributable to personal property leased with real property? what percentage of the total rent, as reported on the financial statements in Part III, is attributable to property?	□ Yes	□No
	income If "Yes,"	organization receive income which is incidentally derived from the holding of real property, such as from operation of a parking lot or from vending machines? what percentage of the organization's gross income, as reported on the financial statements in Part III, is ally derived from the holding of real property?	☐ Yes	□No
	property	organization receive income other than rent from real property or personal property leased with real or income which is incidentally derived from the holding of real property?	☐ Yes	□No
		Instructions		
		the requested information on each organization for that describes the organization (as shown in its IRS det organization holds title to property. Also indicate letter).	erminatio	n

the number and types of shares of the applicant organization's stock that are held by each.

Line 2.— For purposes of this question, "excess of revenue over expenses" is all of the organization's income for a particular tax year less operating expenses.

Line 3.— Give the exempt purpose of each organization that is the basis for its exempt status and the Internal Revenue Code section

Line 4.— Indicate if the shareholder is one of the following:

- 1. A qualified pension, profit-sharing, or stock bonus plan that meets the requirements of the Code;
- 2. A government plan;
- 3. An organization described in section 501(c)(3); or
- 4. An organization described in section 501(c)(25).

Form I		

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	had	ula	

Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)

1 Has the internal Revenue Service previously issued a ruling or determination letter recognizing the applicant organization for any predecessor organization listed in question 4, Part II of the application) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that the applicant organization (or its predecessor) was carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity?

Yes No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

2 Does the organization perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium: buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings?

☐ Yes ☐ No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also, explain in detail the nature of the benefits to the general public from these activities, (if the answer to this question is explained in Part II of the application (pages 2, 3, and 4), enter the page and item number here.)

3 If the organization is claiming exemption as a homeowners' association, is access to any property or facilities it owns or maintains restricted in any way?

Yes 🗆 t

If "Yes," explain:

4 If the organization is claiming exemption as a local association of employees, state the name and address of each employer whos are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible give the address of each plant or office.

e employees for membership,

Sc	nedule C	Organizations described in section 501(c)(5) (Labor, agricultural, including fishermen's organizations, or horticultural organizations) or section 501(c)(6) (business leagues, chambers of commerce, etc.)	
1	Describe any contained in	services the organization performs for members or others. (If the description of the services is Part II of the application, enter the page and item number here.)	
	Page 2-	items 1 & 2	
2	Fishermen's by those elig	organizations only.—What kinds of aquatic resources (not including mineral) are cultivated or harvested sible for membership in the organization?	
	n/a		
	T22 15	zations only—Is the organization organized under the terms of a collective bargaining agreement?	□ No
3		zations only—It the organization organized under the terms of a collective bargaining agreement? Yes	LI NO

Sch	ledule D Organizations described in section 501(c)(7) (Social clubs)
j	Has the organization entered or does it plan to enter into any contract or agreement for the management or operation of its property and/or activities, such as restaurants, pro shops, lodges, etc.?
	If "Yes," attach a copy of the contract or agreement. If one has not yet been drawn up, please explain the organization's plans.
2	Does the organization seek or plan to seek public patronage of its facilities or activities by advertisement or otherwise? — Yes — No If "Yes," attach sample copies of the advertisements or other requests. If the organization plans to seek public patronage, please explain the plans.
3a	Are nonmembers, other than guests of members, permitted or will they be permitted to use the club facilities or participate in or attend any functions or activities conducted by the organization? If "Yes," describe the functions or activities in which there has been or will be nonmember participation or admittance. [Submit a copy of the house rules, if any.]
b c d	State the amount of nonmember income included in Part III of the application, lines 3 and 4, column (a) Enter the percent of gross receipts from nonmembers for the use of club facilities Enter the percent of gross receipts received from investment income and nonmember use of the club's facilities 9
48	Does the organization's charter, bylaws, other governing instrument, or any written policy statement of the organization contain any provision that provides for discrimination against any person on the basis of race, color, or religion?
b	If "Yes," state whether or not its provision will be kept.
¢	If the organization has such a provision that will be repealed, defeted, or otherwise stricken from its requirements, state when this will be done.
d	If the organization formerly had such a requirement and it no longer applies, give the date it ceased to apply
e	If the organization restricts its membership to members of a particular religion, check here and attach the explanation specified in the instructions.

Instructions

Line 1.— Answer "Yes," if any of the organization's property or activities will be managed by another organization or company.

Lines 3b, c, and d.— Enter the figures for the current year. On an attached schedule, furnish the same information for each of the prior tax years for which you completed Part III of the application.

Line 4e.— If the organization restricts its membership to members of a particular religion, the organization must be:

I. An auxiliary of a fraternal beneficiary society that:

- a. Is described in section 501(c)(8) and exempt from tax under section 501(a), and
- b. Limits its membership to members of a particular religion; or
- A club that, in good faith, limits its membership to the members of a particular religion in order to further the teachings or principles of that religion and not to exclude individuals of a particular race or color.

If you checked 4e, your explanation must show how the organization meets one of these two requirements.



Schedule E		Organizations described in section 501(c)(8) or 501(c)(10) (Fraternal societies, orders, or associations)					
į		ration a college fraternity or sorority, or chapter of a college fraternity or sorority?	☐ Yes	□No			
2		our organization operate under the lodge system? or will it operate for the exclusive benefit of the members of an organization operating under the lodge	☐ Yes	No			
			☐ Yes	No			
3	If "Yes," attac	tation a subordinate or local lodge, etc.? The a certificate signed by the secretary of the parent organization, under the seal of the organization, if the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.	☐ Yes	No			
4	If "Yes," attac	ration a parent or grand lodge? The a schedule for each subordinate lodge in active operation showing: (a) its name and address; (b) of members in it; and (c) how often it holds periodic meetings.	☐ Yes	□No			

Instructions

Line 1.— To the extent that they qualify for exemption from Federal income tax, college fraternities and sororities generally qualify as organizations described in section 501(c)(7). Therefore, if the organization is a college fraternity or sorority, refer to the discussion of section 501(c)(7) organizations in Pub. 557. If section 501(c)(7) appears to apply to your organization, complete Schedule D instead of this schedule.

Line 2.— Operating under the lodge system means carrying on activities under a form of organization that is composed of local branches, chartered by a parent organization, largely self-governing, and called lodges, chapters, or the like.

Scl	nedule F	Organizations described in section 501(c)(9) (Voluntary employees' beneficiary associations)
(4		enefits available to members, include copies of any plan documents that describe such benefits and the fittions of eligibility for each benefit.
2	Are any empl not entitled? If "Yes," expla	yees or classes of employees entitled to benefits to which other employees or classes of employees are
3		ing information for each plan as of the last day of the most recent plan year and enter that date here. If
		100 (max) (bloy) - (yr.)
a		of persons covered by the plan who are highly compensated individuals (See instructions below.)
ь		er employees covered by the plan
ď	Number of er Total number	playees not covered by the plan
		the total of a, b, and c—if not, explain any difference. Describe the eligibility requirements that prevent es not covered by the plan from participating.
4	State the num	er of persons, if any, other than employees and their dependents (e.g., the proprietor of a business whose

Instructions

Line 3a.— A "highly compensated individual" is one who:

employees are members of the association) who are entitled to receive benefits

- (a) Owned 5% or more of the employer at any time during the current year or the preceding year.
- (b) Received more than \$80,000 (adjusted for inflation) in compensation from the employer for the preceding year, and
- (c) Was among the top 20% of employees by compensation for the preceding year. However, the employer can choose not to have (c) apply.

Sc!	or irrigation companies, mutual or cooperative telephone companies, or like organizations)
a b	Attach a schedule in columnar form for each tax year for which the organization is claiming exempt status. On each schedule: Show the total gross income received from members or shareholders. List, by source, the total amounts of gross income received from other sources.
2	If the organization is claiming exemption as a local benevolent insurance association, state: The counties from which members are accepted or will be accepted.
ь	Whether stipulated premiums are or will be charged in advance, or whether losses are or will be paid solely through assessments
3	If the organization is claiming exemption as a "like organization," explain how it is similar to a mutual ditch or inigation company, or a mutual or cooperative telephone company.
4	Are the rights and interests of members in the organization's annual savings determined in proportion to their business with it? If "Yes," does the organization keep the records necessary to determine at any time each member's rights and interests in such savings, including assets acquired with the savings? Yes No
5	If the organization is a mutual or cooperative telephone company and has contracts with other systems for long-distance telepho ne services, attach copies of the contracts.

Instructions

Mutual or cooperative electric or telephone companies should show income received from qualified pole rentals separately. Mutual or cooperative telephone companies should also show separately the gross amount of income received from nonmember telephone companies for performing services that involve their members and the gross amount of income received from the sale of display advertising in a directory furnished to their members.

Do not net amounts due or paid to other sources against amounts due or received from those sources.

Scl	nedule H Organizations described in section 501(c)(13) (Cemeteries, crematoria, and like corporations)
1	Attach the following documents:
a	Complete copy of sales contracts or other documents, including any "debt" certificates, involved in acquiring cemetery or crematorium property.
Ь	Complete copy of any contract your organization has that designates an agent to sell its cemetery lots.
ē	A copy of the appraisal (obtained from a disinterested and qualified party) of the cemetery property as of the date acquired.
2	Does your organization have, or does it plan to have, a perpetual care fund? If "Yes," attach a copy of the fund agreement and explain the nature of the fund (cash, securities, unsold land, etc.)
3	If your organization is claiming exemption as a perpetual care fund for an organization described in section 501(c)(13), has the cemetery organization, for which funds are held, established exemption under that section? , , , , , ,

Schedule I	Organizations described in section	501(c)(15) (Small insurance companies or as	sociations?

	is the organization a member of a controlled group of corporations as defined 1563(b)(2)(B) in determining whether the organization is a member of a con-				Yes 🗆 N
	If "Yes," include on lines 2 through 5 the total amount received by the organicontrolled group.	ization and all other mem	bers of the		
	If "No," include on lines 2 through 5 only the amounts that relate to the app	licant organization.			
		(a) Current Year		3 Prior Tax Years	
			ibi.	der.	idi
		From	col125:11		
2	Direct written premiums				
2	Direct written premiums				
3	STANDARD TO THE CONTROL OF THE CONTR		collibut		
2 3 4 5	Reinsurance assumed		<u> </u>		

Instructions

Line 1.— Answer "Yes," if the organization would be considered a member of a controlled group of corporations if it were not exempt from tax under section 501(a). In applying section 1563(a), use a "more than 50%" stock ownership test to determine whether the applicant or any other corporation is a member of a controlled group.

Line 2.— In addition to other direct written premiums, include on line 2 the full amount of any prepaid or advance premium in the year the prepayment is received. For example, if a \$5,000 premium for a 3-year policy was received in the current year, include the full \$5,000 amount in the Current Year column.

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Organizations described in section 501(c)(17) (Trusts providing for the payment of supplemental unemployment compensation benefits)

1	If benefits are provided for individual proprietors, partners, or self-employed persons under the plan, explain in detail.
2	If the plan provides other benefits in addition to the supplemental unemployment compensation benefits, explain in detail and s tate
	whether the other benefits are subordinate to the unemployment benefits.
-	
3	Give the following information as of the last day of the most recent plan year and enter that date here
a	Total number of employees covered by the plan who are shareholders, officers, self-employed persons, or highly compensated (See Schedule F instructions for line 3a on page 14.)
6	HECKER HER HER HER HER HER HER HER HER HER H
C	Number of employees not covered by the plan ,
d	Total number employed *,
	* Should equal the total of a, b, and c—if not, explain the difference. Describe the eligibility requirements that prevent those employees not covered by the plan from participating.
4	At any time after December 31, 1959, did any of the following persons engage in any of the transactions asted below with the t
	creator of the trust or a contributor to the trust; a brother or sister (whole or half blood), a spouse, an ancestor, or a line all descendant of
	such a creator or contributor; or a corporation controlled directly or indirectly by such a creator or contributor?
	If you know that the organization will be, or is considering being, a party to any of the transactions (or activities) listed below, check the med" box. Give a detailed explanation of any "Yes" or "Planned" answer in the space below.
ciai	ned souther a desired expansion of any ites of manner; animed at the space delay.
ji.	Borrow any part of the trust's income or corpus?
ь	Receive any compensation for personal services?
c	Obtain any part of the trust's services?
ď	Purchase any securities or other properties from the trust?
0	Sell any securities or other property to the trust?
i	Receive any of the trust's income or corpus in any other transaction?

N/A Do not file with return Procedural Checklist Make sure the application is complete.

If you do not complete all applicable parts or do not provide all required attachments, we may return the incomplete application for the organization to resubmit with the missing information or attachments. This will delay the processing of the application and may delay the effective date of your organization's exempt status. The organization may also incur additional user fees.

Have you . . .

Attached Form 8718 (User Fee for Exempt Organization Determination Letter Request) and the appropriate fee?
Prepared the application for mailing? (See Where To File addresses in Form 8718.)
Completed all Parts and Schedules that apply to the organization?
Shown your organization's Employer Identification Number (EIN)?
If your organization has an EIN, write it in the space provided.
 If this is a newly formed organization and does not have an Employer Identification Number, obtain an EIN by telephone. (See Specific Instructions, Part I, Line 2, on page 2.)
If applicable, described your organization's specific activities as directed in Part II, question 1 of the application?
 Included a conformed copy of the complete organizing instrument? (Part I, question 8 of the application.)
Had the application signed by one of the following:
 a. An officer or trustee who is authorized to sign (e.g., president, treasurer);
b. A person authorized by a power of attorney (submit Form 2848 or other power of attorney)?
If applicable, enclosed financial statements (Part III)?
 a. Current year (must include period up to within 60 days of the date the application is filed) and 3 preceding years.
 Detailed breakdown of revenue and expenses (no lump sums).
c. If the organization has been in existence less than 1 year, it must also submit proposed budgets for 2

Note: During the technical review of a completed application, it may be necessary to contact the organization for more specific or additional information.

years showing the amounts and types of receipts and expenditures anticipated.

Do not send this checklist with the application.

Notice 2011-43

(Rev. January 2010) Department of the Treasury Internal Revenue Service

User Fee for Exempt Organization Determination Letter Request

Attach this form to determination letter application. (Form 8718 is NOT a determination letter application.)

For	OMB No. 1545-1798
IRS	Control number
Use Only	Amount paid User fee screener

4	Mana	- 5	organization
	Ivanie	OI.	urganization

tion. ion.)	IRS Use Only	Control number Amount paid User fee screener
2 Employer Ide	ntification Nu	mber

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3 Typ	oe of request	averaging not more than \$1
	The second secon	fication
b 🗆	Initial request for a determination letter or: • An exempt organization that has 4 years or • A new organization the onticipat Group exemption letter.	reraging more than \$10,000 during the preceding reraging more than \$10,000 during its first 4 years . ▶ \$850 \$3,000

Instructions

The law requires pa with each application letter. The user fees above. For more info Proc. 2009-8; 2009date.

of a user fee terminatio. n line 3 ation. Rev. 1.B. 24 atest

le box or ine 5 ine pe of application yo submitting. If rou check box 3a, yo ust complete and rtion s ment that ₹ 3a

Attach to Fo 371 a check or money ne "United States order payable Trer ury" full amount of the user fe not include the full amount, ation will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

Where To File

Send the determination letter application and Form 8718 to:

Rev 3 Service x 12 n, Kr 41012-0192

Should File

Organizations applying for federal income tax exemption, other than Form 1023 filers. Organizations submitting Form 1023 should refer to the instructions in that application package.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt status.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see Where To File above.

Cat. No. 64728Z

Form 8718 (1-2010)

