# FORM 1023

(Rev. July 1993)

Department of the Treasury Internal Revenus Service

## **Application for Recognition of Exemption**

Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056 Expires 5-31-96

If exempt status is approved, this application will be open for public inspection.

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 you.

Complete the Procedural Checklist in the instructions.

F	art I Identification of Applicant	
1a	Full name of organization (as shown in organizing document)	2 Employer identification number
	BCLF, Inc.	(if none, see instructions.)
		04-3246555
1b	c/o Name (if applicable)	3 Name and telephone number of person to be contacted if additional information is needed
		Katherine Keeton Carter
1c	Address (number, street, and room or suite no.)	(617) 573-0170
	30 Germania Street	
1d	City or town, state, and ZIP code	4 Month the annual accounting period ends
	Jamaica Plain, MA 02130	December
5	Date incorporated or formed 6 Activity codes	7 Check here if applying under section:
	Soctober 24, 1994 400 405 429	a 501(e) b 501(f) c 501(k)
8	Did the organization previously apply for recognition of exemption under this Code	section or under any other
	section of the Code?	Yes X No
	If "Yes," attach an explanation.	
9	Is the organization required to file Form 990 (or Form 990-EZ)?	N/A X Yes No
	If "No," attach an explanation.	
10	Has the organization filed Federal income tax returns or exempt organization inform If "Yes," state the form numbers, years filed, and Internal Revenue office where f	
	Form 990, 1994, Holtsville See Attachment 1.10	
11	Check the box for the type of organization. BE SURE TO ATTACH A CONFORMED CONTROL THE APPLICATION BEFORE MAILING (See Specific Instructions, Part I, Line 11.) Governments of organizational documents.)	
a	Corporation - Attach a copy of the Articles of Incorporation, (including ame appropriate state official; also include a copy of the bylaws.	endments and restatements) showing approval by the
b	Trusts - Attach a copy of the Trust Indenture or Agreement, including all ap	propriate signatures and dates.
C	Association - Attach a copy of the Articles of Association, Constitution, or or other evidence the organization was formed by adoption o of the bylaws.	other creating document, with a declaration f the document by more than one person; also include a copy
	If the organization is a corporation or an unincorporated association that has not yet a	adopted bylaws, check here
aco	I declare under the penalties of perjury that I am authorized to sign this application on behalf of the companying schedules and attachments, and to the best of my knowledge it is true, correct, and compli	above organization and that I have examined this application, including the
Pleas	e M	
Sign	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cutivi Director 12/29/95
Here	(Signature)	(Title or authority of signer) (Date)

#### Part II

#### **Activities and Operational Information**

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. Describe each activity separately in the order of importance. Each description should include, as a minumum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See Attachment II.1

2 What are or will be the organization's sources of financial support? List in order of size.

Gifts, grants and contributions.
Fees from tax-exempt affiliates for management and supervisory services

3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See Attachment II.3

Give the following information about the organization's governing body:  Names, addresses, and titles of officers, directors, trustees, etc.  See Attachment II.4  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?  If "Yes," name those persons and explain the basis of their selection or appointment.  Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons" (See Specific Instructions, Part II, Line 4d.)	b Annual Cor	
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?  If "Yes," name those persons and explain the basis of their selection or appointment.  Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a		
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?  If "Yes," name those persons and explain the basis of their selection or appointment.  Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes	X No
f "Yes," name those persons and explain the basis of their selection or appointment.  Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a	Yes Yes	[X] No
Are any members of the organization's governing body "disqualified persons" with respect to the organization other than by reason of being a member of the governing body) or do any of the members have either a		
other than by reason of being a member of the governing body) or do any of the members have either a		
other than by reason of being a member of the governing body) or do any of the members have either a		
other than by reason of being a member of the governing body) or do any of the members have either a		
other than by reason of being a member of the governing body) or do any of the members have either a		
Weiness or family relationship with "disqualified negative"? (Can Canallia Instrumentary Bank H. L. 1997)		
	Yes	X No
f "Yes," explain.		
loes the organization control or is it controlled by any other organization?	X Yes	No
s the organization the outgrowth of (or successor to) another organization, or does it have a special relationship	•	
	X Yes	No
r either of these questions is answered "Yes," explain.		
See Attachment II.5		
oes or will the organization directly or indirectly engage in any of the following transactions with any political		
quinment, mailing lists on other courts and it was		[V] N
	res	X No
, and a second of games and of		
the organization financially accountable to any other organization?		( <del>1</del> ; )
	Yes	X No
· · · · · · · · · · · · · · · · · · ·		
	See Attachment II.5  loes or will the organization directly or indirectly engage in any of the following transactions with any political reganization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or ales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, quipment, mailing lists or other assets, or paid employees?  If "Yes," explain fully and identify the other organizations involved.	s 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?  f either of these questions is answered "Yes," explain.  See Attachment II.5  loes or will the organization directly or indirectly engage in any of the following transactions with any political reganization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or ales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, quipment, mailing lists or other assets, or paid employees?  [

	What assets does the organization have that are used in the performance of its exempt function? (Do not include property investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be comple when such final steps will be taken. If "None," indicate "N/A."	produci ted, and	ng	-	
	N/A				
9	Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?	<u>C</u>	Yes	[X	No
10 a	Will any of the organization's facilities or operations be managed by another organization or individual under a				
	contractual agreement?	$\square$	Yes	X	No
b	is the organization a party to any leases?	$\square$	Yes	X	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.				
11	Is the organization a membership organization?		Yes	X	No
a	If "Yes," complete the following:  Describe the organization's membership requirements, and attach a schedule of membership fees and dues.		_		
b	Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotion material used for this purpose.	onal			
c	What benefits do (or will) your 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?  If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.	X	Yes		No
	BCLF, Inc. will provide the services described in Attachment II.l to tax-exempt affiliates, at the charges described therein	its			
	Does or will the organization limit its benefits, services or products to specific individuals or classes of				
	individuals? X N/A  If "Yes," explain how the recipients or beneficiaries are or will be selected.	<u></u>	Yes		No
3	Does or will the organization attempt to influence legislation?	[	Yes	<u> </u>	No
	If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.				
4 [	Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?		Yes		No

S

For	m 1023 (Rev. 7-93)		Page 5
F	art III Technical Requirements		
1	Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed?  If you answer "Yes," do not answer questions on lines 2 through 7.	X Yes	☐ No
2	If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed	to	
	question 8.  Exceptions - You are not required to file an exemption application within 15 months if the organization:		
	(a) Is a church, interchurch organization of local units of a church, a convention or association of churches, or an in auxiliary of a church;	tegrated	
	(b) Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or		
	(c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organiza submitted a notice covering the subordinate.	tion timely	· · · · · · · · · · · · · · · · · · ·
3	If the organization does not meet any of the exceptions on line 2, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed?	Yes	No
	If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-42 I.R.B. 32, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.		
	If "No," answer question 4.		
4	If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed?	Yes	☐ No
	If "No," your organization qualifies for an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.		
	If "Yes." answer question 5.		
5	If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement?	Yes	☐ No
	If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Part III, Line 5, before completing this item. Do not answer questions 6 and 7.		,
	If "No," answer question 6.		
6	If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the		
	date the application is received and not retroactively to the date the organization was created or formed?	Yes	No
7	If you answer "Yes" to the question on line 6 above and wish to request recognition of section 501(c)(4) status for the period		_

with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the

organization's section 501(c)(3) status), check here 
and attach a completed page 1 of Form 1024 to this application.

Form 1	1023 (Rev. )	7-93)	Pa	ge 6
Par	tIII T	echnical Requirements (Continued)		
8	ls the organ Yes X No	ization a private foundation? (Answer question on line 9.) (Answer question on line 10 and proceed as instructed.)		•
9 !	f you answ Yes No	er "Yes" to the question on line 8, does the organization claim to be a private operating (Complete Schedule E)	g foundation?	- 11.
,	After answe	ering the question on this line, go to Part IV.		
t	nat most ap	er "No" to the question on line 8, indicate the public charity classification the organiza propriately applies:  NIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:	tion is requesting by checking the box below	
	(a)	As a church or a convention or association of churches	Sections 509(a)(1)	
_		(CHURCHES MUST COMPLETE SCHEDULE A.)	and 170(b)(1)(A)(i)	
	٠.,		Sections 509(a)(1)	
	(b)	As a school (MUST COMPLETE SCHEDULE B.)	and 170(b)(1)(A)(ii)	
1	(c)	As a hospital or a cooperative hospital service organization, or a		
		medical research organization operated in conjunction with a hospital	Sections 509(a)(1)	
_		(MUST COMPLETE SCHEDULE C.)	and 170(b)(1)(A)(iii)	
	т. <u>—</u>		Sections 509(a)(1)	
	(d)	As a governmental unit described in section 170(c)(1).	and 170(b)(1)(A)(v)	
,	(e)	As being operated solely for the benefit of, or in connection with, one		
		or more of the organizations described in a through d, g, h, or i		
-	f)	(MUST COMPLETE SCHEDULE D.)	Section 509(a)(3)	
,	•••	As being organized and operated exclusively for testing for public safety.	·	
-1	g)		Section 509(a)(4)	
,	a	As being operated for the benefit of a college or university that is	Sections 509(a)(1)	
	h)		and 170(b)(1)(A)(iv)	
	h)	owned or operated by a governmental unit.  As receiving a substantial part of its support in the form of	and 170(b)(1)(A)(iv)	

If you checked one of the boxes a through f in question 10, go to question 15.

If you checked box g in question 10, go to questions 12 and 13.

If you checked box h, i, or j, go to question 11.

Sections 509(a)(1)

and 170(b)(1)(A)(vi)

Sections 509(a)(2 Sections 509(a)(1)

and 170(b)(1)(A)(vi)

Section 509(a)(2)

contributions from publicly supported organizations, from a

X As normally receiving not more than one-third of its support from

gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).

The organization is a publicly supported organization but is not sure whether it

meets the public support test of block  $\boldsymbol{h}$  or block  $\boldsymbol{i}$ . The organization would

governmental unit, or form the general public.

like the IRS to decide the proper classification.

(i)

(j)

inem	1022	/Day	7-93)	
orm.	1UZ3	inev.	7-93)	

the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ▶	11	art III Technical Requirements (Continued)			
Yes-Indicate whether you are requesting: A definitive ruling (Answer questions on lines 12 through 15.) An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-0 completed and signed.) No-You must request an advance ruling by completing and signing two Forms 872-0 and attaching them to the application.  If the organization received way nursual genats during any of the xx years shawn in Part IV-A attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and the grant; and a brief description of the nature of the grant.  Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling more section 50(9)(6)(2), check here based on the section 10 organization of a discussified gerson." See Specific Instructions, Part II, Line 4d.)  If you are requesting a definitive ruling more section 50(9)(6)(2), check here based on the sear included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." For a definition of a "disqualified person." See Specific Instructions, Part II, Line 4d.)  For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person." Years a definition of a "disqualified person." See Specific Instructions, Part II, Line 4d.)  If you are requesting a definitive ruling more sections 50(9)(1)(1) through Vivia and agency or burson.  If you are requesting a service in 100(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(		If you checked box h, i, or j on line 10, has the organization completed a tax year of at least 8 months?			
No-You must request an advance ruling (Answer questions on lines 12 and 15 and attach two Forms 372-C completed and signed.)					
No-You must request an advance ruling by completing and signing two Forms 972-C and attaching them to the application.  If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vii), check here   a Enter 2% of line 8, column (e) of Part IV-A  Attach a list showing the name and amount contributed by each person (ather than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling under section 505(a)(2), check here ▶ □ and:  a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part III, Line 4d.)  b For each of the years included on lines 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (iv) and any governmental agency or bureau.  Indicate If your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes No Iff "Yes," complete Schedule is the organization, or any part of it, a hospital or medical research organization? X C  is the organization a private operating foundation? X E  Is the organization, or any part of it, a hospital or medical research organization? X G  Is the organization, any part of it, a home for the aged or handicapped? X G		A definitive ruling (Answer questions on lines 12 through 15.)			
No-You must request an advance ruling by compeleting and signing two Forms 872-C and attaching them to the application.  If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here   a Enter 2% of line 8, column (e) of Part IV-A  b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling under section 505(a)(2), check here   a for each of the years included on lines 1, 2 and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  b For each of the years included on lines 1, 2 and 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  b For each of the years included on lines 1, 2 and 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person," includes on line 13a above.  Indicate if your organization described in sections 170(b)(1)(A)(b) through (v) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only the schedules of the organization is one of the following.) If so, complete schedules the organization, or any part of it, a schoel?  Is the organization, an any part of it, a hospital or medical research organization?  Is the organization, or any part of it, a h		An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-C completed and	d signed.)		
If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  under a case of the grant and the amount contributor).  Attach a list showing the name and amount contributed by each person fother than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling under section 509(a)(2), check here  and the grants of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  For each of the years included on line 3 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person," whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes No If Yes," complete Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedule organization, or any part of it, a hospital or medical research organization?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization, any part of it, a hospital or medical research organization?  Is the organization, any part of it, a home for the aged or handicapped?  Is the organization, any part of it, a hospital organization?				e applicati	ion.
If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here   a Enter 2% of line 8, column (e) of Part IV-A  b Attach a list showing the name and amount contributed by each person fother than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling under section \$50(a)(2), check here   a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person."	12	If the organization received any unusal grants during any of the tax years shown in Part IV-A, attach a list for each years	ear showin	g the name	of
If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here   and:  a Enter 2% of line 8, column (e) of Part IV-A  b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  If you are requesting a definitive ruling under section 508(a)(2), check here   and:  a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person" for a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(1)(A)(b) through (vii) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. Submit only those schedules that apply to your organization. Do not submit blank schedules.  Yes No  Stream organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  X C  Is the organization a private operating foundation?  Is the organization, or any part of it, a child care organization?  X G  Is the organization, or any part of it, a child care organization?  X G  Is the organization, or any part of it, a child care organization?  X G  Is the organization, or any part of it, a child care organization?  X G		the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.			
a Enter 2% of line 8, column (e) of Part IV-A					
a Enter 2% of line 8, column (e) of Part IV-A					
a Enter 2% of line 8, column (e) of Part IV-A					
a Enter 2% of line 8, column (e) of Part IV-A					
a Enter 2% of line 8, column (e) of Part IV-A					
a Enter 2% of line 8, column (e) of Part IV-A					
b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  14 If you are requesting a definitive ruling under section 509(a)(2), check here	13	If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:			
b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.  14 If you are requesting a definitive ruling under section 509(a)(2), check here					
whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.    4   If you are requesting a definitive ruling under section 509(a)(2), check here   and:   a   For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)   b   For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(11/A)(i) through (iv) and any governmental agency or bureau.    5   Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)    S   No     If "Yes," complete Schedule					
If you are requesting a definitive ruling under section 509(a)(2), check here ▶ and:  a For each of the years included on lines 1, 2, and 9 of Part IV−A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 44.)  b For each of the years included on line 9 of Part IV−A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes  No  If "Yes," complete Schedule  Is the organization a church?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization and the part of it, a child care organization?  In the organization and the part of it, a child care organization?  In the organization and the part of it, a child care organization?  In the organization and the part of it, a child care organization?  In the organization and the part of it, a child care organization?  In the part of the pa	٥		pported" o	rganization)	
a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(Al(i)) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes  No  If "Yes,"  A  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization or any part of it, a child care organization?  Is the organization or any part of it, a child care organization?					
person." (For a definition of a "disqualified person," see Specific Instructions, Part II, Line 4d.)  b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes  No  If "Yes," complete Schedule  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  No  Poes the organization or any part of it, a child care organization?  No  If "Yes," complete  No  No  If "Yes,"  No  No  If "Yes,"  No  No  No  No  No  No  No  No  No  N					
b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.    Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)    Yes	a	For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount receive	d from eac	h "disquali	fied
"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Is Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes No If "Yes," complete Schedule  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization organization or any part of it, a child care organization?  Is the organization or any part of it, a child care organization?					
organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Is Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes No Complete Schedule  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization and private operating foundation?  Is the organization, or any part of it, a child care organization?  Is the organization and private operating foundation?  Is the organization and private operating foundation?  Is the organization and part of it, a child care organization?  Is the organization and part of it, a child care organization?	n	· For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each	- <b>h</b> /		
Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Yes  No  If "Yes,"  Yes  No  If "Yes,"  Yes  No  If "Yes,"  Yes  No  If "Yes,"  A   Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X  G  Does the organization provide or administrate any scholarship benefits and so it is a child care organization?  X  C  X  G  Does the organization provide or administrate any scholarship benefits and so it is a child care organization?  X  Y  Y  Y  No  No  If "Yes,"  Yes  No  No  No  No  No  No  No  No  No  N	•				
those schedules that apply to your organization. Do not submit blank schedules.)  Yes No Schedule  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization and part of it, a child care organization?  Is the organization or any part of it, a child care organization?  Is the organization provide or administration and part of it, a child care organization?  Is the organization provide or administration and part of it, a child care organization?	•	"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include			, any
Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization provide or administrator and shallow his handicapped?  Is the organization provide or administrator and shallow his handicapped?  Is the organization provide or administrator and shallow his handicapped?  Is the organization provide or administrator and shallow his handicapped in handicapped?  Is the organization provide or administrator and shallow his handicapped in handicapped?  Is the organization provide or administrator and shallow his handicapped in handicapped?  Is the organization provide or administrator and shallow his handicapped in handicapped?  Is the organization provide or administrator and shallow his handicapped in han		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.			, any
Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization, or any part of it, a child care organization?  Is the organization provide as administration p		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only			
Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  Is the organization provide or administrate any abstraction and the section of the section		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only	s, but is no	t limited to	If "Yes,"
Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X  G  Does the organization provide or administer any aphabation has different to the child and the child are organization.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only	s, but is no	t limited to	If "Yes," complete
Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X  G  Does the organization provide or administer any aphabation has different to the child and the child are organization.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only	s, but is no	t limited to	If "Yes," complete
Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X  G  Does the organization provide or administer any aphalorable handicapped as a decimal or any part of it.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	s, but is no	t limited to	If "Yes," complete
Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X  G  Does the organization provide or administer any aphalorable handicapped as a decimal or any part of it.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	s, but is no	t limited to	If "Yes," complete Schedule
is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X F  Constitute organization provide or administration provide or administration provide or administration provide or administration provide organization.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?	s, but is no	No X	If "Yes," complete Schedule
is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X F  Constitute organization provide or administration provide or administration provide or administration provide or administration provide organization.		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization or any part of it a schedule.	s, but is no	No X	If "Yes," complete Schedule
Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X F  Character of the organization provide or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator and substantial box files and to be a file or administrator and substantial box files and to be a file or administration and the files and to be a file or administration and the files an		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?	s, but is no	No X	If "Yes," complete Schedule A
Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X F  Character of the organization provide or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator any substantial box files and to be a file or administrator and substantial box files and to be a file or administrator and substantial box files and to be a file or administration and the files and to be a file or administration and the files an		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?	s, but is no	No X	If "Yes," complete Schedule A
Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X G		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?	s, but is no	No X	If "Yes," complete Schedule  A  B
Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?  X G		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?	s, but is no	No X	If "Yes," complete Schedule  A  B
Is the organization, or any part of it, a child care organization?  X G		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?	s, but is no	No X X X	If "Yes," complete Schedule  A  B  C
Is the organization, or any part of it, a child care organization?  X G		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?	s, but is no	No X X X	If "Yes," complete Schedule  A  B  C
Does the organization provide or administer on aphaleration benefits and an idea of the control		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?	s, but is no	No X X X X	If "Yes," complete Schedule  A  B  C
Does the organization provide or administer on aphaleration benefits and an idea of the control		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?	s, but is no	No X X X X	If "Yes," complete Schedule  A  B  C
Does the organization provide or administer any gehelerable handline and the second of		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?	s, but is no	No No X X X X X X X	If "Yes," complete Schedule  A  B  C  D  E
Does the organization provide or authinister any scholarship denetits, student aid. etc.?		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?	s, but is no	No No X X X X X X X	If "Yes," complete Schedule  A  B  C  D  E
		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?  Is the organization, or any part of it, a child care organization?	s, but is no	No No X X X X X X X	If "Yes," complete Schedule  A  B  C  D  E  F
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		"disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" include organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.  Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)  Is the organization a church?  Is the organization, or any part of it, a school?  Is the organization, or any part of it, a hospital or medical research organization?  Is the organization a section 509(a)(3) supporting organization?  Is the organization a private operating foundation?  Is the organization, or any part of it, a home for the aged or handicapped?	s, but is no	No No X X X X X X X X	If "Yes," complete Schedule  A  B  C  D  E

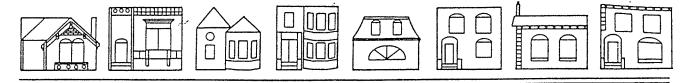
### Part IV Financial Data

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

			A. Statement of	of Revenue and Exp	enses		
			Current tax year		ars or proposed bud	get for 2 years	
	1	Gifts, grants, and contributions received (not including unusual	(a) From 1/1/95	(b) 19 <u>94</u>	(c) 19 <u>96</u>	( <b>d)</b> 19 <u>97</u>	(e) TOTAL
		grants-see instructions)	to 12/31/95	0	02.046	00 506	407.540
	2	Membership fees received	<u> </u>	0	92,946	90,596	183,542
	3	Gross investment income (see	<u> </u>	U	0	0	0
	٦						
		instructions for definition)	D	Q	10,500	15,750	26,250
	4	Net income from organization's					
		unrelated business activities not			_		
	_	included on line 3	0	0	0	<u>0</u>	0
	5	Tax revenues levied for and					
		either paid to or spent on behalf		_	,		
		of the organization	0	0	0	0	0
R	6	Value of services or facilities					
e V		furnished by a governmental					
е		unit to the organization without	·				
n		charge (not including the value					
ē		of services or facilities generally					
		furnished the public without					
		charge)	0	0	0	0	o
	7	Other income (not including					
		gain or loss from sale of capital					
		assets) (attach schedule)	0	0	0	0	
	8	Total (add lines 1 through 7)	0	0	103,446	106,346	209,792
İ	9	Gross receipts from admissions,		U	100,440	100,340	200,102
İ		sales of merchandise or services,					
		or furnishing of facilities			•		
ı		in any activity that is not an					
		unrelated business within the					
		meaning of section 513		0			10,000
l	10	Total (add lines 8 and 9)	O0		0	10,000	
		Gain or loss from sale of capital	U	0	103,446	116,346	219,792
		'	0	_			0
1	40	assets (attach schedule)		0	0	0	0
		Unusual grants	0	D	00	0	00
- 1	13	Total revenue (add lines 10					
		through 12)	. 0	0	103,446	116,346	219,792
		Fundraising expenses	<u> </u>	0	O	0	
	15	Contributions, gifts, grants, and similar	_	_			
_		amounts paid (attach schedule)	0	0	0	0	
E	16	Disbursements to or for benefit	_				
x p		of members (attach schedule)	0	0	0	0	
e	17	Compensation of officers,					
n s		directors, and trustees (attach	1				
e		schedule)	0	0	0	0	
S		Other salaries and wages	0	0	73,031	85,116	
- 1		<b>}</b>	0	0		0	
	20	Occupancy (rent, utilities, etc.)	0	0	30.415	31,230	
	21	Depreciation and depletion	0	0	n	0	
		Other (attach schedule)		n	0	0	
	23	Total expenses (add lines 14					
		through 22)			103,446	116,346	
		Excess of revenue over expenses					
		(line 13 minus line 23)	o		0	o	

Part IV Financial Data (Continued)

B. Balance Sheet (at the end of t	he period shown)	Current tax year Date 12/31/95
Assets	·	
1 Cash	1	0
2 Accounts receivable, net	2	0
3 Inventories		0
4 Bonds and notes receivable (attach schedule)		0
5 Corporate stocks (attach schedule)	· I	0
6 Mortgage loans (attach schedule)		O ·
7 Other investments (attach schedule)	7	0
8 Depreciable and depletable assets (attach schedule)	8	0
9 Land	9	. 0
O Other assets (attach schedule)	10	0
1 Total assets (add lines 1 through 10)		0
Liabilities	·	0
2 Accounts payable	12	
3 Contributions, gifts, grants, etc., payable	13	n
4 Mortgages and notes payable (attach schedule)	14	0
5 Other liabilities (attach schedule)	15	0
6 Total liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets		0
7 Total fund balances or net assets		
8 Total liabilities and fund balances or net assets (add line 16 and line 17)	18	0



## Boston Community Loan Fund, Inc.

30 Germania Street, Jamaica Plain, MA 02130 (617) 522-6768 • Fax (617) 522-7786

Elyse Cherry President **DcWitt Jones** Executive Director

October 17, 1995

Internal Revenue Service District Director GPO Box 1680 Brooklynn NY 11202

Attn: Diana Avery

Re:

BCLF Inc.

EIN 04-3246555

Case: 115264012

BCLF Managed Assets EIN 04-3246547

Case: 115264013

BCLF Ventures, Inc.

EIN 04-3246552

Case: 115264014

Dear Ms. Avery,

In response to your letters of September 26, 1995, the Boston Community Loan Fund, Inc., a 501(c)3 tax exempt organization is establishing three affiliate non-profit corporations. Those corporations, BCLF, Inc., BCLF Ventures, Inc. and BCLF Managed Assets Corporation, were incorporated in 1994 but have conducted no business to date. However, all three corporations are in the process of completing a group exemption application. That application should be filed by the end of October 1995.

If you have any questions regarding these corporations or this letter, please feel free to contact me at 61-522-6768.

Sincerely,

**DeWitt Jones Executive Director** 

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR G.P.O. BOX 1680 BROOKLYN, NY 11202

Hate: SEP 2 6 1995

DOUT INC TO GERMANIA STREET JAMAICA PLAIN, NA - 0/180/2872 Employee Identification Number: 34 3746555 (as. Windler: +1526461) (Contact Person: 54ANA AVERY (Contact Feliphone Number: (718) 488 2413

Dear Applicant:

Your organization files an exempt organization amoust information return with the Brookhaver Service Center. The service center has processed the return but has no record that the Internal Revenue Service has issued your adetermination letter recognizing your exemption from tederal income tax. This office, therefore, has been requested to determine your correct filing requirement.

If you have not yet applied for recognition of exemption, you should complete an exemption application (Form 1028 or form 1024, whichever is appropriate) and submit it to this office with a copy of this action. Application forms are available at most internal Nevenue Service offices. It you proviously submitted an amplication but nover received a determination letter from the Service, please send us a copy of your application.

If you have previously been determined to be exempt from Federal income tax, send us a copy of the retter in which the Internal Mevenue Service estates it had determined that your organization use exempt from tax. If your organization is an affiliated subordinate of a central equanization and is covered by its group exemption letter, send up a copy of that letter.

If your organisation was previously resognized as exempt from tax but has since changed its name, seem us a copy of your Contribute of Amendment of the Anticles of Incorporation endorsed by the appropriate State official shound the name change and any other organizational changes. In least of the above, send us a copy of the annulus of the mention authorizing the name change of the organization is an authorizated association, or an amended Indenture of fruit of the organization as a trust. Also, please notify us of each employer identification number you have used if you have used a number other than the one shown above.

When you reply, please provide your ideophone number and the most converment time for us to call in case he need more information. Address your response to the contact person named in the heading of this letter.

If we do not receive your response within 30 days from the date of this letter, we will assume your organization is not exampt from tax. You will then be required to file the appropriate Lederal income tax return.

BCLL INC

Thank you for your compensation.

germental or oly yours

Reshort J. Huff District Director

Enclosures: Copy of this letter in Envelope

# <u>Part II Activities and Operational Information</u> Line 1 Description of Activities of the Organization

BCLF, Inc. ("BCLF") was organized to serve as the common parent organization for a group of "subsidiary" organizations, each of which is organized and operated for the general purposes of combatting community deterioration and improving the housing, economic and general living conditions of low-income, minority and other disadvantaged residents of economically depressed areas. One of these subsidiary organizations, Boston Community Loan Fund, Inc., has been recognized as exempt from tax under Section 501(c)(3). Forms 1023 for two additional subsidiary organizations, BCLF Ventures, Inc., and BCLF Managed Assets Corporation, are being submitted at the same time as this Form 1023 for BCLF.

The subsidiary organizations within the BCLF group will further the group's general purposes by providing loans, equity investments, technical assistance and financial management services to selected organizations, projects and businesses. As an integral part of this group, BCLF's function will be to manage and coordinate these activities and serve as the group's principal fundraiser. BCLF will be performing functions which its tax-exempt subsidiaries could perform themselves. By centralizing these management and planning functions in a common parent, however, the group will be able to define operational responsibilities more clearly and make more effective and efficient use of resources.

The specific activities that BCLF will perform for the group of tax-exempt organizations under its common control will include the following:

- formulating overall policy and exercising a significant degree of policy control;
- providing long- and short-range operational and financial planning and budgeting;
- evaluating and coordinating programs and operations; and
- providing shared services such as bookkeeping, accounting, human resources, MIS, and cash management for fees that will be at or below the fair market value of the services.

In addition to the above activities, as principal fundraiser for the group, BCLF will complete grant applications and conduct corporate and public fundraising activities on behalf of the other tax-exempt organizations within the group and will transfer funds to these entities. BCLF will also be responsible for public affairs and community outreach activities for the entire group.

Form 1023 Attachment II.3 BCLF, Inc.

Part II Activities and Operational Information Line 3 Organization's fundraising program

BCLF, Inc., will have primary responsibility for fundraising activities for the group of tax-exempt organizations that it controls. These activities will be performed by employees of BCLF, Inc. and by volunteers and will consist primarily of grant applications and the direct solicitation of contributions and below-market loans from foundations, businesses, financial institutions and private donors. In addition, BCLF, Inc. will organize events designed to promote the activities of the group and to build a network of interested donors and local community groups. BCLF, Inc. does not plan to use professional fundraisers.

Form 1023 Attachment II.4 BCLF, Inc. Page 1

## Part II Activities and Operational Information Line 4 Governing Body

a	Names, addresses and titles of officers and directors	b	Annual Compensation
President:	Elyse D. Cherry 46 Cotswold Road, Brookline, MA 02146		0
Treasurer:	Charles Clark 130 Fells Pond Road, Mashpee, MA 02649		0
Clerk:	James Walsh 311 Bowdoin Street, Dorchester, MA 02122		0
Directors:			
	Susan Blount 129 Everett Street, Concord, MA 01742		0
	Elyse D. Cherry 46 Cotswold Road, Brookline, MA 02146		0
	Charles Clark 130 Fells Pond Road, Mashpee, MA 02649		0
	Beatrice Phear 34 Royal Avenue, Cambridge, MA 02138		0
	Joanne Potter 22 Sheridan Street, Jamaica Plain, MA 02130		0
	William Thompson 3 Campbell Road, Wayland, MA 01778		0
	Mercedes Tompkins 14 Alpha Road, Dorchester, MA 02122		0

Form 1023 Attachment II.4 BCLF, Inc. Page 2

a	Names, addresses and titles of	b	Annual
	officers and directors		Compensation
Directo	ors (continued):		
	Janet Van Zandt		0
	38 St. Rose Street, Jamaica Plain, MA 02130		
	James Walsh		0
	311 Bowdoin Street, Dorchester, MA 02122		

## Part II Activities and Operational Information Line 5 Affiliations

BCLF, Inc. ("BCLF") is the sole member and elects the board of directors of BCLF Ventures, Inc. ("Ventures") and BCLF Managed Assets Corporation ("Managed Assets"). Ventures and Managed Assets are Massachusetts nonprofit charitable corporations that have submitted applications for recognition of exemption under Section 501(c)(3). Currently, the same persons are members of the boards of directors of BCLF, Ventures and Managed Assets. In the future, BCLF may elect as directors of Ventures and Managed Assets persons who have a special expertise or interest in the areas in which Ventures and Managed Assets are active and who are not directors of BCLF. However, it is expected that there will always be some degree of overlap among the three Boards.

BCLF elects eight of the twelve members of the board of directors of the Boston Community Loan Fund, Inc. (the "Loan Fund"), a Massachusetts nonprofit charitable corporation recognized as exempt from taxation under Section 501(c)(3). The Loan Fund will make a grant to BCLF, which BCLF will use to fund the operations of Ventures and Managed Assets.

BCLF, Ventures and Managed Assets and the Loan Fund will share office space and may share equipment and supplies. Each organization will be reimbursed by the other members of the group for the cost borne by that organization for any office space, equipment or supplies utilized by those other members.

The following full-time employees of BCLF's affiliates are members of BCLF's management team, along with the Executive Director/Chief Executive Officer and Operations Manager of BCLF: the Manager of the Loan Fund, the managing director of Ventures and the managing director of Managed Assets.

## Part II Activities and Operational Information Line 5 Affiliations

BCLF, Inc. ("BCLF") is the sole member and elects the board of directors of BCLF Ventures, Inc. ("Ventures") and BCLF Managed Assets Corporation ("Managed Assets"). Ventures and Managed Assets are Massachusetts nonprofit charitable corporations that are submitting applications for recognition of exemption under Section 501(c)(3) at the same time that BCLF is submitting this application. Currently, the same persons are members of the boards of directors of BCLF, Ventures and Managed Assets. In the future, BCLF may elect as directors of Ventures and Managed Assets persons who have a special expertise or interest in the areas in which Ventures and Managed Assets are active and who are not directors of BCLF. However, it is expected that there will always be some degree of overlap among the three boards.

BCLF elects eight of the twelve members of the board of directors of the Boston Community Loan Fund, Inc. (the "Loan Fund"), a Massachusetts nonprofit charitable corporation recognized as exempt from taxation under Section 501(c)(3). The Loan Fund will make a grant to BCLF, which BCLF will use to fund the operations of Ventures and Managed Assets.

BCLF, Ventures and Managed Assets and the Loan Fund will share office space and may share equipment and supplies. Each organization will be reimbursed by the other members of the group for the cost borne by that organization for any office space, equipment or supplies utilized by those other members.

The following full-time employees of BCLF's affiliates are members of BCLF's management team, along with the Executive Director/Chief Executive Officer and Operations Manager of BCLF: the Manager of the Loan Fund, the managing director of Ventures and the managing director of Managed Assets.

I hereby declare that the original copy of the attached Articles of Organization of BCLF, Inc. was filed with the Secretary of State of the Commonwealth of Massachusetts on October 24, 1994 and approved by the Secretary of State as of that date.

Theatfin

1)ec 29,1995