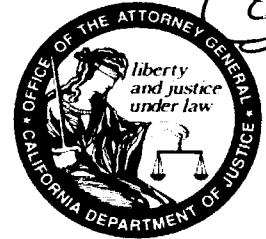


CT0209457

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**INITIAL
REGISTRATION FORM
STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS**
(Government Code Sections 12580-12599.7)



NOTE: A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: Silicon Valley Woodturners Inc

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:

Address: 1782 Bethany Ave

City: San Jose

State: CA

ZIP Code: 95133

Organization's telephone number: (408) 926-9330

Organization's e-mail address: mikelan@aol.com

Organization's fax number:

Organization's website: WWW.svwoodturners.org

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN):

45-4528280

Group Exemption FEIN (if applicable):

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: C3440227

350325

Attach your founding documents as follows:

- A) **Corporations** - Furnish a copy of the articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California.
- B) **Associations** - Furnish a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association).
- C) **Trusts** - Furnish a copy of the trust instrument or will and decree of final distribution.
- D) **Trustees for charitable purposes** - Furnish a statement describing your operations and charitable purpose.

Has the organization applied for or been granted IRS tax exempt status Yes ☒ No ☐

Date of application for Federal tax exemption: Jan 31, 2013

Date of exemption letter: Feb 25, 2013 Exempt under Internal Revenue Code section 501(c) 3

If known, are contributions to the organization tax deductible? Yes ☒ No ☐

Attach a copy of the Application for Recognition of Exemption (IRS Form 1023) and the determination letter issued by the IRS.

Does your organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer? If yes, provide the name(s), address(es), and telephone number(s) of the provider(s): No

Commercial Fundraiser ☐ Fundraising Counsel ☐ Commercial Coventurer ☐

Name

Address

City State ZIP Code

Telephone Number

Commercial Fundraiser ☐ Fundraising Counsel ☐ Commercial Coventurer ☐

Name

Address

City State ZIP Code

Telephone Number

Commercial Fundraiser ☐ Fundraising Counsel ☐ Commercial Coventurer ☐

Name

Address

City State ZIP Code

Telephone Number

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Signature Richard J. Westfall Title Treasurer Date July 8, 2014

If additional information is required, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.7), the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300-312.1).

If you have questions regarding registration, or need assistance, information is available on our website at <http://aq.ca.gov/charities/> or you can reach us by telephone at (916) 445-2021 or fax at (916) 444-3651.

JAN 03 2012

STATE of CALIFORNIA
ARTICLES of INCORPORATION

I

The name of this corporation is: **Silicon Valley Woodturners, Inc.**

II

- A. This corporation is a nonprofit **PUBLIC BENEFIT CORPORATION** and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for Charitable purposes.
- B. The specific purpose of this corporation is to foster a wider understanding and appreciation of lathe-turning as a form of art and craft among the general public, amateur turners, part-time turners, and professional turners. This will be accomplished by providing education, information, organization, technical assistance, and publications relating to woodturning.

III

The name in the State of California of this corporation's initial agent for service of process is:

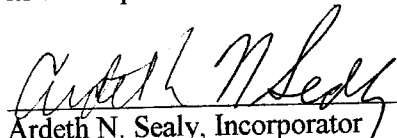
Ardeth N. Sealy
2954 Betsy Way
San Jose, CA 95133

IV

- A. This corporation is organized and operated exclusively for **Charitable** purposes, including, for such purposes, the making of distribution to organization that qualify as exempt organizations under Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal code.
- B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate or public office.

V

The property of this corporation is irrevocably dedicated to **Charitable** purposes and no part of the net income of assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **Charitable** purposes and which has established its tax exempt status under Section 501 (c)(3), Internal Revenue Code.


Ardeth N. Sealy, Incorporator

Date January 3, 2012

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 31 2013**

SILICON VALLEY WOODTURNERS INC
C/O ARDETH SEALY
2954 BETSY WAY
SAN JOSE, CA 95133-2009

Employer Identification Number:
45-4528280
DLN:
17053123418032
Contact Person:
JACOB A MCDONALD ID# 31649
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
January 3, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

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

OMB No. 1545-0056

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

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

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

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Silicon Valley Woodturners Inc		Ardeth Sealy	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
2954 Betsy Way		45-4528280	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
San Jose, CA 95133-2009		January	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 916 871-4626	
a Name: Ardeth Sealy		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: SVWoodturners.org			
b Organization's email: (optional) asealy@pacbell.net			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		01 / 03 / 2012	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

RECEIVED
Attorney General's Office

JUL 11 2014

Registry of
Charitable Trusts

Part II Organizational Structure

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

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

Part III Required Provisions in Your Organizing Document

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

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

Part IV Narrative Description of Your Activities

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

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

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

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Ardeth Sealy	President	2954 Betsy Way San Jose, CA 95133	none
Howard Cohen	Secretary	687 Budd Ct. Campbell, CA 95008	none
Robert Gerense	Vice President	1731 Rocky Mountain Ave Milpitas, CA 95035	none
Grant Beech	Treasurer	1237 Carrie Lee Way San Jose, CA 95118	none
Glenn Krueg	Director at Large	5044 Tottenham Ct. Newark, CA 94506	none

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

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

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

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

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

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

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ Yes ☒ No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No
- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☒ Yes ☐ No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? ☒ Yes ☐ No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? ☒ Yes ☐ No

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

d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ **Yes** ☐ **No**

e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ **Yes** ☐ **No**

f Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ **Yes** ☐ **No**

g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☒ **Yes** ☐ **No**

b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

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

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

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

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

8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ **Yes** ☒ **No**

b Describe any written or oral arrangements that you made or intend to make.

c Identify with whom you have or will have such arrangements.

d Explain how the terms are or will be negotiated at **arm's length**.

e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.

f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

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

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

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

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

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

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

Part VII Your History

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

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

Part VIII Your Specific Activities

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

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

Part VIII Your Specific Activities (Continued)

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

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

Attach a description of each fundraising program.

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ **Yes** ☒ **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ **Yes** ☒ **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☐ **Yes** ☒ **No**

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

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

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

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

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

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

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

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

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

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

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

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

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☒ **Yes** ☐ **No**
-
- 12a** Do you or will you operate in a **foreign country or countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ **Yes** ☒ **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☐ **Yes** ☒ **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ **Yes** ☐ **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☐ **Yes** ☐ **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☐ **Yes** ☐ **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ **Yes** ☒ **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ **Yes** ☐ **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ **Yes** ☐ **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ **Yes** ☐ **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ **Yes** ☐ **No**

Part VIII Your Specific Activities (Continued)

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

Note: **Private foundations** may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

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

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From <u>1/1/12</u> To <u>12/31/12</u>	(b) From <u>1/1/13</u> To <u>12/31/13</u>	(c) From <u>1/1/14</u> To <u>12/31/14</u>	(d) From To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	500	500	500		1500
	2 Membership fees received	2450	2600	2800		7850
	3 Gross investment income					
	4 Net unrelated business income					
	5 Taxes levied for your benefit					
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	550	600	600		1750
	8 Total of lines 1 through 7	3500	3700	3900		11100
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					
	10 Total of lines 8 and 9	3500	3700	3900		11100
Expenses	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12 Unusual grants					
	13 Total Revenue Add lines 10 through 12	3500	3700	3900		11100
	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16 Disbursements to or for the benefit of members (attach an itemized list)	2500	2700	2800		
	17 Compensation of officers, directors, and trustees					
	18 Other salaries and wages					
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)	500	500	500		
	21 Depreciation and depletion					
	22 Professional fees	400	400	500		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	100	100	100		
	24 Total Expenses Add lines 14 through 23	3500	3700	3900		

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**

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

Part X Public Charity Status

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

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

Part X Public Charity Status (Continued)

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

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

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

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

For Organization

	Ardeth Sealy	
(Signature of Officer, Director, Trustee, or other authorized official)	(Type or print name of signer)	(Date)
	President	
	(Type or print title or authority of signer)	

For IRS Use Only

IRS Director, Exempt Organizations	(Date)

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

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

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☒ **Yes** ☐ **No**
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change). ☒
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change). ☐

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

**Please
Sign
Here**



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

Ardeth Sealy

(Type or print name of signer)

(Date)

President

(Type or print title or authority of signer)

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

Form **1023** (Rev. 6-2006)

Schedule A. Churches

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

Schedule B. Schools, Colleges, and Universities

If you operate a school as an activity, complete Schedule B

Section I Operational Information

1a Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B. ☐ **Yes** ☐ **No**

b Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B. ☐ **Yes** ☐ **No**

2a Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. ☐ **Yes** ☐ **No**

b Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B. ☐ **Yes** ☐ **No**

3 In what public school district, county, and state are you located?

4 Were you formed or substantially expanded at the time of public school desegregation in the above school district or county? ☐ **Yes** ☐ **No**

5 Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. ☐ **Yes** ☐ **No**

6 Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. ☐ **Yes** ☐ **No**

7 Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services. ☐ **Yes** ☐ **No**

Note. Make sure your answer is consistent with the information provided in Part VIII, line 7a.

8 Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ **Yes** ☐ **No**

Note. Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

Section II Establishment of Racially Nondiscriminatory PolicyInformation required by **Revenue Procedure 75-50.**

1 Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557. ☐ **Yes** ☐ **No**

2 Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? ☐ **Yes** ☐ **No**

a If "Yes," attach a representative sample of each document.

b If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement. ☐

3 Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain. ☐ **Yes** ☐ **No**

4 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully. ☐ **Yes** ☐ **No**

Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below. ☐

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II. ☐

Section I Hospitals

- 1a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. ☐ **Yes** ☐ **No**
- 2a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain. ☐ **Yes** ☐ **No**
- b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. ☐ **Yes** ☐ **No**
- c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. ☐ **Yes** ☐ **No**
- 3a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. ☐ **Yes** ☐ **No**
- b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain. ☐ **Yes** ☐ **No**
- 4a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. ☐ **Yes** ☐ **No**
- b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy. ☐ **Yes** ☐ **No**
- c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. ☐ **Yes** ☐ **No**
- 5a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e. ☐ **Yes** ☐ **No**
- b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
- c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
- d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule. ☐ **Yes** ☐ **No**
- 6a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. ☐ **Yes** ☐ **No**
- b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. ☐ **Yes** ☐ **No**
- 7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. ☐ **Yes** ☐ **No**
- 8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. ☐ **Yes** ☐ **No**
- 9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. ☐ **Yes** ☐ **No**

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

Schedule C. Hospitals and Medical Research Organizations (Continued)**Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☐ No
- Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. ☐ Yes ☐ No
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. ☐ Yes ☐ No
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. ☐ Yes ☐ No
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. ☐ Yes ☐ No

Section II Medical Research Organizations

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

Schedule D. Section 509(a)(3) Supporting Organizations**Section I Identifying Information About the Supported Organization(s)**

- 1** State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

Name	Address	EIN
		-
		-

- 2** Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3. ☐ **Yes** ☐ **No**

- 3** Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? ☐ **Yes** ☐ **No**

If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information:

- Part IX-A. Statement of Revenues and Expenses, lines 1-13 and
- Part X, lines 6b(ii)(a), 6b(ii)(b), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

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

To be classified as a supporting organization, an organization must meet one of three relationship tests:

- Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or
 Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or
 Test 3: "Operated in connection with" one or more publicly supported organizations.

- 1** Information to establish the "operated, supervised, or controlled by" relationship (Test 1)
 Is a majority of your governing board or officers elected or appointed by the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," continue to line 2. ☐ **Yes** ☐ **No**

- 2** Information to establish the "supervised or controlled in connection with" relationship (Test 2)
 Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," go to line 3. ☐ **Yes** ☐ **No**

- 3** Information to establish the "operated in connection with" responsiveness test (Test 3)
 Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If "Yes," explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II, line 5. If "No," go to line 4a. ☐ **Yes** ☐ **No**

- 4** Information to establish the alternative "operated in connection with" responsiveness test (Test 3)
a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b. ☐ **Yes** ☐ **No**

- b** Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4c. ☐ **Yes** ☐ **No**

- c** Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If "Yes," explain and provide documentation. ☐ **Yes** ☐ **No**

- d** Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If "Yes," explain and provide documentation. ☐ **Yes** ☐ **No**

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

Schedule D. Section 509(a)(3) Supporting Organizations (Continued)**Section II Relationship with Supported Organization(s)—Three Tests (Continued)****5** Information to establish the "operated in connection with" integral part test (Test 3)

Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a.

☐ Yes ☐ No

6 Information to establish the alternative "operated in connection with" integral part test (Test 3)**a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If "Yes," go to line 6b. (See instructions.)

☐ Yes ☐ No

If "No," state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.

b How much do you contribute annually to each supported organization? Attach a schedule.**c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.**d** Do you or the supported organization(s) **earmark** your funds for support of a particular program or activity? If "Yes," explain.

☐ Yes ☐ No

7a Does your organizing document specify the supported organization(s) by name? If "Yes," state the article and paragraph number and go to Section III. If "No," answer line 7b.

☐ Yes ☐ No

b Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).**Section III Organizational Test****1a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer "Yes." If your organizing document does not comply with this requirement, answer "No," and see the instructions.

☐ Yes ☐ No

b If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer "Yes," and go to Section IV. If your organizing document does not comply with this requirement, answer "No," and see the instructions.

☐ Yes ☐ No

Section IV Disqualified Person Test

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

1a Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons.

☐ Yes ☐ No

b Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons.

☐ Yes ☐ No

c Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons.

☐ Yes ☐ No

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier. If you are not eligible for tax exemption under section 501(c)(3) from your date of incorporation or formation, Schedule E is also intended to determine whether you are eligible for tax exemption under section 501(c)(4) for the period between your date of incorporation or formation and the postmark date of your application.

- | | | |
|--|-------------------------------------|------------------------------------|
| 1 Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2a Are you a public charity with annual gross receipts that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3a Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6, 7, or 8. If "No," go to line 6a. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6a If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? If "Yes," you are eligible for an advance ruling. Complete Part X, line 6a. If "No," you will be treated as a private foundation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Note. Be sure your ruling eligibility agrees with your answer to Part X, line 6. | | |
| b Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)

- 7** Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

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

- 8** According to your answers, you are only eligible for tax exemption under section 501(c)(3) from the postmark date of your application. However, you may be eligible for tax exemption under section 501(c)(4) from your date of formation to the postmark date of the Form 1023. Tax exemption under section 501(c)(4) allows exemption from federal income tax, but generally not deductibility of contributions under Code section 170. Check the box at right if you want us to treat this as a request for exemption under 501(c)(4) from your date of formation to the postmark date.



Attach a completed Page 1 of Form 1024, Application for Recognition of Exemption Under Section 501(a), to this application.

Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing**Section I General Information About Your Housing**

1 Describe the type of housing you provide.

2 Provide copies of any application forms you use for admission.

3 Explain how the public is made aware of your facility.

4a Provide a description of each facility.

b What is the total number of residents each facility can accommodate?

c What is your current number of residents in each facility?

d Describe each facility in terms of whether residents rent or purchase housing from you.

5 Attach a sample copy of your residency or homeownership contract or agreement.

6 Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements.

☐ **Yes**
☐ **No**

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

7 Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services.

☐ **Yes**
☐ **No**

Note. Make sure your answer is consistent with the information provided in Part VIII, line 7a.

8 Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.

☐ **Yes**
☐ **No**

Note. Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

9 Do you participate in any government housing programs? If "Yes," describe these programs.

☐ **Yes**
☐ **No**

10a Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b.

☐ **Yes**
☐ **No**

b How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.

c Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases.

☐ **Yes**
☐ **No**

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

- 1a** Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing. ☐ **Yes** ☐ **No**
- b** Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing. ☐ **Yes** ☐ **No**
-
- 2a** Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived. ☐ **Yes** ☐ **No**
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ **Yes** ☐ **No**
- c** Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable. ☐ **Yes** ☐ **No**
-
- 3a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy. ☐ **Yes** ☐ **No**
- b** Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements. ☐ **Yes** ☐ **No**
-
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements. ☐ **Yes** ☐ **No**
-
- 5** Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features. ☐ **Yes** ☐ **No**

Section III Low-Income Housing

- 1** Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing. ☐ **Yes** ☐ **No**
-
- 2** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ **Yes** ☐ **No**
-
- 3a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents. ☐ **Yes** ☐ **No**
- Note.** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions. ☐ **Yes** ☐ **No**
-
- 4** Do you provide social services to residents? If "Yes," describe these services. ☐ **Yes** ☐ **No**

Schedule G. Successors to Other Organizations

1a Are you a **successor** to a **for-profit organization**? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b. ☒ **Yes** ☐ **No**

b Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. ☐ **Yes** ☒ **No**

b Provide the tax status of the predecessor organization.

c Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. ☐ **Yes** ☒ **No**

d Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. ☐ **Yes** ☒ **No**

e Explain why you took over the activities or assets of another organization.

3 Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: **Silicon Valley Woodturners**

EIN: **-**

Address: **2954 Betsy Way, San Jose, CA 95133**

4 List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Name	Address	Share/Interest (if a for-profit)
Ardeth Sealy	2954 Betsy Way San Jose, CA 95133	Zero
Grant Beach	1237 Carrie Lee Way San Jose, CA 95118	Zero
Howard Cohen	687 Budd Ct. Campbell, CA 95008	Zero
Craig Thorson	2325 Kehoe Av San Mateo, CA 94403	Zero

5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. ☒ **Yes** ☐ **No**

6a Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. ☐ **Yes** ☒ **No**

b Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. ☐ **Yes** ☒ **No**

c Provide a copy of the agreement(s) of sale or transfer.

7 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. ☐ **Yes** ☒ **No**

8 Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. ☐ **Yes** ☒ **No**

9 Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. ☐ **Yes** ☒ **No**

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures**Section I** *Names of individual recipients are not required to be listed in Schedule H. Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.*

- 1a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions. ☐ Yes ☐ No
- 3** Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
- 4a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
- 5** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
- 6** Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
- 7** Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections? ☐ Yes ☐ No
- Note.** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

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

- 1a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? ☐ Yes ☐ No ☐ N/A
- b** For which section(s) do you wish to be considered?
- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution ☐
 - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product ☐
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? ☐ Yes ☐ No
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2? ☐ Yes ☐ No

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures
(Continued)

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

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f. ☐ Yes ☐ No
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.) ☐ Yes ☐ No
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? ☐ Yes ☐ No ☐ N/A
- If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? ☐ Yes ☐ No ☐ N/A
- If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e. ☐ Yes ☐ No
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No ☐ N/A
- If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.
- Note.** Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e. ☐ Yes ☐ No

Form 1023 Checklist

(Revised June 2006)

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

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

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

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

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

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

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

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

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



Printed on recycled paper

Form 1023
Silicon Valley Woodturners, Inc.
Employer Identification Number: 45-4528280

Part IV: Narrative Description of Your Activities

Corporation purpose is to foster a wider understanding and appreciation of lathe-turning as a form of art and craft among the general public, amateur turners, and professional turners. This will be accomplished by providing education, information, organization, technical assistance, and publications relating to woodturning. We principally offer such services by means of monthly meetings, newsletters, educational demonstrations, assisting high school teachers in the class room and related activities.

Part VIII: Fund Raising

4.a

Personal solicitations – It is the Corporation's intent to solicit donations from retail establishments and individuals by personal visits or direct telephone communications to only establishments or individuals that are in the woodturning or woodworking community.

Foundation grant solicitations – It is the Corporation's intent to solicit grants from foundations that provide grants for education or woodturning. The manner of solicitation will be by direct application.

Receive donations from another organization's website – The Corporation has applied for a grant from The American Association of Woodturners by completing the application form online. The Corporation intends to apply for grants in this manner where the Foundation's application requires online application completions.

11.

Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type?

The Corporation has not accepted any of the reference property, should a offer be made to the Corporation of the above listed property, the acceptance would only be made under the condition the property becomes the sole ownership of the Corporation, that there be no condition of the property to be returned in case of dissolution of the Corporation. The Corporation's use of such property not be restricted by the donor. Should an offer of real estate ownership the Corporation would only accept the donation based on the listed criteria provided. Should the real estate be for its use, the Corporation would observe the conditions of its use provided such restrictions do not require a restriction or change in the operation of the Corporation its self.

Form 1023

Silicon Valley Woodturners, Inc.
Employer Identification Number: 45-4528280

15. Relationship to the American Association of Woodturners (AAW)

While all members of Silicon Valley Woodturners, Inc. (Corporation) are encouraged to join the American Association of Woodturners, Inc. (AAW), it is required that all Directors and Officers be members in good standing of the American Association of Woodturners, and their AAW dues may be paid by Silicon Valley Woodturners. The relation between Corporation and AAW is limited. In any chapter activity it is a requirement that all equipment operators be AAW members and that each operator use acceptable eye and body protection. Beyond that, the nature, extent and safety of local activities and demonstrations are the responsibility of the local Chapter, its Officers, its individual Members, and invitees.

Section G:

1a. Are you a successor to a for-profit organization?

The Corporation is the successor to Silicon Valley Woodturners as group of individuals operating as an informal association of individuals with Chapter status from The American Association of Woodturners. This association did not have assets and was disbanded on December 31, 2011.

- 1b. the individuals of this informal association decided to become more active in their mission of promoting the art of woodturning. These individuals decided the best way to achieve this goal was to become a formal organization. They fostered an understanding and appreciation of lathe-turning as a form of art and craft among the general public, amateur turners, and professional turners. This was accomplished by providing education, information, organization, technical assistance, and publications relating to woodturning. They principally offered such services by means of monthly meetings, newsletters, educational demonstrations, and related activities.

5. The individuals listed have a volunteer working relationship with the corporations are:

Ardeth Sealy was President and has been elected as President of the Corporation.

Grant Beech was Vice President and has been elected as Treasurer of the Corporation.

Howard Cohen was Secretary and has been elected as Secretary of the Corporation.

Craig Thorson was Treasurer and is now a member at large.

Form 1023

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Form 1023

Silicon Valley Woodturners, Inc.
Employer Identification Number: 45-4528280

These individuals did not receive compensation from the association and will not receive compensation from the Corporation. There are not agreements between these individuals and either the association or the Corporation.

Form 1023

Silicon Valley Woodturners, Inc.

Employer Identification Number: 45-4528280

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members, Directors, or other private persons, except that Corporation shall be authorized and empowered to pay reasonable compensation for services rendered. Notwithstanding any provisions of these articles, Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income tax under section 501(c) (3) of the Internal Revenue Code of 1986 and its Regulations as they now exist or as they may hereafter be amended, or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code of 1986 and its Regulations as they now exist or as they may hereafter be amended.

ARTICLE IV

MEMBERSHIP

SECTION 1 Membership in this corporation is comprised of Active, Life Time, Junior, Family and Business members.

SECTION 2 Active, which shall be open to all persons with an interest in woodturning. Individuals shall be admitted to and maintained as General Members upon the following:

- Completion of an application for membership in which they agree to uphold the purposes of the Corporation and follow good safety practices, and
- Payment of the annual membership dues, as set by the Board of Directors.

SECTION 3 Life, which is a General Member who also has been elected to this additional membership class by the Board. To qualify for Life Membership, an individual must have:

- been an active member of the Corporation for ten years or more, and
- provided the Corporation with exceptional service.

Annual membership dues shall be waived for Life Members. Life Membership shall continue as long as the individual stays active in the Corporation. Life Members shall be liable for all other charges associated with demonstrations, workshops, etc.

SECTION 4 Junior, which is an Associate Member who qualifies for this additional membership class by virtue of being:

- 18 years old or younger and
- a full time student and
- have provided parental consent to be a member.

Annual membership dues shall be waived for Junior Members. Junior Members shall be liable for all other charges associated with demonstrations, workshops, etc. Junior membership shall continue as long as the individual stays active in the Corporation, has not turned 19 years old and remains in school. A Junior Member is a non-voting member.

- SECTION 5** A Family Member is an Active member who qualifies for the additional membership class by virtue of being:
- a spouse or significant other
 - a dependent child 19 years of age or greater and has been classified disabled of an Active Member.
- SECTION 5** A Business Member is any organization that provides services, material, and/or equipment to Woodturners and pays annual dues to the Corporation.
- SECTION 7** Any Member or prospective Member whose deeds or actions are detrimental to the club or to woodturning may be denied membership in the club by a majority vote of the membership present at a general membership meeting or by a majority vote of the Board of Directors provided that notice of this vote was sent to all members at least 14 days prior to the meeting and said member was permitted to address the meeting.
- SECTION 8** Each Member must annually renew their membership including pertinent contact information.

ARTICLE V

OFFICERS AND DIRECTORS

- SECTION 1** The officers shall be President, Vice-President, Secretary, and Treasurer.
- SECTION 2** There shall be one Member-at-Large Director.
- SECTION 3** The Directors shall consist of the Officers and one Member-at-Large Director.
- SECTION 4** The term 'Director' shall refer to any of those individuals listed in Section 3.
- SECTION 5** Tenure: All Officers and Member-at-Large Director terms shall be one year
- SECTION 6** Removal from office: Any Director, elected or appointed, may be removed by a majority vote of the Members present at a general membership meeting; or by a majority vote of the Board of Directors for cause provided that notice of this vote was sent to all members at least 14 days prior to the meeting and said member was permitted to address the meeting.
- SECTION 7** Duties: The Directors shall be responsible for the administrative, business, and policy functions of Corporation, and shall meet as necessary, but not less than quarterly. Meetings shall be held at a place, date and time acceptable to a majority of the Directors.

Meeting notices shall be made by email at least one week before a regular meeting; a special meeting of the Board shall be made by email or telephone at least two days before a special meeting.

Member-at-Large Director may be assigned specific areas of responsibility by the President.

SECTION 8 Quorum: A majority of the membership of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board. Active members may attend Board meetings.

ARTICLE VI

ELECTION OF DIRECTORS AND OFFICERS

SECTION 1 Time of election: Directors and Officers of Corporation shall be elected by the membership at the last general membership meeting (at least 30 days) prior to the end of the calendar year.

SECTION 2 The Nominating Committee shall be appointed by the President.

SECTION 3 A nominee is considered to be in good standing provided he or she is a dues paid member of Corporation

SECTION 4 Nominations: The Nominating Committee shall submit a list of recommended candidates for each position to the Board of Directors at a Board meeting preceding the announced date of the election. The Board of Directors may make additions to the list of recommended candidates. In addition to those nominated by the Nominating Committee, nominations from the general membership shall be allowed. All nominations by the general membership must be submitted to the Board of Directors at or prior to the last Board meeting held prior to the election. All nominations must be agreed to by the individual to be nominated. The Board of Directors shall confirm all nominations are members in good standing. Nominations will be considered closed at the close of the last Board meeting held prior to the election.

SECTION 5 Election: The election shall be by written secret ballot. No proxy voting shall be permitted. A majority vote (greater than 50%) of the voting Members then casting ballots shall be required for election. For any contested position where the candidate with the most votes does not receive a majority vote, the candidate with the fewest votes shall be eliminated. In the case of a tie for the least vote, a coin toss will determine the candidate eliminated. The vote for that position will then be repeated under the same rules until a majority vote is received for that position.

SECTION 6 The Officers shall each be elected to their specific position.

- SECTION 7** The powers of the Board shall be subject to the provisions of the California Nonprofit Public Benefit Corporation law, the Corporation Articles of Incorporation and these by-laws.
- SECTION 8** The President, Vice President, Treasurer and Secretary shall be elected to office by the General Membership at the Corporation's November Meeting. All of the Directors shall serve a term of one calendar year. Directors shall not hold the same office within the Board for more than two consecutive years. Directors shall be limited to four consecutive years on the Board, regardless of the positions held. Counting for these term limits shall commence 1 January 2012.
- SECTION 9** If the previous year's President is not reelected in any of the four board positions, he/she shall automatically serve the following year as the Member-at-Large Director. If the previous year's President is reelected to the Board, the position of Member-at-Large shall be filled by a majority vote of the other four directors. The Member-at-Large Director shall be a full voting member of the Board.
- SECTION 10** In the event that any officer or director position has not been filled by the end of the election, that position will be deemed 'VACANT' and that position will be filled by appointment by the incoming President (or the Board of Directors in the absence of a President) subject to confirmation by the Board of Directors and majority vote of the membership present at the next regularly scheduled membership meeting.

ARTICLE VII

DUTIES OF OFFICERS

- SECTION 1** President: The President shall:
- a. Preside at all meetings of Corporation and the Board of Directors
 - b. Call special meetings when necessary
 - c. Coordinate all activities
 - d. Be ex-officio member of all committees
 - e. Appoint the Chairs of standing or special committees.
- SECTION 2** Vice-President: The Vice-President shall:
- a. Perform the duties of the President in absence of or at the request of the President
 - b. Plan regular and special programs and is Chairman of the Program Committee.

SECTION 3 Treasurer: The Treasurer shall:

- a. Assume responsibility for all funds of the corporation, including collection and receipt
- b. Make all required disbursements. Any disbursements by check may be signed by the Treasurer and/or the President
- c. Maintain a record of all fiscal transactions in accordance with Generally Accepted Accounting Principles and report monthly to the Board of Directors
- d. Maintain an inventory of all of the corporation's physical assets
- e. Shall ensure all required tax returns and related documents are filed to taxing bodies.

SECTION 4 Secretary: The Secretary shall:

- a. Record and maintain the minutes of Board of Directors' meetings
- b. Record actions decided at general membership meetings
- c. Be Chairmen of the Membership committee, receives membership applications, dues; maintain, update and distribute the Club Membership Roster
- d. File the "Statement of Information – Nonprofit" with the Secretary of State, California annually.

SECTION 5 Financial Responsibilities of Officers:

- a. The fiduciary responsibility of the Treasurer and President shall extend into the following year until the financial institution(s) holding club assets accepts the signatures of the newly elected Treasurer and/or President, respectively
- b. The Treasurer shall develop a budget and present it to the Board of Directors
- c. The Treasurer shall present the Board approved Budget to the Membership
- d. The Treasurer shall provide fiscal report(s) to the Membership
- e. Any single expenditure over \$ 750 (SEVEN HUNDRED FIFTY Dollars) that is NOT specified in the budget is to be reported to the membership as soon as practical.

SECTION 6 Policies and Procedures: The Board of Directors will develop and maintain a Policy and Procedures Manual that will be available for review by the Membership.

ARTICLE VIII

VACANCIES IN OFFICE

- SECTION 1** President: If for any reason the Office of President becomes vacant, the Vice-President shall succeed to the presidency and serve the unexpired term.
- SECTION 2** Positions other than President: In the event of a vacancy occurring in any elective or appointed position, it shall be filled by Presidential appointment, subject to confirmation by the Board of Directors.

ARTICLE IX

NON-LABILITY OF DIRECTORS, OFFICERS AND MEMBERS

- SECTION 1** The Directors, Appointed Officers and General Members of the Corporation shall not be personally liable for the debts, liabilities, or other obligations of the Corporation. The Board may secure liability insurance to protect the Corporation and its Directors, Appointed Officers and General Members from legal action.

ARTICLE X

MEETINGS

- SECTION 1** REGULAR BOARD MEETINGS, the Board of Directors shall conduct one meeting each quarter (to be called the Regular Board Meeting) for the purpose of reviewing the Corporation's financial situation, policies and programs. A Regular Board Meeting requires a quorum of not less than three Directors. To be approved, actions must be adopted by a majority of the Directors present. If fewer than three Directors are present the meeting may proceed, but no action may be voted on. The meetings shall be chaired by the President and in his/her absence by the Vice President.

At the start of each year, the Board of Directors shall establish a calendar of Regular Board Meetings, which shall be posted on the Corporation's web site and listed in its newsletter. Each Director shall receive an additional notice and agenda of each Regular Board meeting giving the time and place of such meeting at least fourteen days in advance. The Secretary, or in the absence of the Secretary another Director appointed by the President, shall record the topics discussed and the outcome of actions taken at such meetings. The meeting record shall be archived in the Secretary's Notebook and on the Corporation's web site. The Board may cancel any Regular Board meeting with the approval of at least three Directors.

SECTION 2

SPECIAL BOARD MEETINGS, the Board of Directors may hold Special Board Meetings in addition to its regular quarterly meetings to expedite matters that cannot wait until the next Regular Board Meeting without hurting the affairs of the Corporation. A Special Board Meeting may be called by any Director. A Special Board Meeting requires a quorum of not less than three Directors. To be approved, actions must be adopted by a majority of the Directors present. If fewer than three Directors are present the meeting may proceed, but no action may be taken. The meetings shall be chaired by the President and in his/her absence by the Vice President.

Advance notice of Special Board Meetings must be given to all Directors at least three days prior to the meeting via email or telephone. Advanced notice of such meetings to the General Membership is not required.

The Secretary, or in the absence of the Secretary another Director appointed by the President shall record the topics discussed and outcome of actions taken at such meetings. The meeting record shall be archived in the Secretary's Notebook and on the Corporation's web site. Additionally, a Director shall make a verbal report of the need, discussion, and any actions taken at a Special Board Meeting at the next General Membership meeting. The Board may cancel any Special Board meeting with the approval of at least three Directors.

SECTION 3 OFFICERS MEETINGS, the Board of Directors and Committee Chairman shall conduct one meeting each month (to be called the Officers Meeting) for the purpose of reporting on current and planned activities. Notice of all meetings shall be given to the General Membership at least fourteen days in advance of the meeting via the Corporation's web site and newsletter. Such notice shall include the meeting time and date, location and general purpose. The meetings shall be chaired by the President and in his/her absence by the Vice President. Directors may take action at an Officer Meeting, as if it were a Regular Board Meeting, provided a quorum of at least three Directors is present. To be approved, actions must be adopted by a majority of the Directors present.

At the start of each year, the Board of Directors shall establish a calendar of Officer Meetings, which shall be posted on the Corporation's web site and listed in the newsletter. Any General Member may attend an Officer Meeting. The Secretary, or in the absence of the Secretary another Director or an Officer appointed by the President, shall record the topics discussed and the outcome of actions taken at such meetings. The meeting record shall be archived in the Secretary's Notebook and on the Corporation's web site. The Board may cancel any Officer Meeting with the approval of at least three Directors.

SECTION 4

GENERAL MEETINGS, the Corporation shall hold a General Membership meeting once a month (to be called the General Meeting) for the purpose of pursuing the Corporation's educational purposes.

At the start of each year, the Board of Directors shall establish a calendar (to the extent

practical) of General Meetings, which shall be posted on the Corporation's web site and listed in its newsletter. Notice of all meetings shall be given to the General Membership at least three days in advance of the meeting via the Corporation's web site and newsletter. Such notice shall include the meeting time and date, location and general purpose.

Any General Member may ask a question, present a suggestion for consideration by the Board or request a general membership discussion at a General Meeting. This provision is intended to provide the General Membership with an opportunity to influence the Board and its actions. At such times, the President shall encourage other General Members to comment. The discussion shall continue until the Board has a sense of the collective views of the General Membership present. At such time as the President believes that this initial discussion appears to adequately address the matter, the President may close the discussion and move on to other business. Should any General Member object to this action, the President shall put the issue of continuing the discussion to a majority vote of the General Members present. If it appears in the opinion of the President that the matter under discussion requires more consideration than is possible at the current meeting, the President shall appoint an ad hoc committee of General Members to pursue the matter at another time and report back to the General Membership at the next General Meeting. The Board may cancel any General Meeting with the approval of at least three Directors.

ARTICLE X

DUES

- SECTION 1** Fiscal Year: The fiscal year shall be from January 1 through December 31.
- SECTION 2** The Board of Directors by November of each year shall determine the amount of annual per capita dues for the ensuing year.
- SECTION 3** Dues are delinquent if not paid by the February general membership meeting. If not paid by March 31, the member shall be dropped from the membership roll.
- SECTION 4** New members joining after the first quarter may be entitled to prorated annual dues for the year such member joins the Corporation. Any member that failed to renew their membership is not eligible for prorated annual dues unless they were a non-member for the prior year.

ARTICLE XI

AAW INDEBTEDNESS AND DISCLAIMERS

- Section 1** AAW's National Office must be notified in writing prior to the Chapter incurring any indebtedness for AAW.

Section 2 The Corporation, The American Association of Woodturners Inc., specifically disassociates itself from any debts, obligations, or encumbrances of the Local Chapter (Corporation). The Corporate Board of Directors of AAW is not responsible for the debts, nor does it share in the profits of the Local Chapter. The Corporate Organization does not shoulder any legal liability for accidents that occur during events of any kind whether or not they are sponsored by a Local Chapter. The Corporation specifically disassociates itself from any debts, obligations or encumbrances of The American Association of Woodturners Inc. Corporation does not shoulder any legal liability for accidents that occur during events of any kind sponsored or not sponsored by the National Organization.

ARTICLE XII

AMENDMENTS

SECTION 1 These Bylaws may only be amended by affirmative vote of a simple majority (greater than 50%) of the voting Members then casting ballots at a general membership meeting, provided the proposed amendments have been included in the notice of the meeting and distributed to each member at least two weeks prior to the meeting. A copy of the amended Bylaws must be filed with the national office of AAW.

ARTICLE XIII

PARLIAMENTARY AUTHORITY

SECTION 1 Robert's Rules of Order shall govern the meetings of Corporation in all matters of procedure not covered in these Bylaws.

ARTICLE XIV

LEGAL OWNERSHIP

SECTION 1 Should Corporation for any reason be dissolved, title to any property or equipment and such funds as are in the treasury shall be given to one or more organizations or entities with similar or related purpose designated by the Board of Directors, provided that it has non-profit status as a 501(c) (3) organization.

ARTICLE XV

Indemnification

SECTION 1 The corporation shall, to the extent legally permissible, indemnify each person who may serve or who has served at any time as an officer, director, or employee of the corporation against all expenses and liabilities, including, without limitation, counsel fees, judgments, fines, excise taxes, penalties and settlement payments, reasonably incurred by or imposed upon such person in connection with any threatened, pending or completed action, suit or proceeding in which he or she may become involved by reason of his or her service in such capacity; provided that no indemnification shall be provided for any such person with respect to any matter as to which he or she shall have been finally adjudicated in any proceeding not to have acted in good faith in the reasonable belief that such action was in the best interests of the corporation; and further provided that any compromise or settlement payment shall be approved by a majority vote of a quorum of directors who are not at that time parties to the proceeding. If that is not possible it should be approved by a majority of the disinterested members attending a regular or special membership meeting held not less than two weeks after notice of this vote is sent to all members.

The indemnification provided hereunder shall inure to the benefit of the heirs, executors and administrators of persons entitled to indemnification hereunder. The right of indemnification under this Article shall be in addition to and not exclusive of all other rights to which any person may be entitled.

No amendment or repeal of the provisions of this Article which adversely affects the right of an indemnified person under this Article shall apply to such person with respect to those acts or omissions which occurred at any time prior to such amendment or repeal, unless such amendment or repeal was voted by or was made with the written consent of such indemnified person.

This Article constitutes a contract between the corporation and the indemnified officers, directors, and employees. No amendment or repeal of the provisions of this Article which adversely affects the right of an indemnified officer, director, or employee under this Article shall apply to such officer, director, or employee with respect to those acts or omissions which occurred at any time prior to such amendment or repeal.

ARTICLE XVI

Conflicts of Interest

SECTION 1 Whenever a director or officer has a financial or personal interest in any matter coming before the board of directors, the affected person shall a) fully disclose the nature of the interest and b) withdraw from discussion, lobbying, and voting on the matter. Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested directors determine that it is in the best interest of the

corporation to do so, or if that is not possible, by majority of the disinterested members attending a regular or special membership meeting held not less than two weeks after notice of this vote is sent to all members. The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

Certification

We hereby certify that these Bylaws were approved and Adopted at a general membership meeting held on October 26, 2011.

Ardeth Sealy, President  1/4/2012 (Date)

Howard Cohen, Secretary  1/4/2012 (Date)

corporation to do so, or if that is not possible, by majority of the disinterested members attending a regular or special membership meeting held not less than two weeks after notice of this vote is sent to all members. The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

Certification

We hereby certify that these Bylaws were approved and Adopted at a general membership meeting held on October 26, 2011.

Ardeth Sealy, President *Ardeth Sealy* *11/4/2012* (Date)

Howard Cohen, Secretary *Howard Cohen* *11/4/2012* (Date)

3500**Exemption Application****Organization Information**

California Secretary of State corporation or file number 3 4 4 0 2 2 7		FEIN 4 5 4 5 2 8 2 8 0	
Name of Organization as shown in the organization's creating document Silicon Valley Woodturners, Inc.		Web Address asealy@pacbell.net	
Address (suite, room, or PMB no.) 2954 Besty Way			
City San Jose		State CA	ZIP code 9 5 1 3 3
Phone number (9 1 6) 871-4626	Second phone number ()	Fax ()	

Representative Information

Name of Representative Ardeth Sealy		Email address asealy@pacbell.net	
Address (suite, room, or PMB no.) 2954 Betsy Way			
City San Jose		State CA	ZIP code 9 5 1 3 3
Phone number (9 1 6) 871-4626	Second phone number ()	Fax ()	

Failure to provide requested information or documents may delay the determination as to whether the organization qualifies for exemption or result in a denial of the application.

General Questions**Part I Organizational Structure**

Check the box for the type of organization and provide the listed documents. Copies are acceptable.

- ☒ **California Corporation** – incorporated through the California Secretary of State (SOS). Refer to General Information E, Incorporated Organizations.
Articles of incorporation, including any amendments stamped by the SOS, and the corporation's bylaws or other code of regulations.
- ☐ **Foreign Corporation** – Refer to General Information F, Foreign Corporations.
If the corporation **qualified** through the SOS: Statement and Designation by Foreign Corporation, stamped articles of incorporation including all amendments from the state of incorporation, the corporation's bylaws or other code of regulations, the federal exemption determination letter, and the last three years of federal information returns (990 series).
If the organization is **not qualified** through the SOS: Letter of good standing from the state of incorporation, the endorsed articles of incorporation and all amendments from the state of incorporation, the corporation's bylaws or other code of regulations, the federal exemption determination letter, and the last three years of federal information returns (990 series).
- ☐ **Unincorporated Association** – not incorporated through the SOS. Refer to General Information G, Unincorporated Associations.
Constitution, articles of association, bylaws or other code of regulations with specific language, signed by the board of directors or other governing body.
- ☐ **Trust** – Refer to General Information H, Trusts.
Trust instrument, any amendments and the trust's federal exemption determination letter.
- ☐ **Limited Liability Company** – Refer to General Information I, Limited Liability Companies.
If the LLC is registered in California: Articles of organization (LLC-1), and any amendments stamped by the SOS, and the operating agreement.
If the LLC is a foreign LLC registered in California: Application to Register a Foreign Limited Liability Company (Form LLC-5), letter of good standing from the state of incorporation, articles of organization from the state of incorporation including any amendments, and the operating agreement.

Be sure to include the \$25 application fee. Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Do not send cash. Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution. Mail form FTB 3500 to: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-4041.

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

10/4/2012

DATE

SIGNATURE OF OFFICER OR REPRESENTATIVE

President

TITLE

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Part II Narrative of Activities

1 Enter the California Revenue and Taxation Code (R&TC) section that best fits the organization's purpose/activity. See the Exemption Classification Table on page 5. 1 R&TC Section 23701 C

2 Enter the date the organization formed. 2 0 1 / 0 3 / 2 0 1 2

3 Was the organization formed in another state? 3 ☐ Yes ☒ No

If "Yes," answer question 3a and question 3b.

a List the state where the organization was formed 3a _____

b Is the organization qualified through the California SOS? 3b ☐ Yes ☐ No

If "Yes," enter the date qualified. _____ / _____ / _____

4 What is the organization's annual accounting period ending (APE)? (must end on the last day of the calendar or fiscal year). 4 1 2 / 3 1

5 Why was the organization formed?

Silicon Valley Woodturners, Inc was formed to provide education to the public on woodturning. Education is provided by monthly meetings where examples of turnings are presented and explained. In addition to the presentation of turnings, a program demonstration is provided on a certain aspect of the art of woodturning.

6 Is the organization currently conducting, or plan to conduct activities? 6 ☒ Yes ☐ No

If "Yes," enter the date the activities began, or will begin. 0 1 / 0 5 / 2 0 1 2

If "No," explain why the organization is not planning any activities.

Part II Narrative of Activities (continued)

7 Describe the organization's past, present, and planned activities below. 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:

- (a) a detailed description of the activity, including its purpose and how each activity furthers the organization's exempt purpose.
- (b) when the activity was or will be initiated.
- (c) where and by whom the activity will be conducted.

Monthly meetings held usually on the first Wednesday of each month. Each meeting has presentations of completed turnings to the attendees explaining how the woodturning was created. Each meeting has a demonstration of a certain aspection of woodturnings.

During the summer months, a Saturday event is held where turnings are displayed by specific catigory. The turnings are describe and explained how they were made my the turner.

Members volunteer at a High School teaching students methods of woodturning.

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Part III Financial Data

Provide the financial information requested in the statement below. The organization may use its own gross receipts and expenses statement(s), but the details must be completed as indicated below.

- If the organization has had financial activities for less than one year, provide a financial statement for the period of activities, and a projected budget for the entire first year.
- If the organization has no gross receipts and expenses to report for any operational or projected year, attach a detailed statement explaining any operations and why no money has been received for each year.

Foreign Corporations: In lieu of completing Part III, attach the last three years of federal information returns (990 series).

Federal 990N e-Postcard filers: Complete Part III, or attach a detailed statement.

Current Tax
Year/Proposed
Budget

Three preceding years for each year in existence

	From 01/01 To 12/31	From To	From To	From To	Total
RECEIPTS					
Gifts, grants, and contributions received	2,780				
Fundraising					
Membership income	2,380				
Membership dues and assessments (R&TC Section 23701t)					
Nonmembership income					
Nonmembership income (R&TC Section 23701g or R&TC 23701t)					
Gross amounts derived from activities not related to exempt purposes					
Gross receipts from admissions					
Gross receipts from commissions					
Gross receipts from advertising					
Gross receipts from sale of merchandise					
Gross receipts from services provided					
Gross investment income					
Gross receipts from furnishing of facilities					
Gross royalty income					
Gross rental income					
Gain or loss from sale of capital assets					
Other income (attach sheet itemizing each type)					
TOTAL RECEIPTS	5,160				

EXPENSES

Expenses directly related to the organization's exempt purposes	2,700				
Expenses not related to the organization's exempt purposes activities					
Contributions, gifts, grants, and similar amounts paid (attach schedule)					
Disbursements to or for member benefit (attach schedule)					
Compensation of officers					
Compensation of directors					
Compensation of trustees					
Professional fees/private contractors					
Other salaries and wages					
Rental expenses (occupancy)					
Fundraising expenses					
Advertising expenses					
Other (including all operational and administrative expenses – attach sheet)					
TOTAL EXPENSES	2,700				

EXCESS OF RECEIPTS OVER EXPENSES

2,460				
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Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Part III Continued

Balance Sheet (for the organization's most recently completed tax year)

		Year End:
Assets		
1	Cash	2,200
2	Accounts receivable, net	
3	Inventories	
4	Bonds and notes receivable	
5	Corporate stocks	
6	Loans receivable	
7	Other investments	
8	Depreciable and depletable assets	
9	Land	
10	Other assets (attach an itemized list)	1,216
11	Total assets (add line 1 through line 10)	3,416
Liabilities		
12	Accounts payable	
13	Contributions, gifts, grants, etc., payable	
14	Mortgages and notes payable	
15	Other liabilities	
16	Total liabilities (add line 12 through line 15)	0
Fund Balances or Net Assets		
17	Total fund balances or net assets	3,416
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	3,416
19	Has there been any substantial change in the organization's assets or liabilities since the end of the period shown above? If "Yes," explain	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part IV Compensation of Officers, Directors and Trustees

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

Name	Title	Mailing Address	Compensation Amount (annual actual or estimated)
Ardeth Sealy	President	2954 Betsy Way San Jose, CA 95133	0
Robert Gerense	Vice President	1731 Rocky Mountain Ave Milpitas, CA 95035	0
Howard Cohen	Secretary	687 Budd Ct. Campbell, CA 95008	0
Grant Beech	Treasurer	1237 Carrie Lee Way San Jose, CA 95118	0
Glenn Krueg	Director at Large	5044 Tottenham Ct. Newark, CA 94508	0

Organization Name: Silicon Valley Woodterners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Part IV Compensation of Officers, Directors and Trustees (continued)

Will any incorporator, founder, board member or other person(s) or entity:

- 1 Share any facilities with the organization? 1 ☐ Yes ☒ No

If "Yes," describe the facility and state any rents charged.

Name	Title	Facility Description	Address	Rent charged

- 2 Rent, sell, or transfer property to this organization? 2 ☐ Yes ☒ No

If "Yes," explain the parties involved and each transaction in detail.

Name	Title	Property Description	Value of Property	Type of Transaction

- 3 Be compensated for services other than performing as a board member or employee? 3 ☐ Yes ☒ No

If "Yes," explain services performed and monies received. Also list the name of other directors, indicating their blood or marriage/RDP relationship, if any, to the compensated directors.

Name	Title	Services Performed	Compensation	Relationship

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Part V History

- 1 List any previous California entity ID numbers assigned to the organization. 1 ☒ None

--

- 2 Was this organization previously granted, denied, or revoked exemption by the Internal Revenue Service? 2 ☐ Yes ☒ No

If "Yes," complete the information below and provide a copy of any federal exemption determination letters received.

<input type="checkbox"/> Granted, IRC Section 501(c)_____	<input type="checkbox"/> Denied	<input type="checkbox"/> Revoked
Date: _____	Date: _____	Date: _____

- 3 Was this organization previously granted, denied, or revoked exemption by California? 3 ☐ Yes ☒ No

If "Yes," complete the information below and provide a copy of any state determination letters received.

<input type="checkbox"/> Granted, R&TC Section 23701_____	<input type="checkbox"/> Denied	<input type="checkbox"/> Revoked
Date: _____	Date: _____	Date: _____

- 4 Has the organization filed any federal returns? 4 ☐ Yes ☒ No

If "Yes," state the type of return (990 or 1120 series) and years filed.

--

Part VI Specific Activities

- 1 Does, or will the organization fundraise? 1 ☐ Yes ☐ No

If "Yes," check all the fundraising programs the organization conducts, or will conduct.

- | | |
|---|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Phone solicitations |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Accept donations on the organization's website |
| <input checked="" type="checkbox"/> Personal solicitations | <input type="checkbox"/> Receive donations from another organization's website |
| <input type="checkbox"/> Vehicle, boat, plane, or similar donations | <input type="checkbox"/> Government grant solicitations |
| <input type="checkbox"/> Foundation grant solicitations | <input type="checkbox"/> Other |

Describe each fundraising program.

<p>All fundraising activities are planned to be a person to person solicitation with no ture fundraising program.</p>

Part VI Specific Activities (continued)

- 2 a Does the organization conduct any gaming activities (bingo, raffles, etc)? 2a ☐ Yes ☒ No

If "Yes," describe the gaming activities.

- b Is gaming the organization's only activity? 2b ☐ Yes ☐ No

- 3 Does the organization now lease or does it plan to lease any property? 3 ☐ Yes ☒ No

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.

- 4 Does, or will the organization publish, sell, or distribute any literature? 4 ☒ Yes ☐ No

If "Yes," describe the literature or attach samples. Include any internet sites.

Silicon Valley Woodturners, Inc. publishes a monthly newsletter which is available to the general public to view at www.svwoodturners.org at no charge.

- 5 Does, or will the organization publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? 5 ☐ Yes ☒ No

If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

- 6 Does, or will the organization accept contributions of real property, conservation easements, closely held securities, intellectual property such as patents, trademarks, and copyrights, works of music or art, licenses, royalties, automobiles, boats, planes, or other vehicles, or collectibles of any type? 6 ☒ Yes ☐ No

If "Yes," describe each type of contribution, any conditions imposed by the donor in the contribution, and any agreements with the donor regarding the contribution.

We will accept contribution of collectible woodturnings and woodturning educational materials it offered.

- 7 Does, or will the organization operate outside of the United States? 7 ☐ Yes ☒ No

If "Yes," (a) name the countries and regions within the countries in which the organization operates, (b) describe the operations in each country and region in which the organization operates, (c) describe how the operations in each country and region further the organization's exempt purpose.

Specific Section Questions

The following are questions for the specific type of exemption requested. Complete only the specific section that the organization requests tax-exempt status under. Refer to the Exempt Classification Chart on page 5 for a list of the various exemptions and comparable federal codes.

Additional Questions: Churches, credit counseling organizations, and hospitals applying for tax-exempt status under R&TC Section 23701d or Section 23701f must also complete an additional schedule. See Section D, Religious, charitable, scientific, literary, or educational organization, or Section F, Civic league, social welfare organization, and local association of employees for more information.

Section A R&TC Section 23701a – Labor, agricultural, or horticultural organization

- 1 Are any services to be performed for members? 1 ☐ Yes ☐ No

If "Yes," explain.

- 2 Cooperative Organizations:

Provide a copy of the federal exemption letter showing exemption under IRC Section 501(c)(5).

Section B R&TC Section 23701b – Fraternal societies, orders, or associations, etc. (Lodge system with benefits)

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

- 1 Is the organization a college fraternity or sorority or a chapter of a college fraternity or sorority? 1 ☐ Yes ☐ No

If "Yes," college fraternities and sororities generally qualify as organizations described in R&TC Section 23701g.

For more information, get FTB Pub 1077, Guidelines for Social and Recreational Organizations. If R&TC Section 23701g appears to apply, **do not** complete Section B. Go to Section G, Social and recreational organization.

- 2 Does the organization operate, or plan to operate under the lodge system or for the exclusive benefit of the members of the lodge system? 2 ☐ Yes ☐ No

If "No," explain.

- 3 Is the organization a subordinate or local lodge, etc? 3 ☐ Yes ☐ No

If "Yes," attach a certificate signed by the secretary of the parent organization certifying that the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.

- 4 Is the organization a parent or grand lodge? 4 ☐ Yes ☐ No

If "Yes," answer question 4a and question 4b.

a What is the number of subordinate lodges in active operation? 4a _____

b Are periodic meetings held? 4b ☐ Yes ☐ No

If periodic meetings are not held, explain.

- 5 Describe the types of benefits (life, sick, accident, or other benefits) paid, or to be paid, to members.

Organization Name: Silicon Valley Woodterners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section C R&TC Section 23701c Cemeteries, crematoria, and like corporations

- 1** Does the organization currently own or plan to purchase cemetery property? **1** ☐ Yes ☐ No

If "Yes," explain.

--

- 2** What is the location of property?

--

- 3** Who owns title to the property?

Name	ITIN/FEIN	Address

- 4** Cost or estimated current value of property owned. **4** \$ _____

- 5** Does the organization have a perpetual care fund? **5** ☐ Yes ☐ No

If "Yes," provide a copy of the federal exemption letter and a copy of the fund agreement and answer question 5a through question 5d.

- a** What are the contents of the fund (cash, securities, unsold land, etc.)?

--

- b** How is, or will, the fund be administered?

--

- c** Explain the specific purposes of the fund.

--

- d** What are the names of the persons administering the fund?

--

- 6** If the organization is claiming exemption as a perpetual care fund for an organization described in IRC Section 501(c)(13), has the cemetery organization, for which funds are held, established exemption under that section? **6** ☐ Yes ☐ No

If "No," explain.

--

Organization Name: Silicon Valley Woodterners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section D R&TC Section 23701d – Religious, charitable, scientific, literary, or educational organization

1 Check the box(es) below that best describe the organization.

- | | | |
|---|---|---|
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Church* | <input type="checkbox"/> Credit Counseling |
| <input type="checkbox"/> Educational | <input type="checkbox"/> School | <input type="checkbox"/> Other type of organization _____ |
| <input type="checkbox"/> Prevent cruelty to children or animals | <input type="checkbox"/> Hospital, Medical Center | |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Scientific | |

*A church is subject to California franchise or income tax until the organization applies for and receives California tax-exempt status.

Describe how the organization qualifies for tax-exempt status as the type of organization checked above.

- 2** Has the organization received or does it expect to receive 10% or more of its assets from any organization or group of affiliated organizations (affiliated through stockholding, common ownership, or otherwise), any individuals, or members of a family group (brother or sister whether whole or half blood, spouse/RDP, ancestor or lineal descendant)? **2** ☐ Yes ☐ No

If "Yes," explain.

- 3** Does the organization attempt to influence legislation? **3** ☐ Yes ☐ No

If "Yes," explain how the organization attempts to influence legislation.

- 4** Does the organization support or oppose candidates in political campaigns in any way? **4** ☐ Yes ☐ No

If "Yes," explain.

- 5** Does the organization hold, or plan to hold, 10% or more of any class of stock or 10% or more of the total combined voting power of stock in any corporation? **5** ☐ Yes ☐ No

If "Yes," explain.

- 6 a** Does the organization operate as a church? **6a** ☐ Yes ☐ No
If "Yes," complete Schedule A, Churches, on side 21.

- b** Is the organization's main function to provide hospital or medical care? **6b** ☐ Yes ☐ No
If "Yes," complete Schedule B, Hospitals, on side 23.

- c** Is the organization a credit counseling organization? **6c** ☐ Yes ☐ No
If "Yes," complete Schedule C, Credit Counseling Organizations, on side 25.

Section E R&TC Section 23701e – Business league, chamber of commerce, professional association, or society.

- 1 Has the organization performed, or does it plan to perform, particular services for members, shareholders, or others such as furnishing credit reports or collection accounts, inspecting products, conducting advertising, purchasing merchandise, or other similar undertakings? 1 ☐ Yes ☐ No

If "Yes," describe the types of services provided including income realized and expenses incurred in such activities.
If engaged in advertising attach samples of materials.

Section F R&TC Section 23701f – Civic league, social welfare organization, or local association of employees

- 1 How will the organization promote the common good or welfare of an entire community?

- 2 Is the organization a credit counseling organization? 2 ☐ Yes ☐ No

If "Yes," complete Schedule C, Credit Counseling Organization, on side 25.

Section G R&TC Section 23701g – Social and recreational organization

To be exempt under R&TC Section 23701g, income from a combination of investment income and receipts from the general public should not exceed 35% of gross receipts. However, general public income is not to represent more than 15% of total receipts (Public Law 94-568). For more information, get FTB Pub 1077, Guidelines for Social and Recreational Organizations, at ftb.ca.gov.

- 1 What is the focus of the organization's activities? (cars, golf, quilts, etc). How many members? Explain.

- 2 Does a percentage of this organization's income come from the general public's use of club facilities or in participation in club activities? 2 ☐ Yes ☐ No

If "Yes," explain and list the percentage.

- 3 Has the organization rented, leased, or sold, or does it plan to rent, lease, or sell any part of the club's property to others? 3 ☐ Yes ☐ No

If "Yes," explain.

- 4 Has the organization derived, or will it derive, any income from nonmembers not explained above? 4 ☐ Yes ☐ No

If "Yes," provide a schedule showing member and nonmember income for the past three years and a proposed budget separating member and nonmember income for the next period of operation.

Section G continued

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section G R&TC Section 23701g – Social and recreational organization (continued)

- 5 Does the organization have different classes of membership? 5 ☐ Yes ☐ No

If "Yes," describe the dues and privileges of each class.

- 6 Is the organization's income from investments and gross receipts from the general public 35% or more? 6 ☐ Yes ☐ No

- 7 Is the income from the general public greater than 15% of total receipts? 7 ☐ Yes ☐ No

Section H R&TC Section 23701h – Title holding organization

R&TC Section 23701h requires turning over net income to a parent organization periodically. Organizations with members, incorporating as a nonprofit corporation under the California Corporations Code, are precluded from exempt status under R&TC Section 23701h. California Corporations Code Sections 5410 and 7411 prohibit any distribution to members of nonprofit public benefit corporations or nonprofit mutual benefit corporations unless the organization dissolves.

Incorporated organizations seeking exemption under R&TC 23701h that have members must incorporate under the for-profit provisions of the California Corporations Code.

- 1 Is the organization currently holding title to property or does the organization plan to hold title to property? . . . 1 ☐ Yes ☐ No

If "No," explain. If "Yes," answer question 1a and question 1b.

- a List the name, FEIN, address, and number of shares held by each shareholder or parent organization.
Attach another sheet if necessary.

Name	FEIN	Address	Number of Shares

- b Describe the property being held, including cost or approximate value, and address.

- 2 Attach a copy of the exemption letter (federal or California) for each organization for which property will be held. If property will be held for organizations located in California, the organization must furnish a California exempt determination or acknowledgement letter.

- 3 Does the organization turn over net income to a parent organization? 3 ☐ Yes ☐ No

If "Yes," what is the amount? If "No," explain.

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section I R&TC Section 23701i – Voluntary employees’ beneficiary organization

- 1** Describe the voluntary employees’ beneficiary organization.

- 2** Furnish a copy of the federal exemption determination letter under IRC Section 501(c)(9).

Section L R&TC Section 23701i – Fraternal beneficiary societies, orders, or associations, etc. (Lodge system with no benefits)

Operating under the lodge system means carrying on activities under a form of organization that comprises local branches (called lodges, chapters, or the like) that are largely self-governing and chartered by a parent organization.

- 1** Is the organization a college fraternity or sorority, or a chapter of a college fraternity or sorority? **1** ☐ Yes ☐ No

If “Yes,” college fraternities and sororities generally qualify as organizations described in R&TC Section 23701g.

For more information, get FTB Pub 1077, Guidelines for Social and Recreational Organizations.

If R&TC Section 23701g appears to apply, do **not** complete Section L. Go to Section G, Social and recreational organization.

- 2** Does the organization operate or plan to operate under the lodge system or for the exclusive benefit of the members of a lodge system? **2** ☐ Yes ☐ No

If “No,” explain.

- 3** Is the organization a subordinate, chapter or local lodge, etc? **3** ☐ Yes ☐ No

If “Yes,” attach a certificate signed by the secretary of the parent organization certifying that the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.

- 4** Is the organization a parent or grand lodge? **4** ☐ Yes ☐ No

If “Yes,” answer question 4a and question 4b.

a What is the number of subordinate lodges in active operation? **4a** _____

b Are periodic meetings held? **4b** ☐ Yes ☐ No

If periodic meetings are not held, explain.

Section N R&TC Section 23701n – Supplemental unemployment compensation trust

Attach a copy of the supplemental unemployment benefit plan. Include any pertinent agreements. Also, attach a copy of the federal exemption determination letter.

Section T R&TC Section 23701t – Homeowners' association

- 1 Furnish a copy of the recorded Declaration of Covenants, Conditions, and Restrictions.
- 2 Is the purpose of this organization to manage and maintain residential association property of members? 2 ☐ Yes ☐ No
If "No," explain.
- 3 Describe the types of units/lots in the association (single dwelling, condominium, condominium conversion, live/work, timeshare, or other.)
- 4 Have any units/lots been sold? 4 ☐ Yes ☐ No
If "No," when will the first unit be available for sale? / /
If "Yes," when was the first unit sold? / /
- 5 When were, or will dues first be collected? 5 / /
- 6 Will any of the units be rented by a person or series of persons, for periods of less than 30 days that, when added together, equal more than half of the association's taxable year? 6 ☐ Yes ☐ No
- 7 a Will any of the individual units/lots owned by the organization or its members be used for nonresidential purposes? 7a ☐ Yes ☐ No
b What is the percentage of the units/lots that will be used for nonresidential purposes? 7b _____ %
- 8 Condominium management associations only:
a What is the square footage of residential units? 8a _____
b What is the square footage of all units? 8b _____
- 9 Residential real estate management associations only:
a What is the total number of lots? 9a _____
b What is the number of lots zoned residential? 9b _____
- 10 a What is the association's total gross income? 10a \$ _____
b What is the total gross income from nonresidential sources? 10b \$ _____
- 11 a What are the association's total expenditures? 11a \$ _____
b What are the total expenditures for nonresidential purposes? 11b \$ _____
- 12 Will this organization own, maintain, or operate a mutual water company, well, electrical generating facility, or other utility? 12 ☐ Yes ☐ No
If "Yes," describe in detail and answer question 13 through question 16.

Section T continued

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section T R&TC Section 23701t – Homeowners' association (continued)

13 Are the members/shareholders the actual users of the utility or simply investors? **13** ☐ Actual Users
☐ Investors

14 Is this organization furnishing utilities to (check applicable boxes)? **14** ☐ Residential homes
☐ Commercial businesses
(including agricultural enterprises)

If both, what percent of this organization's total income will be derived from the sale of utilities
for nonresidential usage? %

15 Are the members/shareholders assessed equally on the basis of square footage/acreage? **15** ☐ Yes ☐ No
If "No," explain how members are assessed.

16 Are meters utilized to determine charges to members/stockholders? **16** ☐ Yes ☐ No
If "Yes," provide a detailed breakdown on how rates are determined and the amount of revenue received.

Organization Name: Silicon Valley Woodterners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section U R&TC Section 23701u – Public facility financial corporation

1 Attach samples of all certificates of participation or other securities to be issued.

2 Describe all leases, contracts, trust agreements, or other agreements that have been, or will be, entered into by this corporation.

Section V R&TC Section 23701v – Mobile home park acquisition organization

1 Are all members of the organization owners of manufactured homes, mobile homes, or mobile home tenants of the mobile home park? **1** ☐ Yes ☐ No

If "No," explain the circumstances under which other individuals can become members of the organization.

2 Describe the mobile home park in which owner/tenant members reside.

3 Will the organization carry on activities other than purchasing or preparing to purchase the mobile home park in which members reside? **3** ☐ Yes ☐ No

If "Yes," describe in detail the other activities.

4 Are all the lots within the park rented or leased to mobile home or manufactured home owners? **4** ☐ Yes ☐ No

If "No," explain.

5 Does the rent paid by each owner include rental for the lot occupied by the mobile home or manufactured home? **5** ☐ Yes ☐ No

If "No," explain.

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section W R&TC Section 23701w – War veterans organization

Complete if a post or organization of past or present members of the Armed Forces of the United States.

1	What is the total membership of the post or organization?	1	_____
2	a How many members are present or former members of the Armed Forces of the United States?	2a	_____
	b How many members are cadets (include students in college, university, or armed services academies)? ..	2b	_____
	c How many are spouses/RDPs, widow, or widowers of cadets, or of past or present members of the Armed Forces of the United States?	2c	_____
3	Does the organization have any other membership category?	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a If "Yes," how many members?	3a	_____
	b Explain in detail.		
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

Complete if an auxiliary unit, society, post, or organization of past or present members of the Armed Forces of the United States.

4	Is the organization affiliated with and organized according to the bylaws and regulations formulated by such an exempt post or organization?	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	How many members does the organization have?	5	_____
6	How many members are past or present members of the Armed Forces of the United States, or have spouses/RDPs or persons related to them within two degrees of blood relationship (grandparents, brothers, sisters, and grandchildren are the most distant relationships allowable) that are past or present members of the Armed Forces of the United States (enter total)?	6	_____
7	Are all of the members themselves members of a post or organization, past or present members of the Armed Forces of the United States, or spouses/RDPs of members of such a post or organization, or related to members of such a post or organization within two degrees of blood relationship?	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," explain in detail.		
	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section X R&TC Section 23701x – Title holding organization

R&TC Section 23701x requires turning over net income to specified parent organizations periodically. Organizations with members incorporating as a nonprofit corporation under the California Corporations Code are precluded from exempt status under R&TC Section 23701x. California Corporations Code Sections 5410 and 7411 prohibit any distribution to members of nonprofit public benefit corporations or nonprofit mutual benefit corporations unless the organization dissolves.

Incorporated organizations seeking exemption under R&TC Section 23701x that have members must incorporate under the for-profit provisions of the California Corporations Code.

- 1** Is the organization currently holding title to property or does the organization plan to hold title to property? . . . **1** ☐ Yes ☐ No

If "Yes," answer question 1a and question 1b.

If "No," explain.

--

- a** List the name, FEIN, address, and the number of shares of capital stock held by each parent organization.

Attach another sheet if necessary.

Name	FEIN	Address	Number of Shares

- b** Describe the property being held, including cost or approximate value and address.

--

- 2** Provide a copy of each parent organization's federal exemption determination letter or federal plan letter.

- 3** For those parent organizations that the organization holds property for and which do not have a federal exemption determination letter, provide detailed information to show that each shareholder is:

- (1) A governmental plan described in IRC Section 414(d).
(2) The United States, any state or political subdivision thereof, or any agency or instrumentality of the foregoing.

--

- 4** Does the organization turn over net income to a parent organization? . . . **4** ☐ Yes ☐ No

If "Yes," list the amounts given to each parent. If no, explain.

--

Organization Name: Silicon Valley Woodturners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Section Y R&TC Section 23701y – Credit union (state chartered effective on or after January 1, 1999)

1 Provide a copy of the organization's license to operate as a credit union.

2 What is the total number of members of the organization? 2 _____

3 Does the organization have a Federal charter? 3 ☐ Yes ☐ No

If "Yes," provide a copy.

4 Does the organization operate outside of California? 4 ☐ Yes ☐ No

If "Yes," explain.

Section Z R&TC Section 23701z – Self-insurance pool for charitable organizations

1 Provide a list of names, California corporation numbers, and FEIN for all participants in the pool.

2 Describe in detail the activities of each participating corporation.

3 Furnish a copy of the latest federal exemption determination letter showing exemption under IRC Section 501(c)(3) for each participating corporation.

4 Describe in detail all insurance services to be provided to members of the pool.

Schedule A – Churches

Complete Schedule A only if the organization answered "Yes" to Specific Question Section D, Question 6a.

-
- 1** Has a permanent place of worship been established? **1** ☐ **Yes** ☐ **No**
If "Yes," at what address? Who is the legal owner of the property? Other property use?

-
- 2** Does the organization have a regular congregation or conduct religious services on a regular basis? **2** ☐ **Yes** ☐ **No**
If "Yes," how many usually attend the regular worship services? Where and how often are religious services held? Explain.

-
- 3** Explain the background and training of the religious leaders.

-
- 4** Will income be received from incorporators, ministers, officers, directors, or their families? **4** ☐ **Yes** ☐ **No**
If "Yes," explain, including dollar amounts received.

-
- 5** Will any founder, member, or officer take a vow of poverty? **5** ☐ **Yes** ☐ **No**
If "Yes," explain.

-
- 6** Will any founder, member, or officer transfer personal assets to this organization, like a home, automobile, furnishings, business, or recreational assets, etc., that will be made available for the personal use of the donors? **6** ☐ **Yes** ☐ **No**
If "Yes," explain.

Schedule A Churches continued

Organization Name: Silicon Valley Woodterners, Inc.

Corp Number/SOS file number: 3 4 4 0 2 2 7

Schedule A - Churches (continued)

- 7 Will any founder, member, or officer assign or donate income to the organization that will be used to pay their own personal salary, living allowance, or that will result in any other personal benefit (such as food, medical expenses, clothing, insurance, etc.)? 7 ☐ Yes ☐ No
If "Yes," explain.

-
- 8 Does the organization have a written creed, statement of faith, or summary of beliefs? 8 ☐ Yes ☐ No
If "Yes," explain.

-
- 9 Do the religious leaders conduct baptisms, weddings, funerals, etc? 9 ☐ Yes ☐ No
If "Yes," explain.

-
- 10 Does the organization ordain, commission, or license ministers or religious leaders? 10 ☐ Yes ☐ No
If "Yes," describe.

Schedule B – Hospitals

Complete Schedule B only if the organization answered "Yes" to Specific Section D, Question 6b. Attach a statement to explain any answers.

- 1** Are all the doctors in the community eligible for staff privileges? **1** ☐ Yes ☐ No
If "No," give the reasons why and explain how the medical staff is selected.
- 2 a** Does or will the organization provide medical services to all individuals in the community who can pay for themselves or have private health insurance? **2a** ☐ Yes ☐ No
If "No," explain.
- b** Does or will the organization provide medical services to all individuals in the community who participate in Medicare? **2b** ☐ Yes ☐ No
If "No," explain.
- 3 a** Does or will the organization require persons covered by Medicare or Medicaid to pay a deposit before receiving services? **3a** ☐ Yes ☐ No
If "Yes," explain.
- b** Does the same deposit requirement, if any, apply to all other patients? **3b** ☐ Yes ☐ No
If "No," explain.
- 4 a** Does or will the organization maintain a full-time emergency room? **4a** ☐ Yes ☐ No
If "No," explain why the organization does not maintain a full-time emergency room. Also, describe any emergency services provided.
- b** Does the organization have a policy on providing emergency services to persons without apparent means to pay? **4b** ☐ Yes ☐ No
If "Yes," provide a copy of the policy.
- c** Does the organization have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? **4c** ☐ Yes ☐ No
If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements.
- 5 a** Does the organization provide for a portion of the organization's services and facilities to be used for charity patients? **5a** ☐ Yes ☐ No
If "Yes," answer question 5b through question 5e.
- b** Explain the organization's policy regarding charity cases, including how the organization distinguishes between charity care and bad debts. Submit a copy of the written policy.
- c** Provide data on the organization's past experience in admitting charity patients, including the amounts expended for treating charity care patients and types of services provided to charity care patients.
- d** Describe any arrangements with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Does the organization provide services on a sliding fee schedule depending on financial ability to pay? **5e** ☐ Yes ☐ No
If "Yes," submit the sliding fee schedule.
- 6 a** Does or will the organization carry on a formal program of medical training or medical research? **6a** ☐ Yes ☐ No
If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which the organization carry on the medical training or research programs.
- b** Does or will the organization carry on a formal program of community education? **6b** ☐ Yes ☐ No
If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which the organization offers community education programs.

Schedule B Hospitals continued

Schedule B - Hospitals (continued)

- 7 Does or will the organization provide office space to physicians carrying on their own medical practices? 7 ☐ Yes ☐ No
If "Yes," describe the criteria for who may use the space, explain the means used to determine that the organization is paid at least fair market value, and submit representative lease agreements.
- 8 Is the board of directors comprised of a majority of individuals who are representative of the community served? 8 ☐ Yes ☐ No
Include a list of each board member's name, and business, financial, or professional relationship with the hospital. Also identify each board member who is representative of the community and describe how that individual is a community representative.
- 9 Does the organization participate in any joint ventures? 9 ☐ Yes ☐ No
If "Yes," state the ownership percentage in each joint venture, list the investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are IRC Section 501(c)(3) organizations, describe the activities of each joint venture, describe how the organization exercises control over the activities of each joint venture, and describe how each joint venture furthers the organization's exempt purposes. Also, submit copies of all agreements.
- 10 Does, or will the organization manage its activities or facilities through its employees or volunteers? 10 ☐ Yes ☐ No
If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage the activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for the activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how the organization will determine it pays no more than fair market value for services.
- 11 Does, or will the organization offer recruitment incentives to physicians? 11 ☐ Yes ☐ No
If "Yes," describe the recruitment incentives and attach copies of all written recruitment incentive policies.
- 12 Does, or will the organization lease equipment, assets, or office space from physicians who have a financial or professional relationship with the organization? 12 ☐ Yes ☐ No
If "Yes," explain how the organization establishes a fair market value for the lease.
- 13 Has the organization purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons who have a business relationship with the organization, aside from the purchase? 13 ☐ Yes ☐ No
If "Yes," submit a copy of each purchase and sales contract and describe how fair market value was determined, including copies of appraisals.
- 14 Has the organization adopted a conflict of interest policy? 14 ☐ Yes ☐ No
If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of the governing board. If "No," explain how the organization will avoid any conflicts of interest in business dealings.

Schedule C – Credit Counseling Organizations

Complete Schedule C only if the organization answered "Yes" to Specific Section D, Question 6c or Specific Section F, Question 2.

- | | | | |
|----|--|----|--|
| 1 | Are the services tailored to the specific needs and circumstances of consumers? | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Does the organization make loans to debtors (other than loans with no fees or interest)? | 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Does the organization negotiate the making of loans on behalf of debtors? | 3 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Does the organization provide services for the purpose of improving a consumer's credit record, credit history, or credit rating? | 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "Yes," are such services incidental to credit counseling? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Does the organization charge any separately stated fee for services for the purpose of improving any consumer's credit record, credit history, or credit rating? | 5 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Does the organization refuse to provide credit counseling services to a consumer due to the consumer's inability to pay, the ineligibility of the consumer for debt management plan enrollment, or the unwillingness of the consumer to enroll in a debt management plan? | 6 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Did the organization establish and implement a fee policy that requires any fees to be reasonable and allows for a waiver of fees if the consumer is unable to pay? | 7 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | Did the organization establish and implement a fee policy that prohibits charging any fee based in whole or in part on a percentage of the consumer's debt, the consumer's payments to be made pursuant to a debt management plan, or the projected or actual savings to the consumer resulting from enrolling in a debt management plan? | 8 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | At all times, is the organization's governing body controlled by persons who represent the broad interests of the public, persons having special knowledge or expertise in credit or financial education, and community leaders? | 9 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Is 20% or less of the organization's voting power vested in persons who are employed by the organization or who will benefit financially, directly or indirectly, from the organization's activities (other than through the receipt of reasonable directors' fees or repayment of consumer debt to creditors other than the credit counseling organization or its affiliates)? .. | 10 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Is 49% or less of the organization's voting power vested in persons who are employed by the organization or who will benefit financially, directly or indirectly, from the organization's activities (other than through the receipt of reasonable directors' fees)? | 11 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Does the organization own more than 35% of a corporation, partnership, trust, or estate that is in the trade or business of lending money, repairing credit, or providing debt management plan services, payment processing, or similar services? .. | 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Does the organization receive any amounts for providing referrals to others for debt management plan services or pay any amount to others for obtaining referrals of consumers? | 13 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14 | Does the organization solicit contributions from consumers during the initial counseling process or while the consumer is receiving services from the organization? | 14 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15 | Do the aggregate revenues of the organization which are from payments of creditors of consumers of the organization and which are attributable to debt management plan services exceed 50% of the total revenues of the organization? If the Transition rule in IRC Section 501(q)(2)(B)(ii) applies, please attach a statement of explanation. | 15 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16 | If the organization is a credit counseling organization, did the organization receive federal exemption under IRC Section 501(c)(4)? | 16 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "No," explain. | | |

9:37 AM
12/08/12
Cash Basis

Silicon Valley Woodturners Inc

Profit & Loss Budget vs. Actual

January through December 2012

	Jan - Dec 12	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
601 - Membership Dues				
601.2 - Family	225.00			
601 - Membership Dues - Other	2,155.00	2,700.00	-545.00	79.8%
Total 601 - Membership Dues	2,380.00	2,700.00	-320.00	88.1%
602 - Raffle Income	319.00	75.00	244.00	425.3%
603 - Demos	875.00	1,800.00	-925.00	48.6%
604 - Wood sales	350.00	300.00	50.00	116.7%
605 - Library	102.00	100.00	2.00	102.0%
606 - Coffee & Drinks	11.00			
620 - Miscellaneous Income	1,998.49	1,998.49	0.00	100.0%
Total Income	6,035.49	6,973.49	-938.00	86.5%
Expense				
701 - Program Expenses				
701.1 - Meals for Demonstrators	0.00	120.00	-120.00	0.0%
701.2 - Stipend for Demonstrators	100.00	400.00	-300.00	25.0%
701.3 - Supplies for Programs	93.72			
Total 701 - Program Expenses	193.72	520.00	-326.28	37.3%
703 - Professional Demos				
703.1 - Fees	650.00	1,800.00	-1,150.00	36.1%
703.3 - Supplies for Prof Demo	44.20	300.00	-255.80	14.7%
703.4 - Equipment for Programs	271.99	478.00	-206.01	56.9%
703.6 - Meals at Prof demos	135.00			
Total 703 - Professional Demos	1,101.19	2,578.00	-1,476.81	42.7%
705 - Library Exp	195.82	400.00	-204.18	49.0%
706 - Coffee & Drink Exp	0.00	100.00	-100.00	0.0%
890 - Legal	50.00	656.00	-606.00	7.6%
910 - Taxes & Licenses	467.00			
916 - Miscellaneous Exp	0.00	50.00	-50.00	0.0%
919 - Picnic Expense	107.25			
920 - Presidents Challenge				
920.1 - President Challenge Picnic	100.00	100.00	0.00	100.0%
920.2 - Monthly Prize	20.00	200.00	-180.00	10.0%
Total 920 - Presidents Challenge	120.00	300.00	-180.00	40.0%
924 - Printing	214.15			
928 - Rent	11.00			
949 - Web Site Fees and expenses	140.50	138.50	2.00	101.4%
Total Expense	2,600.63	4,742.50	-2,141.87	54.8%
Net Ordinary Income	3,434.86	2,230.99	1,203.87	154.0%
Other Income/Expense				
Other Expense				
960 - Trailer Purchase	1,215.82			
Total Other Expense	1,215.82			
Net Other Income	-1,215.82			
Net Income	2,219.04	2,230.99	-11.95	99.5%

Instructions For Completing Form SI-100

For faster processing, the required statement for most corporations can be filed online at <https://businessfilings.sos.ca.gov>.

Every **domestic nonprofit, credit union and consumer cooperative corporation** must file a Statement of Information with the California Secretary of State, within 90 days after the filing of the initial Articles of Incorporation, and biennially* thereafter during the applicable filing period. The applicable filing period for a corporation is the calendar month during which the initial Articles of Incorporation were filed and the immediately preceding five calendar months. A corporation is required to file this statement even though it may not be actively engaged in business at the time this statement is due. Changes to information contained in a previously filed statement can be made by filing a new form, completed in its entirety. * **Credit unions and consumer cooperative corporations** are required to file **annually** instead of biennially.

Legal Authority: Statutory filing provisions are found in California Corporations Code sections 6210, 8210, 9660, or 12570 and California Financial Code section 14101.6, unless otherwise indicated. All subsequent statutory references are to the California Corporations Code, unless otherwise stated. Failure to file this Statement of Information by the due date may result in the assessment of a \$50.00 penalty. (Sections 6810, 8810, 9690, or 12670; California Revenue and Taxation Code section 19141.)

Fees: The fee for filing the Statement of Information is **\$20.00**. Checks should be made payable to the Secretary of State. If this statement is being filed to amend any information on a previously filed statement and is being filed outside the applicable filing period, as defined above, **no fee** is required.

Copies: The Secretary of State will endorse file one copy of the statement if an exact copy is submitted along with the statement to be filed. Copies submitted with the statement to be filed can be certified upon request and payment of \$8.00 per copy.

Common Interest Development Association: Every domestic nonprofit corporation formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (for example, a homeowners' association) must also file a Statement By Common Interest Development Association (Form SI-CID) together with the biennial Statement of Information (California Civil Code section 1350, et seq.). Both forms are available on the Secretary of State's website at www.sos.ca.gov/business/be/statements.htm.

Complete the Statement of Information (Form SI-100) as follows:

- Item 1.** Enter the name of the corporation **exactly** as it is of record with the California Secretary of State.
- Item 2.** Enter the corporation number issued by the California Secretary of State.
- Item 3.** Enter the complete street address, city and zip code of the corporation's principal office in California, if any. Please do not enter a P.O. Box or abbreviate the name of the city. Note: a credit union must enter the street address of the corporation's principal office, if any, whether the office is located in or outside of California.
- Item 4.** Enter the mailing address of the corporation, if different from the street address of the principal office in California or if the corporation has no principal office in California.
- Items 5-7.** Enter the name and complete business or residential address of the corporation's chief executive officer (i.e., president), secretary and chief financial officer (i.e., treasurer). Please do not abbreviate the name of the city. The corporation must list these three officers. Any number of offices may be held by the same person unless the articles or bylaws provide otherwise, except, in the case of a nonprofit *public benefit* or *religious* corporation, neither the secretary nor the chief financial officer or treasurer may serve concurrently as the president or chair of the board (Sections 5213 or 9213). Please note, unless the articles or bylaws provide otherwise, the president, or if there is no president, the chair of the board, is the chief executive officer of the corporation. Additionally, unless otherwise specified in the articles or the bylaws, if there is no chief financial officer, the treasurer is the chief financial officer of the corporation. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered, except in the case of a consumer cooperative corporation, which may include the name and address of its general manager in lieu of the name and address of its chief executive officer. (Section 12570(a).)
- Item 8.** Enter the name of the agent for service of process in California. An agent is an individual (director, officer or any other person, whether or not affiliated with the corporation) who resides in California or another corporation designated to accept service of process if the corporation is sued. The agent **must** agree to accept service of process on behalf of the corporation prior to designation. If an individual is designated as agent, complete Items 8 and 9. If another corporation is designated as agent, complete Item 8 and proceed to Item 10 or Item 11, as applicable (do not complete Item 9).
Note: Before another corporation may be designated as agent, that corporation must have previously filed with the California Secretary of State, a certificate pursuant to Section 1505. **A corporation cannot act as its own agent** and no domestic or foreign corporation may file pursuant to Section 1505 unless the corporation is currently authorized to engage in business in California and is in good standing in the records of the California Secretary of State.
- Item 9.** If an individual is designated as agent for service of process, enter a business or residential **street** address in California (a P.O. Box address is not acceptable). Please do not enter "in care of" (c/o) or abbreviate the name of the city. If another corporation is designated as agent, leave Item 9 blank and proceed to Item 10 or Item 11, as applicable.

Common Interest Development Corporations: Corporations formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (for example, a homeowners' association) must file a Statement by Common Interest Development Association (Form SI-CID).

Item 10. Check the box only if the corporation is formed to manage a common interest. If the corporation is not formed to manage a common interest development, do not check the box and proceed to Item 11.

Item 11. Type or print the name and title of the person completing this form and enter the date this form was completed.

Completed forms along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, Sacramento, CA 95814. If you are not completing this form online, please type or legibly print in black or blue ink. This form must not be altered. This form is filed only in the Sacramento office.



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
CA

4. MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

6. SECRETARY ADDRESS CITY STATE ZIP CODE

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

Silicon Valley Woodturners, Inc.

2. CALIFORNIA CORPORATE NUMBER
C3440227

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
2954 Betsy Way	San Jose	CA	95133
4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE
2954 Betsy Way	San Jose	CA	95133

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Ardeth Sealy	2954 Betsy Way	San Jose	CA	95133
6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
Howard Cohan	687 Budd Ct.	Campbell	CA	95008
7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Grant Beach	1237 Carrie Lee Way	San Jose	CA	95118

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS

Ardeth Sealy

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2954 Betsy Way	San Jose	CA	95113

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

10/3/12

Ardeth Sealy

President

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



Department of the Treasury
Internal Revenue Service

Notice 1382

(Rev. December 2011)

Changes for Form 1023:

- Mailing address
- Parts IX, X and XI

**Changes for Form 1023, Application for
Recognition of Exemption Under Section
501(c)(3) of the Internal Revenue Code**

Change of Mailing Address

The mailing address shown on Form 1023 Checklist, page 28, the first address under the last checkbox; and in the Instructions for Form 1023, page 4 under *Where to File*, has been changed to:

Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

Changes for Parts IX and X

Changes to Parts IX and X are necessary to comply with new regulations that eliminated the advance ruling process. Until Form 1023 is revised to reflect this change, please follow the directions on this notice when completing Part IX and Part X of Form 1023. For more information about the elimination of the advance ruling process, visit us at IRS.gov and click on "Charities and Non-Profits," then in the top right "Search" box type "Elimination of the Advance Ruling Process" (exactly as written) and select "Search."

Part IX. Financial Data

The instructions at the top of Part IX on page 9 of Form 1023 are now as follows. For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX, has not been updated to provide for a 5th year.

corporation to do so, or if that is not possible, by majority of the disinterested members attending a regular or special membership meeting held not less than two weeks after notice of this vote is sent to all members. The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

Certification

We hereby certify that these Bylaws were approved and Adopted at a general membership meeting held on October 26, 2011.

Ardeth Sealy, President *Ardeth Sealy* *1/4/2012* (Date)

Howard Cohen, Secretary *Howard Cohen* *1/4/2012* (Date)

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We hereby certify that these Bylaws were approved and Adopted at a general membership meeting held on October 26, 2011.

Ardeth Sealy, President *Ardeth Sealy* *1/4/2012* (Date)

Howard Cohen, Secretary *Howard Cohen* *1/4/2012* (Date)



State of California

Franchise Tax Board

PO Box 1286
Rancho Cordova CA 95741-1286

SILICON VALLEY WOODTURNERS, INC.
ATTN: ARDETH SEALY
2954 BETSY WAY
SAN JOSE CA 95133-2009

Date: 02.14.13
Case: 25360506762801766
Case Unit: 25360506762801770
In reply refer to: 760:HLA:F120

Regarding	: Tax-Exempt Status
Organization's Name	: Silicon Valley Woodturners, Inc.
CCN	: 3440227
Purpose	: Educational
R&TC §	: 23701d
Form of Organization	: Incorporated
Accounting Period Ending	: 12/31
Tax-Exempt Status Effective	: 01/03/2012

Exempt Determination Letter

We have determined the organization is tax-exempt from California franchise or income tax as stated in the above Revenue and Taxation Code (R&TC) section (§).

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

We have based our decision on the information submitted and the assumption that the organization's present operations will continue unchanged or conform to those proposed in the organization's application. In order for us to determine any affect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

Our determination may no longer be applicable, if these changes occur:

- Material facts or circumstances relating to the organization application.
- Relevant statutory, administrative, or judicial case law.
- Federal interpretation of federal law in cases where our decision was based on such interpretation.

It is the organization's responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of R&TC §21012(a)(2).

For filing requirements, get Pub. 1068, *Exempt Organizations - Filing Requirements and Filing Fees*. Go to **ftb.ca.gov** and search for **1068**.

This exemption is for state franchise or income tax purposes only. For information regarding sales tax exemption, contact the State Board of Equalization at 800.400.7115, or go to their website at **boe.ca.gov**.

Harvey L. Adams Jr.
Telephone: 916.845.4171
Fax: 916.845.9337

July 8, 2014

Silicon Valley Woodturners Inc
California Corporation No. C3440227

To Whom It May Concern:

I previously sent an email relating to this initial registration filing, which apparently should have been done some time ago. I have provided this information to the best of my ability, and taken from the records that I have at my disposal. We are a woodturning club that organized as a Corporation for liability reasons, and do not raise any money except for our minimal annual dues. The original officers are no longer with the club for a number of reasons, and I have the papers that were left. We do not have a physical address or official email address, so those listed are of the Club's President. We do have a web page.

Since I am the one who filled out this CT-1 form, I would be the most likely contact in the event of questions or shortcomings. Of course, I hope there are none. That said, I am supplying my contact information as well.

Sincerely,



Richard Westfall, Treasurer
150 Alta Mira Ct.
Aptos, CA 95003
(831) 688-2687
r_westfall@msn.com

RECEIVED
Attorney General's Office

JUL 11 2014

Registry of
Charitable Trusts



San Diego Woodturners

A chapter of the American Association of Wood Turners



October 4, 2011

Ardeth Sealy
President of Silicon Valley Woodturners
2954 Betsy Way
San Jose, Ca 95133
Svwoodturners.org
asealy@pacbell.net
Cell: 916-871-4626

**Re: Consent Pursuant To California Code of Regulations Title 2, Division 7,
Chapter 8.5, Sections 21003 and 21004**

Dear Ardeth Sealy,

In response to your request for consent to use the words "Woodturners Inc." or "Woodturners Incorporated" in your AAW Chapter's title, this letter confirms that the Board of Directors of the San Diego Woodturners, Inc. hereby consents to the use of the words "Woodturners Incorporated" and/or "Woodturners Inc." by Silicon Valley Woodturners in forming a corporation.

Should you or the Secretary of State require anything further in this regard, please feel free to contact me directly at (858) 658-2591.

Sincerely,

Leonard Badour
Secretary and Membership Chair,
San Diego Woodturners, Inc.
(858) 658-2591
sdwt.org



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

EX75029**FILED**

In the office of the Secretary of State
of the State of California

APR-08 2014**1. CORPORATE NAME**

SILICON VALLEY WOODTURNERS, INC.

2. CALIFORNIA CORPORATE NUMBER

C3440227

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
MIKE LANAHAN 1782 BETHANY AVE, SAN JOSE, CA 95133			

4. MAILING ADDRESS OF THE CORPORATION	CITY	STATE	ZIP CODE
MIKE LANAHAN 1782 BETHANY AVE, SAN JOSE, CA 95133			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
MIKE LANAHAN	1782 BETHANY AVE, SAN JOSE, CA 95133			

6. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
GARY KEOGH	185 GIDDING CT, SAN JOSE, CA 95139			

7. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
RICHARD WESTFALL	150 ALTA MIRA CT., APTOS, CA 95003			

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS

MIKE LANAHAN

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
1782 BETHANY AVE, SAN JOSE, CA 95133			

Davis-Stirling Common Interest Development Act (California Civil Code section 1350, et seq.)

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

04/08/2014

RICHARD WESTFALL

TREASURER

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on March 22, 2014 07:14 PM.

Confirmation Number:	344022708100
Entity ID:	3440227
Entity Name:	SILICON VALLEY WOODTURNERS, INC.
Account Period Beginning:	JANUARY 01, 2013
Account Period Ending:	DECEMBER 31, 2013
This is not your entity's first year in business.	
Your entity has not terminated or gone out of business.	
Your entity has not changed the account period.	
Gross Receipts:	\$2,443
This is not an amended return.	
An IRS Form 1023/1024 is not pending.	
Date IRS Form 1023/1024 Filed:	N/A
FEIN:	
Doing Business As:	
Website Address:	

Entity's Mailing Address

150 ALTA MIRA CT
APTOS, CA 95003

Principal Officer's Information

Name: MIKE LANAHAN
1783 BETHANY DR
SAN JOSE, CA 95132

Contact Information

Name:	RICHARD WESTFALL
Phone:	831.688.2687

[Print](#)[Close Window](#)

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.