

Form **1023**
(Rev. March 1986)
Department of the Treasury
Internal Revenue Service

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

For Paperwork Reduction Act Notice, see page 1 of the instructions.

OMB No. 1545-0056
Expires 3-31-89

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

Part I Identification

1 Full name of organization Multiple Sclerosis Foundation, Inc.		2 Employer identification number (If none, see instructions) 59-2792934	
3a Address (number and street) 1170 Sunset Strip, Suite 200		Check here if applying under section: N/A <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k)	
3b City or town, state, and ZIP code Sunrise, FL 33313		4 Name and telephone number of person to be contacted Robin Kaufman-Froug 813/366-6660	
5 Month the annual accounting period ends December	6 Date incorporated or formed December 26, 1986	7 Activity codes 927 160 161	
8 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.			

Part II Type of Entity and Organizational Document (see instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing document and bylaws as indicated for each entity.

Corporation—Articles of incorporation and bylaws. Trust—Trust indenture. Other—Constitution or articles of association and bylaws.

Part III Activities and Operational Information

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

Charitable contributions of cash; contributions and services will be donated by individuals, corporations and other entities. Sources of revenue will be derived from:

1. Major fundraising events
2. Membership fees (A member receives no benefits for their fee)
3. Advertising journal

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.) Attach representative copies of solicitations for financial support.

See attachment regarding same.

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

(Signature) **Marilyn Garden**

President
(Title or authority of signer)

(Date)

Part III Activities and Operational Information (Continued)

3 Give a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not state the purposes and activities of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VI-A.

See Attachment regarding same.

4 The membership of the organization's governing body is:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
See Attachment Regarding Same.	

FORM 1023 ATTACHMENT
THE MULTIPLE SCLEROSIS FOUNDATION, INC.
1170 Sunset Strip, Suite 200
Sunrise, FL 33313

59-2792934

_____, 1987

Part III, 2

The Multiple Sclerosis Foundation (The Foundation), dedicated to aiding the researchers and victims of Multiple Sclerosis (MS), began its fundraising campaign in April of 1987. Based in Florida, The Foundation has concentrated its efforts in that state with the hope that public and corporate response will be generous enough to make significant grants to Florida regional researchers while expanding awareness of MS into other states, thus gaining support from a national base.

Already 3 of the twelve one-night shows planned for 1987 have taken place and a "50's" musical show was held June 1st in Vero Beach; Kreskin the mind reader performed September 13th in Orlando; a country/western show, "Nashville USA", was held October 1st in Panama City. In process is the sale of tickets for a circus, "The Holiday Hippodrome", to be held December 13th.

The major fund raising annual event is to be a dinner/dance with entertainment scheduled for January 9, 1988, to be held at The Bahia Mar in Ft. Lauderdale. Tickets will be sold for \$300-\$350 a couple, although it is anticipated that various contributors will donate as much as \$5000 for a table of eight. Solicitation for this event has begun with pledges received for the wine, flowers and ticket printing. On the night of the event an advertising journal will be distributed among the guests. Space in this journal has already been reserved by individuals and companies.

In late November the drive to sell the tickets for this special evening will begin. The Board of Directors and special friends of The Foundation will market these tickets, although a professional promoter will also be engaged to insure the success of this important event. Major corporations, prominent local citizens and friends, those particularly interested in MS or charitable causes, will be the target market. The Foundation intends to make this dinner/dance an annual event in order to raise substantial monies in 1988 and each succeeding year until this disease is eradicated.

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THE MULTIPLE SCLEROSIS FOUNDATION

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A general donation drive was also begun in the Fort Lauderdale, FL, area a couple of months ago. A professional fund raiser is heading this campaign. However, as members and friends of The Foundation learn the techniques of promotion it is planned to curtail expenses of this type of fund raising by converting to a nearly all volunteer staff. This public awareness and contribution drive will be expanded into other parts of Florida in 1988 and then into other states. Appropriate licenses and permits have been applied for in Kentucky and Tennessee.

The President of The Foundation, herself a victim of Multiple Sclerosis, is forming a special committee of concerned friends and other victims of MS to create, implement and run innovative fund-raising programs beyond those already anticipated. At a minimum The Foundation expects to sponsor twelve one-night shows throughout the year, one annual major fund raiser and an on-going direct donation campaign. Volunteers are actively being sought to reduce expenses.

Attached to this statement are samples of the tickets, receipts, cover letters and information brochures which The Foundation has used. Meticulous care is taken that each potential and real donor understands who The Foundation is, the purpose and philosophy of The Foundation, the facts surrounding MS and how their donation will help the researchers and the victims. To date, the public has expressed generous concern through their verbal and financial support.

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THE MULTIPLE SCLEROSIS FOUNDATION
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59-2792934

_____, 1987

Part III, 3

The Multiple Sclerosis Foundation's (Foundation) projected plans are to accumulate the donated funds in an interest bearing checking account until a substantial amount is received. The accumulated funds will be used to purchase laboratory equipment and to staff a research group to aid Multiple Sclerosis (MS). This is projected to be possible after funds are received from the major fundraising event held January 9, 1988 at the Bahia Mar Quality Resort Hotel, Ft. Lauderdale, Florida. Additionally, the Board will award funds to victims of MS for therapy and other expenses. Other plans include expansion into other states.

With respect to the committees of the Foundation, the Research Development Council acts as a professional adviser to the Foundation, keeping it apprised of research developments and future needs.

The Committee is comprised of a noted MS researcher and MS doctor from the University of Miami Medical Center and various individuals who have MS, along with prominent concerned Floridians. As the Foundation expands beyond Florida, additional advisers will be added to insure monies are distributed in the locales where they are received. Eventually, the Research Development Council will serve as the liaison between the expansion groups in the different states and with other fundraising research organizations.

The Fundraising Leadership Committee acts as a steering committee. Initially, members of the Committee will serve as motivators and organizers of the fundraising activities. As growth of the Foundation continues, the Committee will oversee other committees' activities and coordinate on-going events. The Fundraising Leadership Committee will also provide guidance and instruction to the other fundraising committees regarding solicitation procedures and strategy.

FORM 1993 Attachment
 The Multiple Sclerosis Foundation, Inc.
 1170 Sunset Strip, Suite 200
 Sunrise, FL 33313

59-2792954

Part III, 4.a. (No compensation to be paid to governing body)
 Marilyn Garden
 1170 Sunset Strip, Ste. 200
 Sunrise, Fl. 33313

_____, 1987

President

Pamela First
 19355 Turnberry Way, Apt. 9B
 North Miami, Fl. 33180

Vice-President

William Cody Garden
 1170 Sunset Strip, Ste. 200,
 Sunrise, Fl. 33313

Secretary/Treasurer

Marilyn Garden
 1170 Sunset Strip, Ste. 200
 Sunrise, Fl. 33313

Director

William Cody Garden,
 1170 Sunset Strip, #200,
 Sunrise, Fl. 33313

Director

Judy Kass,
 11 Compass Lane,
 Ft. Lauderdale, Fl. 33308

Director

Eileen Mayl,
 51 South Compass Drive,
 Fort Lauderdale, Fl. 33308

Director

Vilma Bufman,
 Parker Playhouse,
 707 N.E. 8th Street,
 Fort Lauderdale, Fl. 33304

Director

Zev Bufman,
 Parker Playhouse,
 707 N.E. 8th Street,
 Fort Lauderdale, Fl. 33304

Director

Heather Klein,
 Parker Playhouse,
 707 N.E. 8th Street,
 Fort Lauderdale, Fl. 33304

Director

MEDICAL ADVISORY BOARD

Dr. William Sheremata
 1501 N.W. 9th Ave.,
 Miami, Fl.

&

Alan Sazant,
 1501 N.W. 9th Avenue,
 Miami, Fl.

Part III Activities and Operational Information (Continued)

4 c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See the Specific Instructions for line 4d.) Yes No
If "Yes," explain. Certain members of the organization's governing body may be "substantial contributors" if the organization were a private foundation.

e Have any members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization? Yes No
If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned. Members of the governing body intend to donate cash and services to the organization.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

6 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

7 a What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. Not applicable since solicited funds will be turned over to the appropriate organizations, or held as an endowment fund.

b To what extent have you used, or do you plan to use, contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities? Future plans are to set up a "Chair" fund with the University of Miami.

8 Will any of the organization's facilities be managed by another organization or individual under a contractual agreement? Yes No
If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other parties.

Part III Activities and Operational Information (Continued)

- 9 a Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? Yes No
If "Yes," explain and show how the charges are determined.
- b Does or will the organization limit its benefits, services, or products to specific classes of individuals? Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected. The MS Foundation will benefit individuals with Multiple Sclerosis and will provide funds for the research to cure Multiple Sclerosis. Recipients will receive benefits based upon Board approval.
- 10 Is the organization a membership organization? Yes No
If "Yes," complete the following:
 - a Describe the organization's membership requirements and attach a schedule of membership fees and dues.
 - b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.
 - c Are benefits, services, or products limited to members? Yes No
If "No," explain.
- 11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? Yes No
If "Yes," explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

- 12 Does the organization have a pension plan for employees? Yes No
- 13 a Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related regulations? (See General Instructions.) Yes No
- b If you answer "No," to 13a and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.
- c If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief? Yes No
- d If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.
- e If you answer "No," to both 13a and 13c and section 508(a) does apply to you, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed (see instructions)? Yes No

Part IV Statement as to Private Foundation Status (see instructions)

- 1 Is the organization a private foundation? Yes No
 - 2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here and complete Part VII.
 - 3 If you answer "No," to question 1, indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) below that apply:
 - a Definitive ruling under section 509(a)(1), (2), (3), or (4) Complete Part VI.
 - b Advance ruling under sections 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2)—see instructions.
- (Note: If you want an advance ruling, you must complete and attach two Forms 872-C to the application.)

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Part V Financial Data

Statement of Support, Revenue, and Expenses for the period beginning January 1, 19 87, an ending September 30, 19 87.

Note: Complete the financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence. If in existence less than one year, also provide proposed budgets for the two years following the current year.

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received	1	\$82,764.00
	2	Gross dues and assessments of members	2	
	3 a	Gross amounts derived from activities related to organization's exempt purpose (attach schedule)		
	b	Minus cost of sales	3c	
	4 a	Gross amounts from unrelated business activities (attach schedule)		
	b	Minus cost of sales	4c	
	5 a	Gross amount received from sale of assets, excluding inventory items (attach schedule)		
	b	Minus cost or other basis and sales expenses of assets sold	5c	
6	Investment income (see instructions)	6	115.00	
7	Other revenue (attach schedule)	7		
8	Total support and revenue	8	\$82,879.00	
Expenses	9	Fundraising expenses. (See attached schedule)	9	\$67,288.00
	10	Contributions, gifts, grants, and similar amounts paid (attach schedule)	10	
	11	Disbursements to or for benefit of members (attach schedule)	11	
	12	Compensation of officers, directors, and trustees (attach schedule)	12	
	13	Other salaries and wages	13	
	14	Interest	14	
	15	Rent	15	\$3,097.00
	16	Depreciation and depletion	16	
	17	Other (attach schedule)	17	
	18	Total expenses	18	\$70,385.00
	19	Excess of support and revenue over expenses (line 8 minus line 18)	19	\$12,494.00

Balance Sheet

(at the end of the period shown above)

Assets			
20	Cash: a Interest bearing accounts	20a	\$12,255.00
	b Other	20b	
21	Accounts receivable, net	21	
22	Inventories	22	
23	Bonds and notes (attach schedule)	23	
24	Corporate stocks (attach schedule)	24	
25	Mortgage loans (attach schedule)	25	
26	Other investments (attach schedule)	26	
27	Depreciable and depletable assets (attach schedule)	27	
28	Land	28	
29	Other assets (attach schedule)	29	
30	Total assets	30	\$12,255.00
Liabilities			
31	Accounts payable	31	
32	Contributions, gifts, grants, etc., payable	32	
33	Mortgages and notes payable (attach schedule)	33	
34	Other liabilities (attach schedule)	34	
35	Total liabilities	35	
Fund Balances or Net Worth			
36	Total fund balances or net worth	36	\$12,255.00
37	Total liabilities and fund balances or net worth (line 35 plus line 36)	37	\$12,255.00

If there has been any substantial change in any aspect of your financial activities since the period shown above ended, check the box and attach a detailed explanation

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Part VI Non-Private Foundation Status (Definitive ruling only) N/A

A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)

The organization is not a private foundation because it qualifies as:

	Kind of organization	Within the meaning of	Complete
1	a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2	a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3	a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4	a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
5	being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
6	being operated for the benefit of a college or university that is owned or operated by a governmental unit	Sections 509(a)(1) and 170(b)(1)(A)(iv)	Part VI.—B
7	normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
8	normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions)	Section 509(a)(2)	Part VI.—B
9	being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)

	(a) Most recent tax year	(Years next preceding most recent tax year)			(e) Total
	19	(b) 19	(c) 19	(d) 19	
1 Gifts, grants, and contributions received					
2 Membership fees received					
3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513					
4 Gross investment income (see instructions for definition)					
5 Net income from organization's unrelated business activities not included on line 4					
6 Tax revenues levied for and either paid to or spent on behalf of the organization					
7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
8 Other income (not including gain or loss from sale of capital assets)—attach schedule					
9 Total of lines 1 through 8					
10 Line 9 minus line 3					
11 Enter 2% of line 10, column (e) only					

12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

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1170 Sunset Strip, Suite 200
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Part V, 9

Professional Fund Raisers.....	\$29,036.00
Admin/Producer Fees.....	11,928.00
Postage.....	1,782.00
Furniture Rental.....	1,150.00
Telephones/Telephone Service.....	3,474.00
Auditorium Fees.....	1,607.00
Printing Charges.....	1,043.00
Envelopes/Paper.....	804.00
Auditorium Insurance.....	1,400.00
Performance Fees.....	14,200.00
Misc.....	864.00

<u>TOTAL</u>	<u>67,288.00</u>
<u>RENTS</u>	<u>3,097.00</u>
<u>TOTAL</u>	<u>\$70,385.00</u>

Part VI Non-Private Foundation Status (Definitive ruling only) (Continued) N/A

B.—Analysis of Financial Support (Continued)

13 If the organization's non-private foundation status is based on:

- a Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amount shown on line 11.
- b Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount received from each person who is a "disqualified person."

For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)

1 Organizations supported by applicant organization:

Name and address of supported organization	Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

3 What is the extent of common supervision or control that you and the supported organization(s) share?

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

5 Does the mentioning of the supported organization(s) in your governing instrument make you a trust that the supported organization(s) can enforce under State law and compel to make an accounting? Yes No
If "Yes," explain.

6 What portion of your income do you pay to each supported organization and how significant is the support to each?

7 To what extent do you conduct activities that would otherwise be carried out by the supported organization(s)? Explain why these activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? Yes No
If "Yes," explain.

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Part VII Basis for Status as a Private Operating Foundation N/A

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If the organization claims to be an operating foundation described in section 4942(j)(3) and—

- (a) bases its claim to private operating foundation status on normal and regular operations over a period of years; or
(b) is newly created, set up as a private operating foundation, and has at least one year's experience;

provide the information under the income test and under one of the three supplemental tests (assets, endowment, or support). If the organization does not have at least one year's experience, complete line 21. If the organization's private operating foundation status depends on its normal and regular operations as described in (a) above, attach a schedule similar to the one below showing the data in tabular form for the three years next preceding the most recent tax year. (See regulations section 53.4942(b)-1 for additional information before completing the "Income Test" section of Part VII.) Organizations claiming section 4942(j)(5) status must satisfy the income test and the endowment test.

Income Test table with columns for description and Most recent tax year. Rows include Adjusted net income, Qualifying distributions, Percentages, Assets Test, Endowment Test, and Support Test.

REMAINDER OF APPLICATION NOT APPLICABLE

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Part VIII Required Schedules for Special Activities	N/A	If "Yes," check here	And complete schedule
1 Is the organization, or any part of it, a school?			A
2 Does the organization provide or administer any scholarship benefits, student aid, etc.?			B
3 Has the organization taken over, or will it take over, the facilities of a "for profit" institution?			C
4 Is the organization, or any part of it, a hospital or medical research organization?			D
5 Is the organization, or any part of it, a home for the aged?			E
6 Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)?			F
7 Is the organization, or any part of it, formed to promote amateur sports competition?			G

Schedule A.—Schools, Colleges, and Universities

- 1 Is the organization an instrumentality of a State or political subdivision of a State? Yes No
If "Yes," document this in Part III and do not complete items 2 through 9 of this schedule. (See instructions for Schedule A.)
- 2 Does or will the organization, (or any department or division within it) discriminate in any way on the basis of race with respect to:
- a Admissions? Yes No
 - b Use of facilities or exercise of student privileges? Yes No
 - c Faculty or administrative staff? Yes No
 - d Scholarship or loan program? Yes No
- If "Yes," for any of the above, explain.
- 3 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? Yes No
Attach whatever corporate resolutions or other official statements the organization has made on this subject.
- 4 a Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community which it serves? Yes No
If "Yes," describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.
- b If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for radio broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.
- 5 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the next academic year, of: (a) the student body, (b) the faculty and administrative staff.
- 6 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.
- 7 a Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.
- b State whether any of the organizations listed in a have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in a are officers or active members of such organizations.
- 8 Indicate the public school district and county in which the organization is located.
- 9 Has the organization ever been determined by a State or Federal administrative agency or judicial body to be racially discriminatory? Yes No
If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in your operation, if any, have occurred since then.

Schedule B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals

1 a Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See regulations sections 53.4945-4(c) and (d).)

b If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race and whether there are, or will be, restrictions or limitations in selection procedures based on the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

3 Indicate the number of grants you anticipate making annually

4 List the names, addresses, duties, and relevant background of the members of your selection committee. If you base your selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

5 Describe any procedures you have for supervising grants (such as obtaining reports or transcripts) that you award, and any procedures you have for taking action if the terms of the grant are violated.

SCHEDULE C.—Successors to "For Profit" Institutions

1 What was the name of the predecessor organization and the nature of its activities?

2 Who were the owners or principal stockholders of the predecessor organization? (If more space is needed, attach schedule.)

Name and address	Share or interest
.....	
.....	
.....	
.....	
.....	
.....	
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.....	
.....	
.....	

(continued on next page)

SCHEDULE C.—Successors to "For Profit" Institutions (Continued)

3 Describe the business or family relationship between the owners or principal stockholders and principal employees of the predecessor organization and the officers, directors, and principal employees of the applicant organization.

- 4 a Attach a copy of the agreement of sale or other contract that sets forth the terms and conditions of sale of the predecessor organization or of its assets to the applicant organization.
- b Attach an appraisal by an independent qualified expert showing the fair market value of the facilities or property interest sold at the time of sale.

5 Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented? Yes No
If "Yes," explain and attach copies of all leases and contracts.

6 Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization? Yes No
If "Yes," explain and attach a list of these tenants and a copy of the lease for each such tenant.

7 Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization? Yes No
If "Yes," explain.

SCHEDULE D.—Hospitals and Medical Research Organizations

- Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule and write "N/A" in Part II.
- Check here if you are claiming to be a medical research organization operated in conjunction with a hospital and complete the questions in Part II of this Schedule and write "N/A" in Part I.

Part I Hospitals

1 a How many doctors are on the hospital's courtesy staff?
b Do these doctors include all the doctors in the community? Yes No
If "No," give the reasons why and explain how the courtesy staff is selected.

2 Composition of board of directors or trustees. (If more space is needed, attach schedule.)

Name and address	Occupation

(continued on next page)

SCHEDULE D.—Hospitals and Medical Research Organizations (Continued)

Part I Hospitals (continued)

3 a Does the hospital maintain a full-time emergency room? Yes No

b What is the hospital's policy on administering emergency services to persons without apparent means to pay?

c Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? Yes No
Explain.

4 a Does or will the hospital require a deposit from persons covered by Medicare or Medicaid in its admission practices? Yes No
If "Yes," explain.

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

5 Does or will the hospital provide for a portion of its services and facilities to be used for charity patients? Yes No
Explain (include data on the hospital's past experience in admitting charity patients and arrangements it may have with municipal or government agencies for absorbing the cost of such care).

6 Does or will the hospital carry on a formal program of medical training and research? Yes No
If "Yes," describe.

7 Does the hospital provide office space to physicians carrying on a medical practice? Yes No
If "Yes," attach a list setting forth the name of each physician, the amount of space provided, the annual rent (if any), and the expiration date of the current lease.

Part II Medical Research Organizations

1 Name the hospital(s) with which you have a relationship and describe the relationship(s).

2 Describe your present and proposed (indicate which) medical research activities, show the nature of the activities, and the amount of money which has been or will be spent in carrying them out. (Making grants to other organizations is not direct conduct of medical research.)

3 Attach a statement of assets showing the fair market value of your assets and the portion of the assets directly devoted to medical research.

SCHEDULE E — Homes for Aged

1 What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.

2 Does or will the home charge an entrance or founder's fee? Yes No
If "Yes," explain.

3 What periodic fees or maintenance charges are or will be required of its residents?

4 a What established policy does the home have concerning residents who become unable to pay their regular charges?

b What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

5 What arrangements does or will the home have to provide for the health needs of its residents?

6 In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?

7 Has the home established or will it establish any reserves for future expenditures? Yes No
If "Yes," state the source of such reserves and explain how they will be used.

8 Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.

SCHEDULE F.—Litigating Organizations (Public Interest Law Firms and Similar Organizations)

1 Will the organization conform to the guidelines for organizations engaged in litigation activities issued by the Internal Revenue Service in Rev. Proc. 71-39, 1971-2 C.B. 575, and Rev. Proc. 75-13, 1975-1 C.B. 662? Yes No
If "No," explain.

2 What is the organization's area of public interest or concern?

3 Is the organization set up primarily to try the case of a particular person or prosecute a particular cause of action? Yes No
If "Yes," explain.

4 What are the organization's criteria for selection of cases?

5 In what cases has the organization started legal proceedings and in what other cases is it preparing to start proceedings? Describe the legal issues involved in each case and explain how they relate to the organization's area of concern.

6 a Composition of the organization's board of directors or trustees:

Name and address	Business or Occupation
.....	
.....	
.....	

b Will any of the attorneys hired by the organization be a trustee or member of the board of directors of the organization or be associated in the practice of law with any such trustee or member? Yes No
If "Yes," explain.

7 Does or will the organization share office space with a private law firm? Yes No
If "Yes," explain.

8 Does or will the organization receive fees for its professional services? Yes No
If "Yes," explain.

SCHEDULE G.—National or International Amateur Sports Competition

1 Does your organization directly or indirectly provide any facilities or equipment for the use of amateur athletes engaged in national or international sports competition? Yes No

2 How do you foster national or international sports competition?

3 Do you provide financial assistance to amateur athletes? Yes No