



Department of the Treasury Internal Revenue Service

Notice 1382

(Rev. October 2013)

Changes for Form 1023

- Mailing address
- Parts IX, X, and XI

Reminder: Do Not Include Social Security Numbers on Publicly Disclosed Forms

Because the IRS is required to disclose approved exemption applications and information returns, exempt organizations should not include Social Security numbers on these forms. Documents subject to disclosure include supporting documents filed with the form, and correspondence with the IRS about the filing.

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

To file using a private delivery service, mail to:

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

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. 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.

(Continued)

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.

Part X. Public Charity Status

Do not complete line 6a on page 11 of Form 1023, and do not sign the form under the heading "Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code."

Only complete line 6b and line 7 on page 11 of Form 1023, if in existence 5 or more tax years.

Part XI. Increase in User Fees

User fee increases are effective for all applications postmarked after January 3, 2010.

1. \$400 for organizations whose gross receipts do not exceed \$10,000 or less annually over a 4-year period.
2. \$850 for organizations whose gross receipts exceed \$10,000 annually over a 4-year period.

For the current user fee amounts, go to IRS.gov and in the "Search" box at the top right of the page, enter "Exempt Organizations User Fees." You can also call 1-877-829-5500.

Application for reinstatement and retroactive reinstatement. An organization must apply to have its tax-exempt status reinstated if it was automatically revoked for failure to file a return or notice for three consecutive years. The organization must:

- (1) Complete and file Form 1023 if applying under section 501(c)(3) or Form 1024 if applying under a different Code section;
- (2) Pay the appropriate user fee and enclose it with the application;
- (3) Write "Automatically Revoked" at the top of the application and mailing envelope; and
- (4) Submit a written statement supporting its request if applying for retroactive reinstatement.

If the application is approved, the date of reinstatement generally will be the postmark date of the application, unless the organization qualifies for retroactive reinstatement. Alternate submissions and standards apply for retroactive reinstatement back to the date of automatic revocation. See Notice 2011-44, 2011-25 I.R.B. 883, at http://www.irs.gov/irb/2011-25_IRB/ar10.html, for details.

Changes for the Instructions for Form 1023

- Change to Part III. Required Provisions in Your Organizing Documents
- Clarification to Appendix A. Sample Conflict of Interest Policy

(Continued)

**Changes to Instructions for Form 1023,
Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal
Revenue Code (Rev. June 2006)**

**Part III. Required Provisions in Your
Organizing Document**

Applicable to organizations in the state of New York. Changes are necessary to comply with Rev. Proc. 82-2, 1982-1 C.B. 367, to incorporate the state of New York as a jurisdiction that complies with the *cy pres* doctrine to keep a charitable testamentary trust from failing the requirement for a dissolution clause under Regulations section 1.501(c)(3)-1(b)(4), when the language of the trust instrument demonstrates a general intent to benefit charity. Therefore, the instructions on page 8, line 2c, after the third paragraph now include the state of New York in the state listing as an authorized state. Since the state of New York allows testamentary charitable trusts formed in that state and the language in the trust instruments provides for a general intent to benefit charity, you do not need a specific provision in your trust agreement or declaration of trust providing for the distribution of assets upon dissolution.

**Appendix A. Sample Conflict of Interest
Policy**

Appendix A, Sample Conflict of Interest Policy, is only intended to provide an example of a conflict of interest policy for organizations. The sample conflict of interest policy does not prescribe any specific requirements. Therefore, organizations should use a conflict of interest policy that best fits their organization.

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

(00)

OMB No. 1545-0056

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

► (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

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)
National September 11 Memorial and Museum at the World Trade Center		
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)
200 Liberty Street, 16th Floor		61-1745872
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)
New York, NY 10281		12
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: (212) 310-8146
a Name: Mark Hoenig, Esq.		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 checked="" type="checkbox"/> Yes <input 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: www.911memorial.org		
b Organization's email: (optional)		
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) 02 / 11 / 2014		
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		

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): Pages 1-2, Article 2, Paras. a-m ☒
- 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 3, Article 8 (no paragraph)
- 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: ☐

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)
See attached rider			

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)
See attached rider			

- 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)
See attached rider			

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.
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- 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
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- 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
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- 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**

- | | |
|---|--|
| <input checked="" type="checkbox"/> mail solicitations | <input type="checkbox"/> phone solicitations |
| <input checked="" type="checkbox"/> email solicitations | <input checked="" type="checkbox"/> accept donations on your 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 checked="" type="checkbox"/> government grant solicitations |
| <input checked="" type="checkbox"/> foundation grant solicitations | <input checked="" type="checkbox"/> 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>1/01/16</u> To <u>12/31/16</u>	(b) From <u>1/01/15</u> To <u>12/31/15</u>	(c) From <u>2/11/14</u> To <u>12/31/14</u>	(d) From To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	6,978,808	0	0		6,978,808
	2 Membership fees received	2,900,000	0	0		2,900,000
	3 Gross investment income	0	0	0		0
	4 Net unrelated business income	0	0	0		0
	5 Taxes levied for your benefit	0	0	0		0
	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)	0	0	0		0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0		0
	8 Total of lines 1 through 7	9,878,808	0	0		9,878,808
Expenses	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)	74,483,860	0	0		74,483,860
	10 Total of lines 8 and 9	84,362,668	0	0		84,362,668
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		0
	12 Unusual grants	0	0	0		0
	13 Total Revenue Add lines 10 through 12	84,362,668	0	0		84,362,668
	14 Fundraising expenses	4,148,686	0	0		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
	17 Compensation of officers, directors, and trustees	1,166,901	0	0		
	18 Other salaries and wages	23,430,018	0	0		
	19 Interest expense	47,400	0	0		
	20 Occupancy (rent, utilities, etc.)	15,310,419	0	0		
	21 Depreciation and depletion	38,934,707	0	0		
	22 Professional fees	25,596,636	0	0		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	15,505,640	0	0		
	24 Total Expenses Add lines 14 through 23	124,140,406	0	0		

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**Year End: **2015**

Assets		(Whole dollars)
1	Cash	0
2	Accounts receivable, net	0
3	Inventories	0
4	Bonds and notes receivable (attach an itemized list)	0
5	Corporate stocks (attach an itemized list)	0
6	Loans receivable (attach an itemized list)	0
7	Other investments (attach an itemized list)	0
8	Depreciable and depletable assets (attach an itemized list)	0
9	Land	0
10	Other assets (attach an itemized list)	0
11	Total Assets (add lines 1 through 10)	0
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc. payable	0
14	Mortgages and notes payable (attach an itemized list)	0
15	Other liabilities (attach an itemized list)	0
16	Total Liabilities (add lines 12 through 15)	0
Fund Balances or Net Assets		
17	Total fund balances or net assets	0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	0
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

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

(Type or print name of signer)

(Date)

(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 \$850. 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 \$400. 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 \$400 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2** Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). ☐
- 3** Check the box if you have enclosed the user fee payment of \$850 (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)

Joseph Daniels

(Type or print name of signer)

President & CEO

(Type or print title or authority of signer)

07/29/16

(Date)

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

Form **1023** (Rev. 12-2013)

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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3a Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b Does the same deposit requirement, if any, apply to all other patients? If "No," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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. ☐ Yes ☒ 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. ☐ Yes ☒ 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. ☐ Yes ☒ No
- 3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4. ☐ Yes ☒ 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. ☐ Yes ☐ 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. ☐ Yes ☐ No
- 4** Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule. ☐ Yes ☒ 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. ☒ Yes ☐ 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. ☐ Yes ☐ 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. ☐ Yes ☐ 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: **National September 11 Memorial and Museum at the World Trade Center**

EIN: **38 - 3678458**

Address: **(cont.) Foundation, Inc. 200 Liberty Street, 16th Floor, New York, NY 10281**

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)
Same as Part V, Line 1a		

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 December 2013)

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 <input checked="" type="checkbox"/> | Schedule E | Yes <input checked="" type="checkbox"/> No ___ |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes <input checked="" type="checkbox"/> No ___ |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- ☒ 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) Pg 1-2, Art. 2, P. a-m
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Pg. 3, Art. 8, no para
- ☒ 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

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part I, Line 7

Mark Hoenig, Esq.
Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153

Joey Juhn, Esq.
Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part II, Line 1

Attached hereto as Exhibit A is a copy of the provisional charter for the National September 11 Memorial and Museum at the World Trade Center (d/b/a 9/11 Memorial Museum) (the “Organization”).

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part II, Line 5

Attached hereto as Exhibit B are the Organization's by-laws. The by-laws were adopted by the Organization's Board of Trustees by resolution at a meeting on August 7, 2014.

Part IV – Narrative Description of Activities

The National September 11 Memorial and Museum at the World Trade Center (d/b/a the 9/11 Memorial Museum) (the “Organization”) is a charitable, cultural and educational not-for-profit corporation established to (i) bear solemn witness to the terrorist attacks of September 11, 2001 and February 26, 1993; (ii) honor the nearly 3,000 victims of these attacks, those who risked their lives to save others, those who survived, and all who demonstrated extraordinary compassion in the aftermath; and (iii) demonstrate the consequences of terrorism on individual lives and its impact on communities at the local, national, and international levels.

The events of September 11, 2001 and February 26, 1993 had an extensive and unprecedented physical, economic and emotional effect on the citizens of the city of New York, the country and the world. To recognize the historical significance of these events, to strengthen our resolve to preserve freedom and inspire an end to hatred, ignorance and intolerance, to fortify our country against a recurrence of these devastating events, and to achieve its charitable goals, the Organization will operate the memorial, which opened to the public on September 11, 2011 (the “Memorial”), and the museum, which opened to the public on May 21, 2014 (the “Museum”), on the site of the World Trade Center. The Memorial and the Museum honor and remember the innocent men, women, and children murdered by terrorists in the horrific attacks of September 11, 2001 and February 26, 1993, recognize the endurance of those who survived, the courage of those who risked their lives to save others, and the compassion of all who supported the residents of New York City and the larger American community in our darkest hours. Demonstrating the consequences of terrorism on individual lives and its impact on communities at the local, national and international level, the Museum attests to the triumph of human dignity over human depravity and affirms an unwavering commitment to the fundamental value of human life.

The Organization will be the successor to the National September 11 Memorial and Museum at the World Trade Center Foundation, Inc. (f/k/a the World Trade Center Memorial Foundation, Inc. and d/b/a the 9/11 Memorial) (the “Foundation”). The Foundation was incorporated in April 2003 pursuant to the New York Not-For-Profit Corporation Law (“NFPCL”) to, among other things, own, construct and maintain the Memorial. The Foundation is a recognized public charity and tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (“Section 501(c)(3)”). A copy of the advance ruling from the Internal Revenue Service dated March 11, 2004 is attached hereto as Exhibit C and a final determination letter from the Internal Revenue Service dated April 17, 2008 is attached hereto as Exhibit D.

The Foundation created and has operated the Memorial and, more recently, has opened the Museum. However, unlike an entity operating a memorial, an entity operating a museum must be incorporated as an educational corporation under New York State law and is subject to oversight by the Board of Regents (“Board of Regents”) of The University of the State of New York. In view of the legal obligation to operate the Museum with this proper authorization from the Board of Regents, the Foundation incorporated the Organization (under the NYS Education Law) in order that the Organization would secure the appropriate charter from the Board of Regents, seek and obtain status as a tax-exempt public charity under Section 501(c)(3), and thereafter would succeed to own and operate the Museum, the Memorial and all of the Foundation’s assets and liabilities.

A Provisional Charter was secured in February 2014 from the Board of Regents to operate a museum, and thereafter the Foundation has been operating the Museum pending formal IRS recognition of the Organization's tax-exempt status. Upon the Organization's receipt of its tax exempt status, the Foundation and Organization will be merged (the "Merger"), with the Organization surviving. In the Merger, all of the assets and liabilities, including the Museum and the Memorial, of the Foundation will be transferred to the Organization. This process is not expected to have any impact on the operation of the Memorial or the Museum. The responses and information provided in the Form 1023 assume that all of the Foundation's assets, liabilities, contracts and activities are being transferred to the Organization.

The Foundation and the Organization have identical Boards of Directors/Trustees, and each Board meeting held is a joint meeting of the Board of the Foundation and the Board of the Organization. Furthermore, the Board of the Organization has adopted governance policies and procedures that are substantially similar to those currently in effect for the Foundation.

As noted earlier, the Foundation currently operates the Memorial and the Museum, which involves the collection and preservation of documents, and the exhibition, interpretation and making available as a public learning resource the material evidence, primary testimony and expanding historical record of response related to these events. These include artifacts, film footage and videos, photographs, oral histories, and digital records. The Foundation's collections have value for commemoration, education, display, publication and scholarship. The permanent collection functions as an extensive reservoir of historical facts, trustworthy content and cumulative insight that will continue to deepen over time, with uses beyond physical exhibition. The Museum incorporates multi-layered perspectives and individual stories of victims, survivors, responders, area residents and witnesses, conveyed through exhibits and other narrative mechanisms grounded in primary sources and authentic artifacts. Sources include, but are not limited to, salvaged remnants of the buildings, physical objects, oral histories, artwork, architectural elements, film, video and audio footage, photographs, posters, handbills, memorabilia, signage and personal effects.

The Foundation also aims to establish the Museum as the authoritative source on topics related to 9/11, increase public understanding of current events through the lens of 9/11 and its precursors, deepen knowledge about 9/11, what led up to it, and the post-9/11 world, and serve as a catalyst for global exchange on topics related to terrorism through its educational activities in the following program areas: interpretive; school, youth and family; public; and scholarly. The Foundation is also committed to working collaboratively with other institutions and agencies toward the goal of expanding its shared understanding of these watershed events and their continuing legacies. Once the Foundation is merged into the Organization in the Merger, all these activities and plans will be held and continued by the Organization.

The Foundation currently owns the copyright to photographs, films, oral histories, and exhibition content in the Museum that is created by its staff or consultants under work-made-for-hire agreements. In certain circumstances, the Foundation has received as donations or purchased the copyrights, or licensed the rights, to photographs, films, or other digital media in the Museum's collection. The Foundation may grant limited licenses to third parties to use its content, such as to reproduce a photograph within a newly created film, for fees as determined on a scale similar

to that of comparable museums and libraries. All of these assets and properties will be transferred to the Organization in the Merger.

The mission, progress, and information that is provided on the Foundation's website (which the Organization will succeed to) can be reviewed in the screen prints attached hereto as Exhibit E.

The Organization will succeed to the fundraising program developed by the Foundation to raise funds for purposes of operating the Memorial and Museum. Currently, the Foundation's multi-faceted campaign has several components designed to attract donations. These include, but are not limited to, the following: (i) leadership gifts from corporations, individuals and foundations; (ii) a Museum membership campaign; (iii) a cobblestone campaign in which individuals or organizations can sponsor a cobblestone or paver which make up the pathways of the Memorial plaza; (iv) direct mail and email campaigns to the general public; (v) annual special events including a benefit dinner and 5K Run/Walk funded by corporate sponsorships and individuals; (vi) grants from corporations and foundations that fund educational programs and other initiatives; and (vii) government grants.

All levels of gifts are sought and accepted. The Organization anticipates that it may receive contributions of property or other non-cash contributions and there may be agreements with donors regarding any such contributions; however, the Organization does not plan to accept such contributions if they impose unfavorable conditions on the Organization. Additionally, the website referred to above will provide a means by which interested parties can contribute to the Organization.

Part V, Line 1a

(As explained earlier in Part IV Narrative Description, the Organization will be the successor to the Foundation. The Boards and officers of the two organizations are or will be the same.)

The Board and the Officers of the Foundation are currently as follows:

Name	Title	Mailing Address	Compensation Amount
Michael R. Bloomberg	Officer, Chairman	200 Liberty Street, 16 th Floor New York, NY 10281	None
Allison Blais	Officer, Chief Operating Officer, Secretary	200 Liberty Street, 16 th Floor New York, NY 10281	\$273,752
Joseph Daniels	Officer, President & CEO	200 Liberty Street, 16 th Floor New York, NY 10281	\$489,266
Irene Math	Officer, Chief Financial Officer	200 Liberty Street, 16 th Floor New York, NY 10281	\$253,298
Andrew M. Senchak	Officer, Treasurer	200 Liberty Street, 16 th Floor New York, NY 10281	None
Richard H. Bagger	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Virginia S. Bauer	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
David Beamer	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Paula Grant Berry	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Frank Bisignano	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Debra Burlingame	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
John P. Cahill	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Russell L. Carson	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Kenneth I. Chenault	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Ric Clark	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Keating Crown	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Billy Crystal	Director/Trustee	200 Liberty Street, 16 th Floor	None

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

		New York, NY 10281	
Robert De Niro	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Samuel A. DiPiazza, Jr.	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Richard Edelman	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Christine A. Ferer	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Anne M. Finucane	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Maurice R. Greenberg	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Dr. Vartan Gregorian	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Patricia E. Harris	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Lee A. Ielpi	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Robert Iger	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Monica Iken	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Robert Wood Johnson, IV	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Thomas S. Johnson	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Robert Kasdin	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Anthoula Katsimatides	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Peter M. Lehrer	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Howard W. Lutnick	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
J. Kevin McCarthy	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Julie Menin	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Ira M. Millstein	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Howard Milstein	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Paul Napoli	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Emily K. Rafferty	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Kevin M. Rampe	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Scott Rechler	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Dr. Judith Rodin	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Thomas H. Rogér	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Jane Rosenthal	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
E. John Rosenwald, Jr.	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Avi Schick	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Jerry I. Speyer	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Craig Roberts Stapleton	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Jon Stewart	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Anne M. Tatlock	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Daniel R. Tishman	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Seth Waugh	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None
Carl Weisbrod	Director/Trustee	200 Liberty Street, 16 th Floor New York, NY 10281	None

Part V, Line 1b

Currently, the Organization has no compensated employees. The employees of the Foundation will become employees of the Organization as a result of the merger.

Currently, the five highest compensated employees of the Foundation not otherwise listed in response to Part V, Line 1a are as follows:

Name	Title	Mailing Address	Compensation Amount
Alice Greenwald	EVP of Programs, Director of Museum, Museum, Museum Exhibitions, Collections and Education	200 Liberty Street, 16 th Floor, New York, NY 10281	\$423,792
Luis Mendes	EVP of Facilities, Design & Construction	200 Liberty Street, 16 th Floor, New York, NY 10281	\$296,141
Noelle Lilien	General Counsel	200 Liberty Street, 16 th Floor, New York, NY 10281	\$242,054
Lawrence Mannion	VP/Chief of Security	200 Liberty Street, 16 th Floor, New York, NY 10281	\$213,739
Jermey Frazier	EVP of Communications & Marketing	200 Liberty Street, 16 th Floor, New York, NY 10281	\$221,817

Part V, Line 1c

Currently, the Organization has no independent contractors. The independent contractors of the Foundation will become the independent contractors of the Organization as a result of the merger.

Currently, the five highest compensated independent contractors of the Foundation are as follows:

Name	Title	Mailing Address	Compensation Amount
Bovis Lend Lease	Construction management	200 Park Avenue, 9 th Floor New York, NY 10166	\$33,298,286
ABM Facility Services	Building maintenance	321 West 44 th Street, Suite 701 New York, NY 10036	\$18,432,084
Andrews International, Inc.	Security services	P.O. Box 935461 Atlanta, GA 31193	\$9,243,813
Design and Production Incorporated	Exhibition fabrication	7110 Rainwater Place Lorton, VA 22079	\$2,789,229
Hadley Exhibits, Inc.	Exhibition design	1700 Elmwood Avenue Buffalo, NY 14207	\$2,476,578

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part V, Line 2a

Michael Bloomberg and Patricia Harris have a business relationship.

Part V, Line 3a

Type	Name	Qualifications	Duties	Average Hours Worked
Officer	Michael R. Bloomberg	Michael R. Bloomberg is an entrepreneur and philanthropist who served three terms as Mayor of New York City, from 2002 through 2013. He is the founder of Bloomberg L.P., the global financial data and media company notable for its Bloomberg Terminal.	Commensurate with title	2.5/week
Officer	Allison Blais	Allison Blais is the Chief Operating Officer and Secretary of the Foundation. Blais was previously the Chief of Staff of the Foundation. She previously worked for the Lower Manhattan Development Corporation, the agency charged with the rebuilding and revitalization of lower Manhattan in the wake of the 9/11 attacks. Prior to her work downtown, Blais consulted on capital projects for major cultural institutions throughout New York City and worked at the Public Theater/New York.	Commensurate with title	40/week
Officer	Joseph Daniels	After joining the Foundation in 2005 as General Counsel, Daniels served as	Commensurate with title	40/week

Type	Name	Qualifications	Duties	Average Hours Worked
		Acting President and CEO for several months before being named President and CEO by the Chairman of the Organization, Michael R. Bloomberg, in October 2006. Prior to his work with the Foundation, he was Chief of External Initiatives at the Robin Hood Foundation, a consultant at McKinsey & Co. and an attorney at Cravath, Swaine & Moore. He holds a J.D. from the University of Pennsylvania Law School, and a B.A. in History from Washington University.		
Officer	Irene Math	Math has worked in a number of startup/growing entrepreneurial companies in the digital media, technology and services areas, most recently as a consulting CFO for smaller growth companies. Previously she held senior management finance roles at Geller for Bloomberg LP such as Division CFO for the News, R&D and Operations areas and Head of Finance with responsibility for the	Commensurate with title	40/week

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Type	Name	Qualifications	Duties	Average Hours Worked
		global treasury and the corporate planning, reporting and analysis groups.		
Officer	Andrew Senchak	Andrew M. Senchak is Chairman of KBW, Inc. and has served on the Board of Directors since KBW's formation in August 2005. Senchak has been with the firm for more than 25 years and, prior to becoming Chairman, served as Vice Chairman and President. He is also a Director of KBW, Inc.'s wholly-owned subsidiary Keefe, Bruyette & Woods Limited in the United Kingdom.	Commensurate with title	2.5/week
Director/Trustee	Richard H. Bagger	Richard H. Bagger is Senior Vice President of Corporate Affairs and Strategic Market Access for Celgene Corp., a biopharmaceutical company focusing on the discovery, development, and commercialization of treatments for cancer. Bagger served as Chief of Staff for New Jersey Governor Chris Christie, and currently serves as a member of the Board of Commissioners of the Port Authority of New York and New Jersey.	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
Director/Trustee	Virginia S. Bauer	Virginia S. Bauer is the CEO of GTBM Inc., which provides software security technology for law enforcement and corporate facilities. From 2007-2012, Bauer served on the Board of Commissioners for the Port Authority of New York and New Jersey. She is the widow of W. David Bauer, a victim of the September 11, 2001 World Trade Center attacks.	Commensurate with title	2.5/week
Director/Trustee	David Beamer	David Beamer is the father of Todd Beamer, a passenger on United Flight 93 which crashed in Shanksville, Pennsylvania on September 11, 2001. He was Vice President of EMC Corp., a data storage and cloud computing company, until he retired in 2004.	Commensurate with title	2.5/week
Director/Trustee	Paula Grant Berry	Paula Grant Berry served on the Selection Jury for the World Trade Center Memorial, and the Lower Manhattan Development Corporation Families Advisory Council. She was a Memorial Program Drafting Committee member. Berry currently serves as Executive Director	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		for NYC & Company Foundation. Her husband, David Berry, was killed on September 11, 2001 at the World Trade Center.		
Director/Trustee	Frank Bisignano	Frank Bisignano is the CEO of First Data Corporation. Prior, he was the Co-Chief Operating Officer for JPMorgan Chase and the CEO of Mortgage Banking at JP Morgan Chase.	Commensurate with title	2.5/week
Director/Trustee	Debra Burlingame	Debra Burlingame is the sister of Captain Charles F. "Chic" Burlingame, III, pilot of American Airlines flight 77, which crashed into the Pentagon on September 11, 2001. Burlingame was formerly a producer at Court TV where she covered dozens of civil and criminal legal proceedings ranging from the OJ Simpson trial and the Clinton impeachment hearings to the Microsoft anti-trust case. Before her career in television, she worked as an attorney in New York City.	Commensurate with title	2.5/week
Director/Trustee	John P. Cahill	John P. Cahill is Counsel to the law firm of Chadbourne and Parke LLP, where he concentrates on energy	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		and environmental issues, and is head of the firm's Climate Change Practice Group. He is also the co-founder of the Pataki-Cahill Group, a strategic consulting firm focusing on the economic and policy implications of domestic energy needs. He was appointed Secretary and Chief of Staff to Governor George E. Pataki in 2002 and helped lead and coordinate the rebuilding of the World Trade Center Site.		
Director/Trustee	Russell L. Carson	Russell L. Carson is a General Partner of Welsh, Carson, Anderson & Stowe, one of the country's largest private investment firms, which he co-founded. Prior, he was Chairman and CEO of Citicorp Venture Capital, a subsidiary of Citicorp.	Commensurate with title	2.5/week
Director/Trustee	Kenneth I. Chenault	Kenneth I. Chenault is Chairman and CEO of American Express Company. Prior to joining American Express, Chenault was a management consultant with Bain & Co.	Commensurate with title	2.5/week
Director/Trustee	Ric Clark	Ric Clark is a Senior Managing Partner of	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		Brookfield Asset Management and the Chairman of Brookfield Property Group and Brookfield Property Partners.		
Director/Trustee	Keating Crown	Keating Crown is a Principal with Sterling Bay Companies in Chicago where he is primarily focused on new Real Estate Acquisitions and Development as well as strategic capital pursuits and relationships. On September 11, 2001, he was working at AON Corporation as an associate in the financial services group and was injured when United Airlines Flight 175 flew into the South Tower of the World Trade Center.	Commensurate with title	2.5/week
Director/Trustee	Billy Crystal	Billy Crystal is an American actor, writer, producer, comedian, and film director. He has hosted the Academy Awards nine times, most recently in 2012.	Commensurate with title	2.5/week
Director/Trustee	Robert De Niro	Robert De Niro is an American actor, director and producer. In 1974, De Niro won the Academy Award for Best Supporting Actor for his portrayal of the young Vito Corleone in "The Godfather, Part	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		II.” In 1980, he won his second Oscar, as Best Actor, for his portrayal of Jake La Motta in “Raging Bull.”		
Director/Trustee	Samuel A. DiPiazza, Jr.	Samuel A. DiPiazza, Jr. joined Citigroup as Vice Chairman of the Institutional Clients Group in June 2011. Prior to that, he served as Global CEO of PricewaterhouseCoopers International Limited.	Commensurate with title	2.5/week
Director/Trustee	Richard Edelman	Richard Edelman is the president and CEO of Edelman, the world’s largest public relations firm, with 67 offices and 5,000 employees worldwide. Richard was named president and CEO in September 1996.	Commensurate with title	2.5/week
Director/Trustee	Christine A. Ferer	Christine A. Ferer is the Founder and Chair of Applevision/Vidicom, a media services firm. Prior to that, Ferer served as a Commissioner of the Port Authority of New York and New Jersey for five years. She also served as a special assistant to Mayor Bloomberg on 9/11 issues including the rebuilding of the World Trade Center. She is the widow of Neil Levin	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		who was killed in the September 11, 2001 attacks on the World Trade Center.		
Director/Trustee	Anne M. Finucane	Anne M. Finucane is Global Strategy and Marketing officer at Bank of America, and is also a member of the company's executive management team. In addition, she oversees a 10-year, \$2 billion philanthropic giving goal through the Bank of America Charitable Foundation, one of the largest corporate philanthropic organizations in the world.	Commensurate with title	2.5/week
Director/Trustee	Maurice R. Greenberg	Maurice R. Greenberg is Chairman and CEO of CV Starr & Company, Inc. and Chairman of The Starr Foundation. Greenberg retired as Chairman and CEO of American International Group, Inc. (AIG) in March 2005.	Commensurate with title	2.5/week
Director/Trustee	Dr. Vartan Gregorian	Dr. Vartan Gregorian is the twelfth president of Carnegie Corporation of New York, a grant-making institution founded by Andrew Carnegie in 1911. Prior to that, Gregorian served for nine years as the	Commensurate with title	2.5/week

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Type	Name	Qualifications	Duties	Average Hours Worked
		sixteenth president of Brown University.		
Director/Trustee	Patricia E. Harris	Patricia E. Harris is the Chief Executive Officer of Bloomberg Philanthropies, a data-driven foundation that encompasses all of founder Michael R. Bloomberg's charitable giving. Previously, Harris served as the First Deputy Mayor of the City of New York. Prior to her employment at Bloomberg, she was Vice President for Public Relations at Serino Coyne Advertising.	Commensurate with title	2.5/week
Director/Trustee	Lee A. Ielpi	Lee A. Ielpi became a volunteer with his local Great Neck Vigilant Fire Department in 1963 where he rose through the ranks to become Chief of the Department. Ielpi continues to serve as an active member of the Vigilant Fire Department. On September 11, 2001, Ielpi arrived at the World Trade Center within a half hour of the second collapse and assisted to organize operations. Later that day, Ielpi learned that his son, Jonathan Ielpi, a	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		firefighter with FDNY Squad 288, had died in the attacks at the World Trade Center.		
Director/Trustee	Robert Iger	Robert Iger is Chairman and CEO of The Walt Disney Company. Iger oversaw the acquisition of Pixar Animation Studios in 2006, and also led the company to acquire Marvel Entertainment in 2009 and Lucasfilm in 2012.	Commensurate with title	2.5/week
Director/Trustee	Monica Iken	Monica Iken is the founder of September's Mission, a nationally recognized nonprofit organization devoted to building a positive and meaningful legacy out of the events surrounding 9/11. She was also a member of the Chairperson Selection Committee for the World Trade Center Site Memorial and the Draft Memorial Program Committee for the Design Competition for the WTC Site Memorial. Iken lost her husband Michael in the September 11, 2001 terrorist attacks on the World Trade Center.	Commensurate with title	2.5/week
Director/Trustee	Robert Wood Johnson, IV	Robert Wood Johnson, IV is a member of the founding family of Johnson & Johnson, the	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		worldwide health-care company. He is Chairman and CEO of The Johnson Company, Inc. and the New York Jets LLC, and also serves as founder and Chairman of the Alliance for Lupus Research.		
Director/Trustee	Thomas S. Johnson	Thomas S. Johnson served as Chairman and CEO of GreenPoint Financial Corporation from 1993 until his retirement in 2004. He also serves on the boards of the Lower Manhattan Development Corporation, and of the September 11th Fund. He lost his son, Scott Michael Johnson, in the September 11, 2001 attacks at the World Trade Center.	Commensurate with title	2.5/week
Director/Trustee	Robert Kasdin	Robert Kasdin is the Senior Vice President and Chief Operating Officer of Johns Hopkins Medicine. Prior to joining Johns Hopkins Medicine, he was Senior Executive Vice President of Columbia University and served as the Executive Vice President and Chief Financial Officer of the University of Michigan.	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		Before his service at the University of Michigan, he was the Treasurer and Chief Investment Officer for The Metropolitan Museum of Art in New York City.		
Director/Trustee	Anthoula Katsimatides	Anthoula Katsimatides is the former Assistant Vice President for Family Relations at the Lower Manhattan Development Corporation. Prior to that, Anthoula was appointed Assistant for Community Affairs for New York State Governor George E. Pataki and also served as Governor Pataki's liaison to the September 11th families. Anthoula's brother, John Katsimatides, was killed on September 11, 2001 at the World Trade Center.	Commensurate with title	2.5/week
Director/Trustee	Peter M. Lehrer	Peter M. Lehrer is Chairman and co-founder of Lehrer, LLC, an internationally recognized leader in design and construction management, which grew to become one of the largest and most respected construction management firms in New York City.	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
Director/Trustee	Howard W. Lutnick	Howard W. Lutnick is Chairman and CEO of Cantor Fitzgerald, L.P. a leading global financial services firm in the equity and fixed income capital markets. Lutnick is also Chairman and CEO of BGC Partners, Inc., a leading global brokerage company primarily servicing the wholesale financial and property markets. Lutnick, who lost his brother, Gary Frederick Lutnick, in the September 11, 2001 attacks at the World Trade Center, guided the rebuilding of Cantor Fitzgerald following the September 11, 2001 World Trade Center terrorist attacks that claimed the lives of 658 of the firm's 960 New York-based employees.	Commensurate with title	2.5/week
Director/Trustee	J. Kevin McCarthy	Kevin McCarthy is a Senior Executive Vice President and General Counsel of BNY Mellon and also serves on its Executive Committee. Kevin is the Executive Committee sponsor for VetNet, a BNY Mellon employment initiative that supports employees who are former military or have family members	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		that served in the armed forces.		
Director/Trustee	Julie Menin	Julie Menin was appointed Commissioner of the New York City Mayor's Office of Media and Entertainment in 2016. Prior to that, she was the Commissioner of the Department of Consumer Affairs and former Chairperson of Community Board 1 in Lower Manhattan and a small business owner and regulatory attorney well-known as an advocate for helping Manhattan small businesses recover after the 9/11 attacks.	Commensurate with title	2.5/week
Director/Trustee	Ira M. Millstein	Ira M. Millstein is a senior partner at the international law firm Weil, Gotshal & Manges LLP, where he has counseled numerous boards on issues of corporate governance. Millstein also serves as pro bono counsel to the Board of Directors of the Lower Manhattan Development Corporation.	Commensurate with title	2.5/week
Director/Trustee	Howard Milstein	Howard Milstein is Chairman of New York Private Bank & Trust, the largest privately owned bank in the	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		country. Milstein is also a Managing Partner of Milstein Properties, an investment builder active in both residential and commercial development primarily in New York City, and founding Chairman of the investment firm FriedbergMilstein. He also chairs MB Real Estate, a national commercial leasing and management company.		
Director/Trustee	Paul Napoli	Paul Napoli is of Counsel at Napoli Shkolnick PLLC. He is nationally known for his demonstrated commitment to helping over 11,000 first responders (fire, police, and other state and federal emergency services), construction workers and office cleaners in their claim arising from toxic exposure injuries suffered in the rescue, recovery, and debris removal efforts at the site of the World Trade Center following the 9/11 terrorist attacks.	Commensurate with title	2.5/week
Director/Trustee	Emily K. Rafferty	Emily K. Rafferty served for forty years at the Metropolitan Museum of Art, the largest art museum in	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		the United States, as chief fundraiser and for ten years as its President. Rafferty also serves as Chairwoman of NYC & Company, the City's tourism and marketing agency.		
Director/Trustee	Kevin M. Rampe	Kevin M. Rampe is the General Counsel for Chubb North America, composed of leading insurance and reinsurance companies. He previously served as ACE North America's Global Compliance and Business Ethics Officer. Prior to joining the ACE Group, Rampe was appointed President of the Lower Manhattan Development Corporation in March 2003 and served in that role through May 2005. He was appointed as Chairman of the LMDC in May of 2006 and served as Chairman through May 2007.	Commensurate with title	2.5/week
Director/Trustee	Scott Rechler	Scott Rechler is the CEO and Chairman of RXR Realty LLC, a multi-billion dollar private real estate company. In June 2011, Rechler was appointed by New York Governor Andrew Cuomo to serve on the Board of	Commensurate with title	2.5/week

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Type	Name	Qualifications	Duties	Average Hours Worked
		Commissioners of the Port Authority of New York and New Jersey, and in September 2011, Rechler was named to serve as Vice Chairman of the Board. Rechler also serves as Chairman of the Port Authority's Capital Planning Committee.		
Director/Trustee	Dr. Judith Rodin	In 1994, Dr. Judith Rodin became President of the University of Pennsylvania, and the first woman to be named to the presidency of an Ivy League institution. Prior to that, she served for 22 years on the faculty of Yale University, where she served as provost from 1992 through 1994. In 2005, Rodin became president of the Rockefeller Foundation, one of the world's oldest and largest private philanthropies.	Commensurate with title	2.5/week
Director/Trustee	Thomas H. Rogér	Thomas H. Rogér was one of the founders and served as a past President of Families of September 11, Inc., the largest of the 9/11 family groups. His 24 year old daughter, Jean Rogér, was a flight attendant on American Airlines Flight 11.	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		Roger is also Vice President and Project Executive for Gilbane Building Company, where he has worked for 29 years.		
Director/Trustee	Jane Rosenthal	Jane Rosenthal is the co-founder of Tribeca Productions. In 2001, Rosenthal, along with partners Robert De Niro and Craig Hatkoff, founded the Tribeca Film Festival. Rosenthal also co-founded the Tribeca Film Institute, where she has served as Co-chairman of the Board since its inception.	Commensurate with title	2.5/week
Director/Trustee	E. John Rosenwald, Jr.	E. John Rosenwald, Jr. is Vice Chairman Emeritus of JPMorgan Chase & Co. Previously, he served as Vice Chairman of The Bear Stearns Companies Inc.	Commensurate with title	2.5/week
Director/Trustee	Avi Schick	Avi Schick is the Chairman of the Board of the Lower Manhattan Development Corporation and a lawyer in New York. He was previously the President and Chief Operating Officer of the Empire State Development Corporation.	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
Director/Trustee	Jerry I. Speyer	Jerry I. Speyer is Chairman and Co-CEO of Tishman Speyer. He is one of the two founding partners of the company, which was formed in 1978. Speyer is also chairman of the Museum of Modern Art and Vice Chair of New York Presbyterian Hospital.	Commensurate with title	2.5/week
Director/Trustee	Craig Roberts Stapleton	Craig Roberts Stapleton serves as a Senior Advisor to Stone Point Capital in Greenwich, Connecticut, and a member of the boards of Carlile Bank, Flamel Technologies, and Abercrombie & Fitch.	Commensurate with title	2.5/week
Director/Trustee	Jon Stewart	Jon Stewart is an American political satirist, writer, television host, actor, media critic and stand-up comedian. He was the long-time host and co-creator of “The Daily Show with Jon Stewart,” a satirical news program.	Commensurate with title	2.5/week
Director/Trustee	Anne M. Tatlock	Anne M. Tatlock retired as Chairman & CEO of Fiduciary Trust International. Currently, Anne is a Director of Franklin Resources and a Trustee of The American Ballet Theatre, The Bloomberg	Commensurate with title	2.5/week

Type	Name	Qualifications	Duties	Average Hours Worked
		Family Foundation, The Howard Hughes Medical Institute, and The Mayo Clinic Foundation.		
Director/Trustee	Daniel R. Tishman	Daniel R. Tishman is Chairman of the Board and CEO of Tishman Construction. He is also Vice Chairman and a member of the Board of Tishman Hotel & Realty LP.	Commensurate with title	2.5/week
Director/Trustee	Seth Waugh	Seth Waugh is the CEO of Deutsche Bank Americas. Waugh is also Chairman of the Deutsche Bank Securities Inc. (DBSI) Board of Directors and serves as Chairman of the Board, CEO and President of several Deutsche Bank companies including Deutsche Bank Trust Company Americas and Deutsche Bank Trust Corporation.	Commensurate with title	2.5/week
Director/Trustee	Carl Weisbrod	Carl Weisbrod was appointed as Director of the New York City Department of City Planning and Chairman of the New York City Planning Commission by Mayor Bill de Blasio in March 2014.	Commensurate with title	2.5/week
Employee	Allison Blais	See above listing under "Officer"		

Type	Name	Qualifications	Duties	Average Hours Worked
Employee	Joseph Daniels	See above listing under “Officer”		
Employee	Alice Greenwald	Alice Greenwald serves as the EVP of Programs, Director of Museum, Museum Exhibitions, Collections and Education Since April 2006, Alice Greenwald has overseen the articulation and implementation of a vision for the Museum, directing its programming, collecting, exhibition, and educational initiatives. Ms. Greenwald previously served as Associate Museum Director, Museum Programs, at the United States Holocaust Memorial Museum (USHMM). From 1986-2001, Ms. Greenwald was the principal of <i>Alice M. Greenwald/Museum Services</i> , providing expertise to various clients including, in addition to USHMM, the Baltimore Museum of Industry, the Pew Charitable trusts, and the Historical Society of Princeton.	Commensurate with title	40/week
Employee	Luis Mendes	Luis Mendes has worked for the Foundation since 2006,	Commensurate with title	40/week

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Type	Name	Qualifications	Duties	Average Hours Worked
		and currently serves as Executive Vice President of Facilities, Design and Construction. Previously, Mendes was Assistant Commissioner to the NYC Department of Design and Construction from 1996-2004, and later the Vice President of A/E and Construction Management Services for HAKS Engineers and Construction Managers.		
Employee	Irene Math	See above listing under "Officer"		

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part V, Line 3b

Currently, the Organization has no compensated employees or independent contractors. The employees and contracting counterparties of the Foundation will become employees and contracting counterparties of the Organization as a result of the merger.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part V, Line 5a

Attached hereto as Exhibit F is the Organization's Conflict of Interest Policy. The policy was adopted by the Organization's Board of Trustees on August 7, 2014 by resolution at a meeting and amended as of February 11, 2016.

Part V, Line 7a

As mentioned in response to Line 1c, currently the Organization has no independent contractors. The independent contractors of the Foundation will become the independent contractors of the Organization as a result of the merger. Upon the merger, the Organization will purchase goods and services from the highest compensated independent contractors listed in Line 1c pursuant to contracts assumed by the Organization from the Foundation. All contracts were negotiated in accordance with the Foundation's procurement policy, which is designed to ensure the Foundation follows prudent business practices when purchasing goods and services, among other things, in a fair and impartial manner and without any impropriety or the appearance of any impropriety. The following excerpt is from the Foundation's procurement policy:

9/11 Memorial will procure goods and services in the following manner:

Between \$5,000 and \$49,999

Management will seek to obtain the best value at the best price through solicitations from at least three comparative vendors. Staff will keep a record of responses, whether they are received by phone or in writing. The bids are presented to the President/CEO for review and approval. Legal counsel will be asked to review all contractual documents.

Between \$50,000 and \$249,999

Written bids will be solicited from at least three qualified and competitive bidders. As a general matter, the 9/11 Memorial will accept the lowest responsible bid unless quality or other significant programmatic imperatives provide compelling reasons that another bid would better serve the 9/11 Memorial's needs. The bids are presented to the President/CEO for review and approval. If the contract is construction related, the Design, Construction and Real Estate Committee will be informed of the findings prior to contract signing. The Finance and Investment Committee will be informed of the findings prior to contract signing. Legal counsel will be asked to review all contractual documents.

Between \$250,000 and \$500,000

Written bids will be solicited from at least three qualified and competitive bidders. For

construction or operations related contracts, bid summaries shall be presented to the Construction, Operations and Real Estate Committee for review and approval and the Finance and Investment Committee will be informed of the results. Otherwise, contractor bid summaries shall be presented to the Finance and Investment Committee for review and approval. Legal counsel will be asked to review all contractual documents.

More than \$500,000

Contracts require Board approval. The appropriate Committee shall provide input to the Board as applicable. Legal counsel will be asked to review all contractual documents.

Part V, Lines 8a-f

On May 13, 2013, the Foundation entered into a loan agreement with Michael Bloomberg.

Given that the lender is a related party (Michael R. Bloomberg is Chairman of the Foundation), with the assistance of legal counsel and in compliance with its Conflict of Interest Policy, the Foundation took steps, including exploring other options, to ensure that the terms of loan were no less favorable to the Foundation than would be available at arm's-length, and to assure that the taking of the loan was in the best interests of the Foundation, was reasonable and necessary for the Foundation and provided no inappropriate benefit to the lender or its member.

The loan agreement will be assumed by the Organization as part of the Merger.

A copy of the loan agreement is attached hereto as Exhibit G1 and an amendment to the loan agreement is attached hereto as Exhibit G2.

Part V, Lines 9a-f

The Foundation holds a property insurance policy with Starr Specialty Lines Insurance Agency, Inc. effective from May 14, 2015 through May 14, 2016.

Given that an owner of Starr is a Director of the Foundation, with the assistance of legal counsel and in compliance with its Conflict of Interest Policy, the Foundation took steps, including exploring other options, to ensure that the terms of the policy were no less favorable to the Foundation than would be available at arm's-length, and to assure that the taking of the policy was in the best interests of the Foundation, was reasonable and necessary for the Foundation and provided no inappropriate benefit to Starr or its owner.

The property insurance policy with Starr Specialty Lines Insurance Agency, Inc. names both the Foundation and the Organization as insured entities and will be assumed solely by the Organization as part of the Merger.

A copy of the declarations page of the policy is attached hereto as Exhibit H.

Part VIII, Line 2a

Given the far-reaching impact of the events of 9/11, the Foundation has engaged in a federal legislative effort to involve the public sector in helping to fund the ongoing operations of what is now one of the country's most important and visited landmarks – the Memorial and the Museum. The Foundation works with a consultant who provides advice regarding how to seek federal funding to support the Memorial and the Museum. The federal legislative efforts of the Foundation will be assumed by the Organization as part of the Merger.

Part VIII, Line 4a

As described earlier, the Foundation has established a fundraising and development program to raise funds to carry out its charitable purposes (which are the same as the Organization's charitable purposes). The Organization's fundraising and development program will be "inherited from" and remain substantially the same as the Foundation's.

The Foundation's multi-faceted campaign has several components designed to attract donations. These include, but are not limited to, the following: (i) leadership gifts from corporations, individuals and foundations; (ii) a museum membership campaign; (iii) a cobblestone campaign in which individuals or organizations can sponsor a cobblestone or paver which make up the pathways of the Memorial plaza; (iv) direct mail and email campaigns to the general public; (v) annual special events including a benefit dinner and 5K Run/Walk funded by corporate sponsorships and individuals; (vi) grants from corporations and foundations that fund educational programs and other initiatives; and (vii) government grants. All levels of gifts are sought and accepted. Additionally, the Foundation's website and other digital properties (which the Organization will succeed to) will provide a means by which interested parties can contribute to the Organization.

Part VIII, Line 4b

The Foundation has a non-exclusive agreement for direct response marketing consultation and management, the creation and production of direct mail packages, package inserts, space advertisements, telemarketing campaigns, direct response television, and internet-based marketing programs with The Lukens Company, Inc. located at 2800 Shirlington Road, Suite 900, Arlington, VA 22206 (“TLC”).

TLC receives a monthly retainer fee of \$4,000 per month plus reimbursement of all mailing, copy creation, and other service fees incurred under the contract agreement.

	2015	2014	2013	2012
Gross receipts from activity	742,109	481,165	302,473	635,286
Amount paid to (or retained by) fundraiser	48,000	48,000	48,000	48,000
Amount paid to (or retained by) Organization	694,109	433,165	254,473	587,286

The agreement between the Foundation and TLC is attached hereto as Exhibit I1 and the current annual amendment to the agreement is attached hereto as Exhibit I2. The Foundation’s contract with TLC will be assumed by the Organization as part of the Merger.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part VIII, Line 4d

The Organization intends to conduct fundraising efforts for itself in all states.

Part VIII, Line 10

The Foundation owns the copyright to photographs, films, oral histories, and exhibition content in the Museum that is created by Foundation staff or consultants under work-made-for-hire agreements. In certain circumstances, the Foundation has either received donations of, or has purchased the copyright or has licensed rights to, photographs, films, or other digital media in the Museum's collection. The Foundation may grant limited licenses for third parties to use such content, such as to reproduce a photograph within a newly created film, for fees as determined on a scale similar to that of comparable museums and libraries. Marketing for such licensing work is undertaken through the Foundation's website, and content is distributed by email or file upload sites.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part VIII, Line 11

The Organization anticipates that it may receive contributions of property or other non-cash contributions and there may be agreements with donors regarding any such contributions; however, the Organization does not plan to accept such contributions if they impose unfavorable conditions on the Organization or otherwise fail to comply with applicable constraints imposed on the Organization.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part VIII, Line 15

As described earlier, the Organization will be the successor to the Foundation. Please see “Part IV – Narrative Description of Activities” for details.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part IX A, Line 9

Projected gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes:

	<u>2016</u>
Museum Admissions and Fees	57,870,871
Museum and Memorial Tours	3,953,522
Gross Receipts from Special Events	3,900,000
Museum Space Rental	150,000
Food and Beverage Royalties	69,944
Gross Receipts from Merchandise Sold	8,539,523

Subtotal Line 15	<u>74,483,860</u>
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Line 15 per Form 1023	<u>74,483,860</u>
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Part IX A, Line 23

Expenses not otherwise classified:

	<u>2016</u>
Advertising & Promotion	3,080,686
Office Expenses	1,186,181
Leased Equipment	584,713
IT Hardware and Software	791,071
Cost of Goods Sold	3,072,712
Travel, Conferences and Meetings	595,675
Insurance	4,448,081
Bank Service Charges	1,250,522
Other Expenses	495,999
Subtotal Line 23	<u>15,505,640</u>
Line 23 per Form 1023	<u><u>15,505,640</u></u>

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Part IX B, Line 11

The National September 11 Memorial and Museum at the World Trade Center will be the successor to the National September 11 Memorial and Museum at the World Trade Center Foundation, Inc. The total assets for the Foundation at December 31, 2015 were \$738,516,252.

National September 11 Memorial and Museum at the World Trade Center

Employer Identification Number: 61-1745872

Form 1023 – Application for Recognition of Exemption

Schedule E, Line 5

The Organization needed slightly longer than 27 months to file Form 1023 because of the small administrative staff supporting the newly operating Museum and the complex and high profile nature of the expanded operations.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Schedule G, Line 2a

In April 2003, the Foundation was incorporated pursuant to the NFPCL to, among other things, own, construct and maintain a memorial on the site of the World Trade Center to honor and remember the innocent men, women and children killed in the attacks of September 11, 2001 and February 26, 1993. The memorial site is also home to the Museum, which opened in May 2014.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Schedule G, Line 2b

The Foundation is a not-for-profit organization that is tax exempt under Section 501(c)(3).

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Schedule G, Line 2c

The Foundation is a recognized public charity and tax exempt under Section 501(c)(3). A copy of the advance ruling from the Internal Revenue Service dated March 11, 2004 is attached hereto as Exhibit C and a final determination letter from the Internal Revenue Service dated April 17, 2008 is attached hereto as Exhibit D.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Schedule G, Line 2e

As described earlier, the Organization was incorporated, and will take over the assets of the Foundation as part of the Merger following the Organization's receipt of tax-exempt status from the IRS.

Schedule G, Line 3

The events of September 11, 2001 and February 26, 1993 had an extensive and unprecedented physical, economic and emotional effect on the citizens of the city of New York, the country and the world. To recognize the historical significance of these events, to strengthen our resolve to preserve freedom and inspire an end to hatred, ignorance and intolerance, , to fortify our country against a recurrence of these devastating events, and to achieve its charitable goals, the Organization will operate the memorial, which opened to the public on September 11, 2011 (the “Memorial”), and the museum, which opened to the public on May 21, 2014 (the “Museum”), on the site of the World Trade Center. The Memorial and the Museum honor and remember the innocent men, women, and children murdered by terrorists in the horrific attacks of September 11, 2001 and February 26, 1993, recognize the endurance of those who survived, the courage of those who risked their lives to save others, and the compassion of all who supported the residents of New York City and the larger American community in our darkest hours. Demonstrating the consequences of terrorism on individual lives and its impact on communities at the local, national and international level, the Museum attests to the triumph of human dignity over human depravity and affirms an unwavering commitment to the fundamental value of human life.

Schedule G, Line 5

As discussed earlier, the Foundation and the Organization have identical Boards of Directors/Trustees, and each Board meeting held is a joint meeting of the Board of the Foundation and the Board of the Organization. Furthermore, the Board of the Organization has adopted governance policies and procedures that are substantially similar to those currently in effect for the Foundation.

As discussed earlier, on May 13, 2013, the Foundation entered into a loan agreement with Michael R. Bloomberg.

Given that the loan was made by a related party (Michael R. Bloomberg is the Chairman of the Foundation), with the assistance of legal counsel and in compliance with its Conflict of Interest Policy, the Foundation took steps, including exploring other options, to ensure that the terms of loan were no less favorable to the Foundation than would be available at arm's-length and to assure that the taking of the loan was in the best interests of the Foundation, was reasonable and necessary for the Foundation and provided no inappropriate benefit to the lender or its member.

The loan agreement will be assumed by the Organization as part of the Merger.

A copy of the loan agreement is attached hereto as Exhibit G1 and an amendment to the loan agreement is attached hereto as Exhibit G2.

National September 11 Memorial and Museum at the World Trade Center
Employer Identification Number: 61-1745872
Form 1023 – Application for Recognition of Exemption

Schedule G, Line 6a

As described earlier, the Organization was incorporated, and will take over the assets of the Foundation as part of the Merger following the Organization's receipt of tax-exempt status from the IRS.