

# Application for Recognition of Exemption

OMB No. 1545-0055

Form No. 100-2

Note: If exempt status is

approved, this application

Department of the Treasury

Read the instructions for each part carefully.

All fees must be attached to this application.

The information is not submitted to the public. It is collected in the future information and appropriate use of the application may be returned to you.

Procedural Checklist on page 3 of the instructions. Complete the

## Part 1 Identification of Applicant

1. Organizing document

2. Employer identification number (EIN)

3. Full name of organization (as shown in organizing document)

(If none, see page 3 of the Specific Instructions.)

4. Acquiring

781568469

5. Name (if applicable)

6. Name and telephone number of person

Molly McCarty

is needed.



Part II Activities and Operational Information (Continued)

4. Give the following information about the organization's governing body:

b. Annual compensation: a. Names, addresses, and titles of officers, directors, trustees, etc.

Name	Address	Title	Annual Compensation
None			

c. Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No

d. Are any members of the organization's governing body disqualified persons with respect to the organization under Section 1361(c)(3) (disqualified persons)?  Yes  No

e. Does the organization control or is it controlled by any other organization?  Yes  No

f. Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No

g. If any of the above questions is answered "Yes," explain.

h. Are there any reports of any have been submitted?

i. If any of the above questions is answered "Yes," explain.

j. If any of the above questions is answered "Yes," explain.

k. If any of the above questions is answered "Yes," explain.

l. If any of the above questions is answered "Yes," explain.

m. If any of the above questions is answered "Yes," explain.

n. If any of the above questions is answered "Yes," explain.

o. If any of the above questions is answered "Yes," explain.

p. If any of the above questions is answered "Yes," explain.

q. If any of the above questions is answered "Yes," explain.

r. If any of the above questions is answered "Yes," explain.

s. If any of the above questions is answered "Yes," explain.

t. If any of the above questions is answered "Yes," explain.

u. If any of the above questions is answered "Yes," explain.

v. If any of the above questions is answered "Yes," explain.

w. If any of the above questions is answered "Yes," explain.

x. If any of the above questions is answered "Yes," explain.

y. If any of the above questions is answered "Yes," explain.

z. If any of the above questions is answered "Yes," explain.

aa. If any of the above questions is answered "Yes," explain.

**Part II** Activities and Operational Information (Continued)

What steps remain to be taken to complete the organization's exempt function? (Do not include property-producing investment income.) If any assets are not fully operational, explain their status, and when such final steps will be taken. If none, indicate "N/A."

N/A

Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?  Yes  No

Does the organization's facilities or operations use management agreements or contractual agreements?  Yes  No

Is the organization a party to any leases?  Yes  No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

Does the organization's organizational structure or activities in any way relate to the organization's exempt function?  Yes  No

Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

What benefits do (or will) the members receive in exchange for their payment of dues?

If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them?  N/A  Yes  No

If the organization provides benefits, services, or products to specific individuals or classes of individuals?  N/A  Yes  No

If "Yes," explain how the recipients or beneficiaries are to be selected.

Please see attached Supplemental Response to Form 1023

Will the organization attempt to influence legislation?  Yes  No

Does the organization distribute statements?  Yes  No

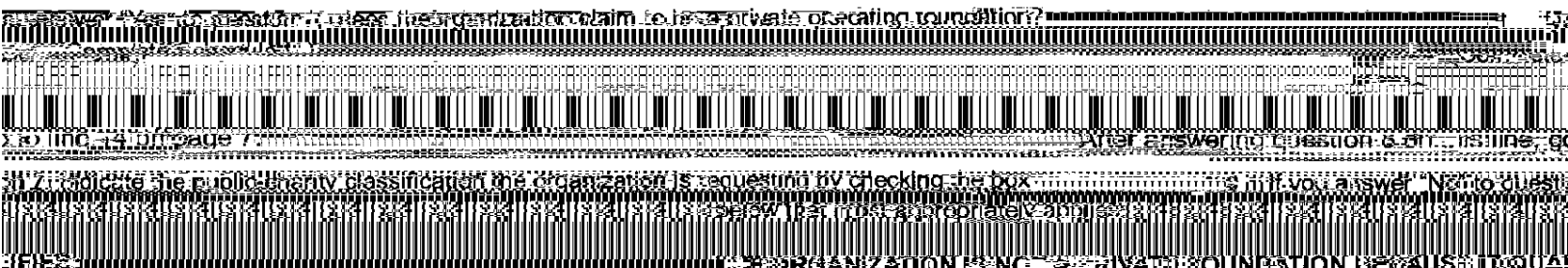


**Part III** Technical Requirements (Continued)

7 Is the organization a private foundation?

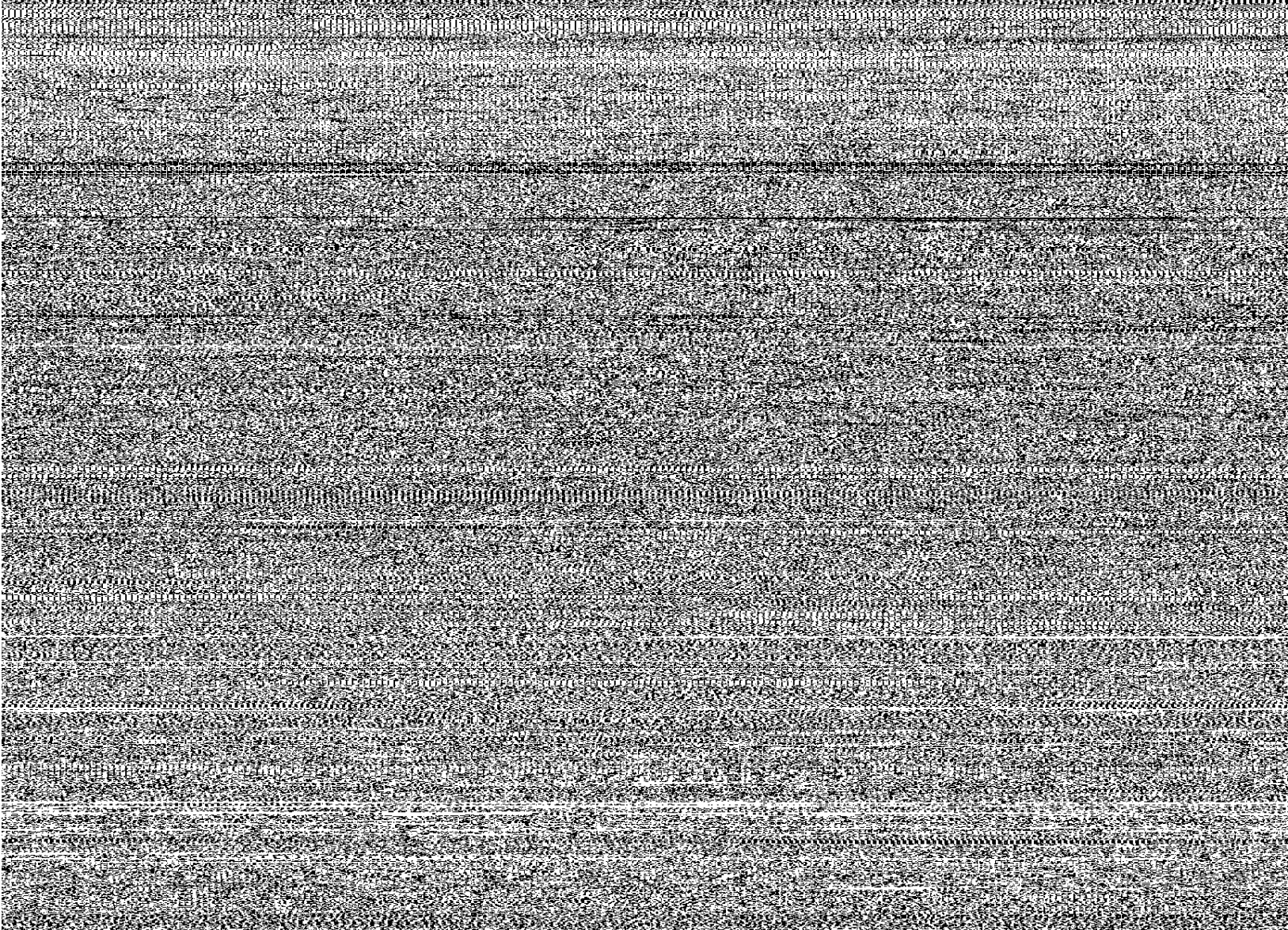
Yes (Answer question 8.)

No (Answer question 9 and proceed as instructed.)



As a church or a convention or association of churches, sections 501(c)(3) and 708(b)(1)(A)

Hospital or convalescent hospital service organization





Part III Technical Requirements (Continued)

10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?

Yes — Indicate whether you are requesting:

A definitive ruling (Answer questions 11 through 14.)

No — You must complete an advance ruling application and attach two forms 9720-500 (Complete and attach them to the application.)

11 If the organization receives any unusual grants during any of the tax years shown in Part IV-A, attach a list showing the amount of each grant, the date received, the date and description of the nature of the grant.

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here

Attach a list showing the name and amount of contributions by each person (other than governmental unit or controlled organization) that exceeds the tax year shown on line 7.

Does the organization have a school?

Does the organization or any part of it have a school?

Does the organization have a school for the aged or handicapped?

Does the organization provide or administer any scholarship benefits, student aid, etc.?

Has the organization taken over or will it take over the facilities of a for-profit institution?

**Part IV** Financial Data

*Please see proposed budget attached.*

Complete the financial statements for the current year and for each of the 3 years immediately 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. Statement of Revenue and Expenses**

	Current	3 prior tax years or proposed budget for 2 years
1. Contributions (including unusual contributions)	(a)	(b)
2. Net income from organization's unrelated business activities not included on line 1	(c)	(d)
3. Tax revenues levied for and paid to or spent on behalf of the organization	(e)	(f)
4. Value of services or facilities furnished by a governmental unit or organization without charge	(g)	(h)
5. Other income (not including the value of services or facilities generally furnished to the public without charge)	(i)	(j)
6. Total (add lines 1 through 5)	(k)	(l)
7. Expenses (attach schedule)	(m)	(n)
8. Total (add lines 1 through 7)	(o)	(p)
9. Excess of revenue over expenses (line 8 minus line 7)	(q)	(r)
10. Total (add lines 1 through 9)	(s)	(t)
11. Gain or loss from sale of assets (attach schedule)	(u)	(v)
12. Unusual grants	(w)	(x)
13. Total (add lines 10 through 12)	(y)	(z)
14. Excess of revenue over expenses (line 13 minus line 23)	(aa)	(ab)



