

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

DEPARTMENT OF THE TREASURY

Date: **DEC 23 2013**

CONNECTICUT APARTMENT ASSOCIATION  
INC  
330 MAIN ST 3RD FLR  
HARTFORD, CT 06106-1825

Employer Identification Number:  
10-0006520  
DLN:  
17053250347012  
Contact Person:  
SHEENA L BREWER ID# 31270  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 2, 2001  
Contribution Deductibility:  
No  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-NC

17053250347012

Form **1024**  
(Rev. September 1998)  
Department of the Treasury  
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(a)

OMB No. 1545-0057

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

Read the instructions for each Part carefully. **A User Fee must be attached to this application.**  
If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization.

**Complete the Procedural Checklist on page 6 of the instructions.**

## Part I. Identification of Applicant (Must be completed by all applicants; also complete appropriate schedule.)

Submit only the schedule that applies to your organization. Do not submit blank schedules.

Check the appropriate box below to indicate the section under which the organization is applying:

- a ☐ Section 501(c)(2)—Title holding corporations (Schedule A, page 7)
- b ☐ Section 501(c)(4)—Civic leagues, social welfare organizations (including certain war veterans' organizations), or local associations of employees (Schedule B, page 8)
- c ☐ Section 501(c)(5)—Labor, agricultural, or horticultural organizations (Schedule C, page 9)
- d ☒ Section 501(c)(6)—Business leagues, chambers of commerce, etc. (Schedule C, page 9)
- e ☐ Section 501(c)(7)—Social clubs (Schedule D, page 11)
- f ☐ Section 501(c)(8)—Fraternal beneficiary societies, etc., providing life, sick, accident, or other benefits to members (Schedule E, page 13)
- g ☐ Section 501(c)(9)—Voluntary employees' beneficiary associations (Parts I through IV and Schedule F, page 14)
- h ☐ Section 501(c)(10)—Domestic fraternal societies, orders, etc., not providing life, sick, accident, or other benefits (Schedule E, page 13)
- i ☐ Section 501(c)(12)—Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations (Schedule G, page 15)
- j ☐ Section 501(c)(13)—Cemeteries, crematoria, and like corporations (Schedule H, page 16)
- k ☐ Section 501(c)(15)—Mutual insurance companies or associations, other than life or marine (Schedule I, page 17)
- l ☐ Section 501(c)(17)—Trusts providing for the payment of supplemental unemployment compensation benefits (Parts I through IV and Schedule J, page 18)
- m ☐ Section 501(c)(19)—A post, organization, auxiliary unit, etc., of past or present members of the Armed Forces of the United States (Schedule K, page 19)
- n ☐ Section 501(c)(25)—Title holding corporations or trusts (Schedule A, page 7)

1a Full name of organization (as shown in organizing document) <b>CONNECTICUT APARTMENT ASSOCIATION, INC.</b>		2 Employer identification number (EIN) (if none, see <b>Specific Instructions</b> on page 2) <b>10 : 0006520</b>
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed  <b>KRYSTN LEDOUX</b>  <b>( 860 ) 722-9922</b>
1c Address (number and street) <b>330 MAIN STREET, 3RD FLOOR</b>	Room/Suite	
1d City, town or post office, state, and ZIP + 4 If you have a foreign address, see <b>Specific Instructions</b> for Part I, page 2. <b>HARTFORD, CT 06106-1825</b>		
1e Web site address <b>WWW.CTAAHQ.ORG</b>	4 Month the annual accounting period ends <b>DECEMBER</b>	5 Date incorporated or formed <b>04/03/2001</b>

6 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ☐ Yes ☒ No  
If "Yes," attach an explanation.

7 Has the organization filed Federal income tax returns or exempt organization information returns? ☒ Yes ☐ No  
If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.

8 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

- a ☐ Corporation— Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also attach a copy of the bylaws.
- b ☐ Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☒ Association— Attach a copy of the Articles of Association, Constitution, or other governing document, with a declaration (see instructions) or other evidence that the organization was formed by adoption of the document by more than one person. Also include a copy of the bylaws.

If this is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

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

*Rays Bickell*  
(Signature)

*Sara Reyes Bickell*  
(Type or print name and title or authority of signer)

*8/29/12*  
(Date)

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 12343K

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**Part II. Activities and Operational Information** (Must be completed by all applicants)

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The organization's mission is to encourage members and non-members to associate with people in their own industry to exchange thoughts and ideas and to educate through industry speakers.

The CTAA holds three primary types of events each year - educational classes, social/networking gatherings and our annual tradeshow.

Educational and social/networking opportunities are held throughout the state of Connecticut. Educational offerings range from seminar that generally last no more than two hours, to multi-day classes that typically end up in members receiving some type of certification or earning a designation. Examples of this include the CTAA offering a Fair Housing certification course, EPA HVAC Certification Course and seminars on bedbugs and landlord/tenant law.

Social/networking opportunities include two annual membership drives that include members and non-members participating in a social gathering typically held at one of our member properties. We also hold one other social/networking event per year which generally consists of some sort of recreational outing held at a local amusement facility. These events further our mission of providing our members with networking opportunities and also allow us to recruit non-members in a social setting.

Our annual tradeshow is held each year in November at the Mohegan Sun Convention Center in Uncasville, CT. This tradeshow features over 70 vendors and roughly 400 attendees. The tradeshow provides an opportunity for our Associate Members and non-member vendors to showcase their products and services to members of the CT multifamily housing industry.

We also provide educational offerings at the tradeshow which attendees can earn continuing education credits for attending. We typically hold 3-4 seminars during the day of the tradeshow.

CTAA also employs a lobbyist to monitor legislation proposed in the Connecticut General Assembly that would impact the CT multifamily housing industry. When appropriate, the CTAA's lobbyist takes actions to support or oppose legislation on behalf of the CTAA.

- 2 List the organization's present and future sources of financial support, beginning with the largest source first.

1. TRADESHOW
2. MEMBERSHIP DUES
3. PROGRAM/SEMINARS
4. MAINTENANCE MANIA
5. NAA LEASE PROGRAM
6. KART RACING
7. MEMBERSHIP DIRECTORY

**Part II. Activities and Operational Information (continued)**

3 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
<b>President: Brian Lemire, 942 Main Street, 2nd Floor, Hartford, CT.</b>	0
<b>Vice President: Eileen Swenson, 41 C New London Turnpike, Glastonbury, CT</b>	0
<b>Secretary: Heather Winn, 13 Brookside Avenue, Worcester, MA</b>	0
<b>Treasurer: Andrew Lund, 59 Mill Pond Road, Broad Brook, CT</b>	0
<b>Executive Director: Krystn Ledoux, 330 Main Street, 3rd Floor, Hartford, CT</b>	0

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.  
N/A

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).  
**CTAA is a state chapter of the National Apartment Association (NAA).**

6 If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) if any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.  
N/A

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

**Any owner/builder or manager with multi-housing units who operates or has interests in the State of Connecticut. Also, associate members providing products/services to other members.**

**Current # of owner/builder or manager members: 89 ; Current # of associate members: 217**

8 Explain how your organization's assets will be distributed on dissolution.

**In the event of the dissolution of the CTAA, any funds shall be disposed of in accordance with Connecticut Law and any excess after debts have been fully satisfied will revert to the members of CTAA in good standing on a pro-rated basis.**

**Part II. Activities and Operational Information (continued)**

- 9 Has the organization made or does it plan to make any distribution of its property or surplus funds to shareholders or members? ☐ Yes ☒ No  
 If "Yes," state the full details, including: (1) amounts or value; (2) source of funds or property distributed or to be distributed; and (3) basis of, and authority for, distribution or planned distribution.

- 10 Does, or will, any part of your organization's receipts represent payments for services performed or to be performed? ☒ Yes ☐ No  
 If "Yes," state in detail the amount received and the character of the services performed or to be performed.

**CTAA provides educational services in the form of programs and seminars. Examples of these services are: Fair Housing certification course, EPA HVAC Certification Course, and seminars on bedbugs and landlord/tenant law. Total amounts received, by calendar year: 2011: \$9340, 2010: \$8675, 2009: \$13190.**

- 11 Has the organization made, or does it plan to make, any payments to members or shareholders for services performed or to be performed? ☐ Yes ☒ No  
 If "Yes," state in detail the amount paid, the character of the services, and to whom the payments have been, or will be, made.

- 12 Does the organization have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits, pensions, or annuities)? ☐ Yes ☒ No  
 If "Yes," describe and explain the arrangement's eligibility rules and attach a sample copy of each plan document and each type of policy issued.

- 13 Is the organization under the supervisory jurisdiction of any public regulatory body, such as a social welfare agency, etc.? ☐ Yes ☒ No  
 If "Yes," submit copies of all administrative opinions or court decisions regarding this supervision, as well as copies of applications or requests for the opinions or decisions.

- 14 Does the organization now lease or does it plan to lease any property? ☐ Yes ☒ No  
 If "Yes," explain in detail. Include the amount of rent, a description of the property, and any relationship between the applicant organization and the other party. Also, attach a copy of any rental or lease agreement. (If the organization is a party, as a lessor, to multiple leases of rental real property under similar lease agreements, please attach a single representative copy of the leases.)

- 15 Has the organization spent or does it plan to spend any money attempting to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office or to an office in a political organization? ☒ Yes ☐ No  
 If "Yes," explain in detail and list the amounts spent or to be spent in each case.

**The CTAA employs a lobbyist at a current cost of \$17,000 per year. The lobbyist monitors legislation proposed in the Connecticut General Assembly that would impact the CT multifamily housing industry and keeps the CTAA Board and membership up to date on legislative happenings. When appropriate, the CTAA's lobbyist takes actions to support or oppose legislation on behalf of the CTAA. Examples of issues dealt with in the past legislative session include bedbugs and possessions of deceased or evicted tenants.**

- 16 Does the organization publish pamphlets, brochures, newsletters, journals, or similar printed material? ☒ Yes ☐ No  
 If "Yes," attach a recent copy of each.

**Part III. Financial Data** (Must be completed by all applicants)

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

Revenue	(a) Current Tax Year	3 Prior Tax Years or Proposed Budget for Next 2 Years			(e) Total
	From 01/01/12 To 06/30/12	(b) 2011	(c) 2010	(d) 2009	
1 Gross dues and assessments of members . . . . .	42495	87318	77330	77677	284820
2 Gross contributions, gifts, etc. . . . .					
3 Gross amounts derived from activities related to the organization's exempt purpose (attach schedule) (Include related cost of sales on line 9.)	31591	154449	128052	128631	442723
4 Gross amounts from unrelated business activities (attach schedule)					
5 Gain from sale of assets, excluding inventory items (attach schedule) . . . . .					
6 Investment income (see page 3 of the instructions)	416	1151	449	390	2406
7 Other revenue (attach schedule). . . . .					
8 Total revenue (add lines 1 through 7) . . . . .	74502	242918	205831	206698	729949
<b>Expenses</b>					
9 Expenses attributable to activities related to the organization's exempt purposes. . . . .	29099	112068	94540	82914	318621
10 Expenses attributable to unrelated business activities					
11 Contributions, gifts, grants, and similar amounts paid (attach schedule). . . . .					
12 Disbursements to or for the benefit of members (attach schedule)					
13 Compensation of officers, directors, and trustees (attach schedule)					
14 Other salaries and wages. . . . .					
15 Interest . . . . .					
16 Occupancy . . . . .					
17 Depreciation and depletion . . . . .					
18 Other expenses (attach schedule) . . . . .	57553	77588	69330	67919	272390
19 Total expenses (add lines 9 through 18) . . . . .	86652	189656	163870	150833	591011
20 Excess of revenue over expenses (line 8 minus line 19) . . . . .	-12150	53262	41961	55865	138938

**B. Balance Sheet (at the end of the period shown)**

Assets		Current Tax Year as of 06/30/12	
1 Cash . . . . .		1	293340
2 Accounts receivable, net . . . . .		2	
3 Inventories . . . . .		3	
4 Bonds and notes receivable (attach schedule) . . . . .		4	
5 Corporate stocks (attach schedule). . . . .		5	
6 Mortgage loans (attach schedule) . . . . .		6	
7 Other investments (attach schedule) . . . . .		7	
8 Depreciable and depletable assets (attach schedule) . . . . .		8	
9 Land . . . . .		9	
10 Other assets (attach schedule) . . . . .		10	
11 Total assets . . . . .		11	293340
Liabilities			
12 Accounts payable . . . . .		12	
13 Contributions, gifts, grants, etc., payable . . . . .		13	
14 Mortgages and notes payable (attach schedule) . . . . .		14	
15 Other liabilities (attach schedule) . . . . .		15	
16 Total liabilities. . . . .		16	0
Fund Balances or Net Assets			
17 Total fund balances or net assets . . . . .		17	293340
18 Total liabilities and fund balances or net assets (add line 16 and line 17) . . . . .		18	293340

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation. ☐

**Part IV. Notice Requirements (Sections 501(c)(9) and 501(c)(17) Organizations Only)****1** Section 501(c)(9) and 501(c)(17) organizations:

Are you filing Form 1024 within 15 months from the end of the month in which the organization was created or formed as required by section 505(c)? . . . . .

☐ Yes ☐ No

If "Yes," skip the rest of this Part.

If "No," answer question 2.

**2** If you answer "No" to question 1, are you filing Form 1024 within 27 months from the end of the month in which the organization was created or formed? . . . . .

☐ Yes ☐ No

If "Yes," your organization qualifies under Regulation section 301.9100-2 for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 3 and 4.

If "No," answer question 3.

**3** If you answer "No" to question 2, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? . . . . .

☐ Yes ☐ No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 2. See Specific Instructions, Part IV, Line 3, page 4, before completing this item. Do not answer question 4.

If "No," answer question 4.

**4** If you answer "No" to question 3, your organization's qualification as a section 501(c)(9) or 501(c)(17) organization can be recognized only from the date this application is filed. Therefore, does the organization want us to consider its application as a request for recognition of exemption as a section 501(c)(9) or 501(c)(17) organization from the date the application is received and not retroactively to the date the organization was created or formed? . . . . .

☐ Yes ☐ No

**Schedule A Organizations described in section 501(c)(2) or 501(c)(25) (Title holding corporations or trusts)**

- 1** State the complete name, address, and EIN of each organization for which title to property is held and the number and type of the applicant organization's stock held by each organization.

- 2** If the annual excess of revenue over expenses has not been or will not be turned over to the organization for which title to property is held, state the purpose for which the excess is or will be retained by the title holding organization.

- 3** In the case of a corporation described in section 501(c)(2), state the purpose of the organization for which title to property is held (as shown in its governing instrument) and the Code sections under which it is classified as exempt from tax. If the organization has received a determination or ruling letter recognizing it as exempt from taxation, please attach a copy of the letter.

- 4** In the case of a corporation or trust described in section 501(c)(25), state the basis whereby each shareholder is described in section 501(c)(25)(C). For each organization described that has received a determination or ruling letter recognizing that organization as exempt from taxation, please attach a copy of the letter.

- 5** With respect to the activities of the organization.

- a** Is any rent received attributable to personal property leased with real property? . . . . . ☐ Yes ☐ No  
If "Yes," what percentage of the total rent, as reported on the financial statements in Part III, is attributable to personal property?
- b** Will the organization receive income which is incidentally derived from the holding of real property, such as income from operation of a parking lot or from vending machines? . . . . . ☐ Yes ☐ No  
If "Yes," what percentage of the organization's gross income, as reported on the financial statements in Part III, is incidentally derived from the holding of real property?
- c** Will the organization receive income other than rent from real property or personal property leased with real property or income which is incidentally derived from the holding of real property? . . . . . ☐ Yes ☐ No  
If "Yes," describe the source of the income.

## Instructions

**Line 1.**—Provide the requested information on each organization for which the applicant organization holds title to property. Also indicate the number and types of shares of the applicant organization's stock that are held by each.

**Line 2.**—For purposes of this question, "excess of revenue over expenses" is all of the organization's income for a particular tax year less operating expenses.

**Line 3.**—Give the exempt purpose of each organization that is the basis for its exempt status and the Internal Revenue Code section

that describes the organization (as shown in its IRS determination letter).

**Line 4.**—Indicate if the shareholder is one of the following:

1. A qualified pension, profit-sharing, or stock bonus plan that meets the requirements of the Code;
2. A government plan;
3. An organization described in section 501(c)(3); or
4. An organization described in section 501(c)(25).

**Schedule B****Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations (including posts, councils, etc., of veterans' organizations not qualifying or applying for exemption under section 501(c)(19)) or local associations of employees.)**

- 1** Has the Internal Revenue Service previously issued a ruling or determination letter recognizing the applicant organization (or any predecessor organization listed in question 4, Part II of the application) to be exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that the applicant organization (or its predecessor) was carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity? ☐ Yes ☐ No

If "Yes," indicate the earliest tax year for which recognition of exemption under section 501(c)(3) was revoked and the IRS district office that issued the revocation.

- 2** Does the organization perform or plan to perform (for members, shareholders, or others) services, such as maintaining the common areas of a condominium; buying food or other items on a cooperative basis; or providing recreational facilities or transportation services, job placement, or other similar undertakings? ☐ Yes ☐ No

If "Yes," explain the activities in detail, including income realized and expenses incurred. Also, explain in detail the nature of the benefits to the general public from these activities. (If the answer to this question is explained in Part II of the application (pages 2, 3, and 4), enter the page and item number here.)

- 3** If the organization is claiming exemption as a homeowners' association, is access to any property or facilities it owns or maintains restricted in any way? ☐ Yes ☐ No

If "Yes," explain.

- 4** If the organization is claiming exemption as a local association of employees, state the name and address of each employer whose employees are eligible for membership in the association. If employees of more than one plant or office of the same employer are eligible for membership, give the address of each plant or office.

**Schedule C** **Organizations described in section 501(c)(5) (Labor, agricultural, including fishermen's organizations, or horticultural organizations) or section 501(c)(6) (business leagues, chambers of commerce, etc.)**

- 1 Describe any services the organization performs for members or others. (If the description of the services is contained in Part II of the application, enter the page and item number here.)

PAGE 2, ITEM 1

- 2 Fishermen's organizations only.—What kinds of aquatic resources (not including mineral) are cultivated or harvested by those eligible for membership in the organization?

N/A

- 3 Labor organizations only.—Is the organization organized under the terms of a collective bargaining agreement? ☐ Yes ☐ No

If "Yes," attach a copy of the latest agreement.

N/A

**Schedule D** Organizations described in section 501(c)(7) (Social clubs)

- 1 Has the organization entered or does it plan to enter into any contract or agreement for the management or operation of its property and/or activities, such as restaurants, pro shops, lodges, etc.? ☐ Yes ☐ No

If "Yes," attach a copy of the contract or agreement. If one has not yet been drawn up, please explain the organization's plans.

- 2 Does the organization seek or plan to seek public patronage of its facilities or activities by advertisement or otherwise? ☐ Yes ☐ No

If "Yes," attach sample copies of the advertisements or other requests.

If the organization plans to seek public patronage, please explain the plans.

- 3a Are nonmembers, other than guests of members, permitted or will they be permitted to use the club facilities or participate in or attend any functions or activities conducted by the organization? ☐ Yes ☐ No

If "Yes," describe the functions or activities in which there has been or will be nonmember participation or admittance. (Submit a copy of the house rules, if any.)

- b State the amount of nonmember income included in Part III of the application, lines 3 and 4, column (a)
- c Enter the percent of gross receipts from nonmembers for the use of club facilities  %
- d Enter the percent of gross receipts received from investment income and nonmember use of the club's facilities  %

- 4a Does the organization's charter, bylaws, other governing instrument, or any written policy statement of the organization contain any provision that provides for discrimination against any person on the basis of race, color, or religion? ☐ Yes ☐ No

- b If "Yes," state whether or not its provision will be kept.

- c If the organization has such a provision that will be repealed, deleted, or otherwise stricken from its requirements, state when this will be done.

- d If the organization formerly had such a requirement and it no longer applies, give the date it ceased to apply

- e If the organization restricts its membership to members of a particular religion, check here and attach the explanation specified in the instructions ☐

See reverse side for instructions

## Instructions

**Line 1.**—Answer "Yes," if any of the organization's property or activities will be managed by another organization or company.

**Lines 3b, c, and d.**—Enter the figures for the current year. On an attached schedule, furnish the same information for each of the prior tax years for which you completed Part III of the application.

**Line 4e.**—If the organization restricts its membership to members of a particular religion, the organization must be:

1. An auxiliary of a fraternal beneficiary society that:

- a. Is described in section 501(c)(8) and exempt from tax under section 501(a), and

- b. Limits its membership to members of a particular religion; or

2. A club that, in good faith, limits its membership to the members of a particular religion in order to further the teachings or principles of that religion and not to exclude individuals of a particular race or color.

If you checked **4e**, your explanation must show how the organization meets one of these two requirements.

**Schedule E**    **Organizations described in section 501(c)(8) or 501(c)(10) (Fraternal societies, orders, or associations)**

- 1** Is the organization a college fraternity or sorority, or chapter of a college fraternity or sorority? ☐ Yes ☐ No  
If "Yes," read the instructions for Line 1, below, before completing this schedule.
- 
- 2** Does or will your organization operate under the lodge system? ☐ Yes ☐ No  
If "No," does or will it operate for the exclusive benefit of the members of an organization operating under the lodge system? ☐ Yes ☐ No
- 
- 3** Is the organization a subordinate or local lodge, etc.? ☐ Yes ☐ No  
If "Yes," attach a certificate signed by the secretary of the parent organization, under the seal of the organization, certifying that the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.
- 
- 4** Is the organization a parent or grand lodge? ☐ Yes ☐ No  
If "Yes," attach a schedule for each subordinate lodge in active operation showing: (a) its name and address; (b) the number of members in it; and (c) how often it holds periodic meetings.
- 

### Instructions

**Line 1.**—To the extent that they qualify for exemption from Federal income tax, college fraternities and sororities generally qualify as organizations described in section 501(c)(7). Therefore, if the organization is a college fraternity or sorority, refer to the discussion of section 501(c)(7) organizations in Pub. 557. If section 501(c)(7) appears to apply to your organization, complete Schedule D instead of this schedule.

**Line 2.**—Operating under the lodge system means carrying on activities under a form of organization that is composed of local branches, chartered by a parent organization, largely self-governing, and called lodges, chapters, or the like.

**Schedule F** Organizations described in section 501(c)(9) (Voluntary employees' beneficiary associations)

- 1 Describe the benefits available to members. Include copies of any plan documents that describe such benefits and the terms and conditions of eligibility for each benefit.

- 2 Are any employees or classes of employees entitled to benefits to which other employees or classes of employees are not entitled? ☐ Yes ☐ No  
If "Yes," explain.

- 3 Give the following information for each plan as of the last day of the most recent plan year and enter that date here. If there is more than one plan, attach a separate schedule

/ /  
(mo.) (day) (yr.)

- a Total number of persons covered by the plan who are highly compensated individuals (See instructions below.)  
b Number of other employees covered by the plan.  
c Number of employees not covered by the plan  
d Total number employed\*

\* Should equal the total of a, b, and c—if not, explain any difference. Describe the eligibility requirements that prevent those employees not covered by the plan from participating.

- 4 State the number of persons, if any, other than employees and their dependents (e.g., the proprietor of a business whose employees are members of the association) who are entitled to receive benefits

**Instructions**

**Line 3a.**—A "highly compensated individual" is one who:

(a) Owned 5% or more of the employer at any time during the current year or the preceding year.

(b) Received more than \$80,000 (adjusted for inflation) in compensation from the employer for the preceding year, and

(c) Was among the top 20% of employees by compensation for the preceding year. However, the employer can choose not to have (c) apply.

**Schedule G Organizations described in section 501(c)(12) (Benevolent life insurance associations, mutual ditch or irrigation companies, mutual or cooperative telephone companies, or like organizations)**

- 1 Attach a schedule in columnar form for each tax year for which the organization is claiming exempt status. On each schedule:
  - a Show the total gross income received from members or shareholders.
  - b List, by source, the total amounts of gross income received from other sources.
- 2 If the organization is claiming exemption as a local benevolent insurance association, state:
  - a The counties from which members are accepted or will be accepted.
  - b Whether stipulated premiums are or will be charged in advance, or whether losses are or will be paid solely through assessments.
- 3 If the organization is claiming exemption as a "like organization," explain how it is similar to a mutual ditch or irrigation company, or a mutual or cooperative telephone company.
- 4 Are the rights and interests of members in the organization's annual savings determined in proportion to their business with it? ☐ Yes ☐ No  
 If "Yes," does the organization keep the records necessary to determine at any time each member's rights and interests in such savings, including assets acquired with the savings? ☐ Yes ☐ No
- 5 If the organization is a mutual or cooperative telephone company and has contracts with other systems for long-distance telephone services, attach copies of the contracts.

## Instructions

Mutual or cooperative electric or telephone companies should show income received from qualified pole rentals separately. Mutual or cooperative telephone companies should also show separately the gross amount of income received from nonmember telephone companies for performing services that

involve their members and the gross amount of income received from the sale of display advertising in a directory furnished to their members.

Do not net amounts due or paid to other sources against amounts due or received from those sources.

**Schedule H Organizations described in section 501(c)(13) (Cemeteries, crematoria, and like corporations)****1** Attach the following documents:

- a** Complete copy of sales contracts or other documents, including any "debt" certificates, involved in acquiring cemetery or crematorium property.
- b** Complete copy of any contract your organization has that designates an agent to sell its cemetery lots.
- c** A copy of the appraisal (obtained from a disinterested and qualified party) of the cemetery property as of the date acquired.

- 2** Does your organization have, or does it plan to have, a perpetual care fund? . . . . . ☐ Yes ☐ No  
 If "Yes," attach a copy of the fund agreement and explain the nature of the fund (cash, securities, unsold land, etc.)

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

**Schedule I Organizations described in section 501(c)(15) (Small insurance companies or associations)**

- 1** Is the organization a member of a controlled group of corporations as defined in section 831(b)(2)(B)(iii)? (Disregard section 1563(b)(2)(B) in determining whether the organization is a member of a controlled group.) . . . . . ☐ Yes ☐ No

If "Yes," include on lines 2 through 5 the total amount received by the organization and all other members of the controlled group.

If "No," include on lines 2 through 5 only the amounts that relate to the applicant organization.

- 2** Direct written premiums . . . . .
- 3** Reinsurance assumed . . . . .
- 4** Reinsurance ceded . . . . .
- 5** Net written premiums ((line 2 plus line 3) minus line 4) . . . . .
- 6** If you entered an amount on line 3 or line 4, attach a copy of the reinsurance agreements the organization has entered into.

(a) Current Year		3 Prior Tax Years		
From _____		(b)	(c)	(d)
To _____		.....	.....	.....

**Instructions**

**Line 1.**—Answer "Yes," if the organization would be considered a member of a controlled group of corporations if it were not exempt from tax under section 501(a). In applying section 1563(a), use a "more than 50%" stock ownership test to determine whether the applicant or any other corporation is a member of a controlled group.

**Line 2.**— In addition to other direct written premiums, include on line 2 the full amount of any prepaid or advance premium in the year the prepayment is received. For example, if a \$5,000 premium for a 3-year policy was received in the current year, include the full \$5,000 amount in the Current Year column.

**Schedule J** **Organizations described in section 501(c)(17) (Trusts providing for the payment of supplemental unemployment compensation benefits)**

**1** If benefits are provided for individual proprietors, partners, or self-employed persons under the plan, explain in detail.

**2** If the plan provides other benefits in addition to the supplemental unemployment compensation benefits, explain in detail and state whether the other benefits are subordinate to the unemployment benefits.

**3** Give the following information as of the last day of the most recent plan year and enter that date here \_\_\_\_\_

**a** Total number of employees covered by the plan who are shareholders, officers, self-employed persons, or highly compensated (See Schedule F instructions for line 3a on page 14.) \_\_\_\_\_

**b** Number of other employees covered by the plan \_\_\_\_\_

**c** Number of employees not covered by the plan \_\_\_\_\_

**d** Total number employed\* \_\_\_\_\_

\* Should equal the total of a, b, and c—if not, explain the difference. Describe the eligibility requirements that prevent those employees not covered by the plan from participating.

**4** At any time after December 31, 1959, did any of the following persons engage in any of the transactions listed below with the trust: the creator of the trust or a contributor to the trust; a brother or sister (whole or half blood), a spouse, an ancestor, or a lineal descendant of such a creator or contributor; or a corporation controlled directly or indirectly by such a creator or contributor?

**Note:** If you know that the organization will be, or is considering being, a party to any of the transactions (or activities) listed below, check the "Planned" box. Give a detailed explanation of any "Yes" or "Planned" answer in the space below.

<b>a</b> Borrow any part of the trust's income or corpus? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned
<b>b</b> Receive any compensation for personal services? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned
<b>c</b> Obtain any part of the trust's services? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned
<b>d</b> Purchase any securities or other properties from the trust? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned
<b>e</b> Sell any securities or other property to the trust? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned
<b>f</b> Receive any of the trust's income or corpus in any other transaction? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Planned

**5** Attach a copy of the Supplemental Unemployment Benefit Plan and related agreements.

**Schedule K****Organizations described in section 501(c)(19)—A post or organization of past or present members of the Armed Forces of the United States, auxiliary units or societies for such a post or organization, and trusts or foundations formed for the benefit of such posts or organizations.****1 To be completed by a post or organization of past or present members of the Armed Forces of the United States.**

- a Total membership of the post or organization. \_\_\_\_\_
- b Number of members who are present or former members of the U.S. Armed Forces. \_\_\_\_\_
- c Number of members who are cadets (include students in college or university ROTC programs or at armed services academies only), or spouses, widows, or widowers of cadets or past or present members of the U.S. Armed Forces. \_\_\_\_\_
- d Does the organization have a membership category other than the ones set out above? ☐ Yes ☐ No
- If "Yes," please explain in full. Enter number of members in this category \_\_\_\_\_

- e If you wish to apply for a determination that contributions to your organization are deductible by donors, enter the number of members from line 1b who are war veterans, as defined below. \_\_\_\_\_

A war veteran is a person who served in the Armed Forces of the United States during the following periods of war: April 21, 1898, through July 4, 1902; April 6, 1917, through November 11, 1918; December 7, 1941, through December 31, 1946; June 27, 1950, through January 31, 1955; and August 5, 1964, through May 7, 1975.

**2 To be completed by an auxiliary unit or society of a post or organization of past or present members of the Armed Forces of the United States.**

- a Is the organization affiliated with and organized according to the bylaws and regulations formulated by such an exempt post or organization? ☐ Yes ☐ No
- If "Yes," submit a copy of such bylaws or regulations. \_\_\_\_\_
- b How many members does your organization have? \_\_\_\_\_
- c How many are themselves past or present members of the Armed Forces of the United States, or are their spouses, or persons related to them within two degrees of blood relationship? (Grandparents, brothers, sisters, and grandchildren are the most distant relationships allowable.) \_\_\_\_\_
- d Are all of the members themselves members of a post or organization, past or present members of the Armed Forces of the United States, spouses of members of such a post or organization, or related to members of such a post or organization within two degrees of blood relationship? ☐ Yes ☐ No

**3 To be completed by a trust or foundation organized for the benefit of an exempt post or organization of past or present members of the Armed Forces of the United States.**

- a Will the corpus or income be used solely for the funding of such an exempt organization (including necessary related expenses)? ☐ Yes ☐ No
- If "No," please explain. \_\_\_\_\_

- b If the trust or foundation is formed for charitable purposes, does the organizational document contain a proper dissolution provision as described in section 1.501(c)(3)-1(b)(4) of the Income Tax Regulations? ☐ Yes ☐ No

