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September 5, 2006

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

Re: Sir Walter Gun Club, Inc.

Dear Sir or Madam:

I am enclosing IRS forms 8718 and 1024 for Sir Walter Gun Club, Inc. I am also enclosing a check in the amount of \$750.00 for the user fee, as well as the four prior years 990s. Unfortunately, we are unable to produce a copy of the Articles of Incorporation for Sir Walter Gun Club, Inc. This is due to the fact that Sir Walter Gun Club, Inc. is a forty-nine year old corporation and the board of directors has obviously changed since the inception of the corporation. Further, upon contacting the North Carolina Secretary of State's office, they are unable to produce a copy of the Articles of Incorporation due to their office's retention of records. However, the Secretary of State recognizes Sir Walter Gun Club, Inc. as a viable corporation as evidenced by their website. I am enclosing a copy of the Secretary of State's webpage concerning Sir Walter Gun Club, Inc. which I printed this morning. As you can see, the Secretary of State considers Sir Walter Gun Club, Inc. as a "Current-Active" corporation.

Finally, I have enclosed a copy of the By-Laws of Sir Walter Gun Club, Inc. After reviewing the enclosed please contact me to advise if you require any additional information.

Thank you in advance for your consideration. If you should have any questions, please do not hesitate to call me.

Sincerely,

DICKSON WARREN & CO., PLLC

Cyplin lich

Certified Public Accountants

H. Kenneth Dickson, Jr.

Enclosures

MEMBER:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS \* AICPA > TAX DIVISION \* ASSOCIATION OF CERTIFIED FRAUD EXAMINERS NORTH CAROLINA ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS • INTUINAL ASSOCIATION OF CERTIFIED VALUATION ANALYSIS CENTRAL CAROLINA CHAPTER OF CERTIFIED FRAUD EXAMINERS . ASSOCIATION OF INSOLVENCY & RESTRUCTURING ADVISORS

## User Fee for Exempt Organization Determination Letter Request

For	OMB No. 1545-1798
IRS	Control number
Only	Amount paid
1	User fee screener

Department of Internal Pleven		► Attac (Form 8	th this form to determination let 1718 is NOT a determination let	ter application or application.		Only	Amount paid User tee screener	
1 Name of c	organization			2 5	mployer Identifica	ition N	umber	
SIR WAL	TER GUN (	CLUB, INC.			56 1151044			
	tion. Do no e of reques		an application for a pension	plan determin	ation letter. Us	e For	m 8717 instead.	Fee
• 🗆	· •	est for a determination	n letter for					
	An exer preceding     A new of the Area of the Ar	npt organization that 4 years or organization that antici	has had annual gross receipt pates gross receipts averaging	g not more tha			-	\$300
	Note. If yo	ou checked box 3a, y	ou must complete the Certific	tion below.				
	I certify th	at the annual gross re	Certification eceipts of		112 11111111111111111111			
			d to average) not more than			ng 4	(or the first 4) ye	ears of
	Signature	<b>&gt;</b>		Title ▶				
b 🗷	Initial requ	est for a determination	n letter for:					
_	• Ал ехеп	npt organization that h	as had annual gross receipts a	veraging more	e than \$10,000	durin	g the preceding	
	4 years or							<b></b>
c 🗆		organization that antic emption letters	ipates gross receipts averagin	7	•			\$750 \$900
<u> </u>	Gloup exe	mpnor letters	· · · · · · · · · · · · · · · · · · ·		· · · · ·	· ·	<u> </u>	2acr
Instructions  The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2006-8, 2006-1 I.R.B. 245, or latest annual update.  Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.  Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee, if you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.  Generally, the user fee will be refunded only if the Internal Revenue Service decilines to issue a determination.		for a determination re listed on line 3 mation, see Rev.	Where To File Send the determination letter and Form 8718 to: Internal Revenue Service P.O. Box 192 Covington, KY 41012-019.		retained as ke become mate any internal if governing the are covered. The time of	ong as erial ir Reven e cont In sec eedec	d to complete and	ay on of n 8718 I file
		u are submitting. If u must complete and statement that	Paperwork Reduction Act Nor the information on this for the information on this for the internal Revenue laws of States. If you want your organ recognized as tax-exempt by are required to give us this in need it to determine whether organization meets the legal of tax-exempt status.  You are not required to proinformation requested on a few subject to the Paperwork Requires the form displays a vecontrol number. Books or recommendation on the state of the paperwork Requires the form displays a vecontrol number.	n to carry out he United lization to be the IRS, you formation. We the equirements wide the rm that is duction Act lid OMB	circumstance is 5 minutes. concerning the estimate or a form simpler from you. You Revenue Ser Coordinating SE:W:CAR:NV, IR-Do not send	es. The lif you he accurately we want to the life of t	depending on ind e estimated avera unless comments curacy of this time stions for making would be happy to write to the Inter Tax Products mittee, ISP, 1111 Constit, Washington, DC orm to this address e To File above.	ge time this hear nal cutlon 20224.
mey Order Hana								

### 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.

Par ——	<ol> <li>I. Identification of Applicant (Mus Submit only the schedule that a</li> </ol>	st be completed by all appoplies to your organization	plicants; also cor n. Do not submit	nplete appropriate schedule.) blank schedules.
Che	ck the appropriate box below to indicate th	ne section under which the on	ganization (s applying	g:
8	Section 501(c)(2)—Title holding corpo	vations (Schedule A, page 7)		ਡ•
b			ıding cenain war vet	erans' organizations), or local associations of
C	Section 501(c)(5)—Labor, agricultural,	or horticultural organizations	(Schedule C, page 1	9)
ď	Section 501(c)(6)—Business leagues,	chambers of commerce, etc.	(Schedule C, page 9	9)
æ	Section 501(c)(7)—Social clubs (Sche			
f g	Section 501(c)(8)—Fratemal beneficiary  Section 501(c)(9)—Voluntary employe	y societies, etc., providing life, es' beneficiary associations ((	sick, accident, or ot Parts I through IV an	her benefits to members (Schedule E, page 13)
h	Section 501(c)(10)—Domestic fraterna	ol societies, orders, etc., not p	providing life, sick, a	ccident, or other benefits (Schedule E, page 13)
į	Section 501(c)(12)—Benevolent life in companies, or like organizations (	surance associations, mutual	ditch or irrigation co	empanies, mutual or cooperative telephone
j	Section 501(c)(13)—Cemeteries, crem		(Schedule H. page 1:	6)
k	Section 501(c)(15)—Mutual insurance			
- 1	Section 501(c)(17)—Trusts providing for the	ne payment of supplemental unem	ployment compensation	benefits (Parts I through IV and Schedule J. page 18)
m	Section 501(c)(19)—A post, organization, a	uxiliary unit, etc., of past or prese	nt members of the Arm	red Forces of the United States (Schedule K, page 19)
<u>n</u>	☐ Section 501(c)(25)—Title holding corp	orations or trusts (Schedule A	l, page 7)	
1a	Full name of organization (as shown in or	ganizing document)		Employer identification number (EIN) (if none, see Specific Instructions on page 2)
	SIR WALTER GUN CLUB, INC.			56 1151044
1 b	c/o Name (if applicable)			Name and telephone number of person to be contacted if additional information is needed
1c	Address (number and street) 3900 MERTON DRIVE	<del></del>	Room/Suite 120	H. KENNETH DICKSON, JR., CPA
1d	City, town or post office, state, and ZIP + Instructions for Part I, page 2.	4 If you have a foreign add	iress, see Specific	
	RALEIGH, NC 27609			( 919 ) 782-9000
1e	Web site eddress SIRWALTERGUNCLUB.COM	4 Month the annual acco DECEMBER	unting period ends	5 Date incorporated or formed 12/05/1957
6	Did the organization previously apply for recoilf "Yes," attach an explanation.	gnition of exemption under this	Code section or under	any other section of the Code?
7	Has the organization filed Federal income if "Yes," state the form numbers, years file	tax returns or exempt organi ed, and Internal Revenue offk	zation information re se where filed.	turns?
8	Check the box for the type of organization THE APPLICATION BEFORE MAILING.	on. ATTACH A CONFORMED	COPY OF THE COP	PRESPONDING ORGANIZING DOCUMENTS TO
•	Corporation— Attach a copy of the a appropriate state office	Articles of Incorporation (includiation at a copy of the		nd restatements) showing approval by the
b	☐ Trust— Attach a copy of the	Trust Indenture or Agreement,	including all approp	oriate signatures and dates.
C	Association— Attach a copy of the A	rticles of Association, Constitut	ion, or other creating	document, with a declaration (see instructions) or ent by more than one person. Also include a copy
	If this is a corporation or an unincorporate	ed association that has not ve	rt adopted bylaws. ci	heck here ▶ □
Y.E.	I declare under the penalties of parjury this application, including the accompa	that I am authorized to sion this	application on behalf of	the above organization, and that I have examined y knowledge it is true, correct, and complete.
SIGI	ASE L		EVE MARTIN, TR	- A - A - A - A - A - A - A - A - A - A
HER		· · · · · · · · · · · · · · · · · · ·	ne or prot name and ti	

ALL ASSETS WILL BE DISTRIBUTED TO ANOTHER NON-PROFIT ORGANIZATION UPON DISSOLUTION.

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

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. Staten	tent	of Reven	ue and	t Expen	<u>ses</u>	dea Name Callery	
		(a) Cu	rent Tax Year		Tax Years	or Proposed Budge	TOT NEXT 2 YEARS	}
	Revenue	From	01/01/05		2/34/04	(c) 12/31/03	(d) 12/31/02	(-) 7-4-1
		To		(b)				(e) Total 157000
1	Gross dues and assessments of members		38858		35818	44409	37915	137000
2	Gross contributions, gifts, etc.			ļ				<del> </del>
3	Gross amounts derived from activities related to			1				-
•	the organization's exempt purpose (attach		48443	1	10678	9915	8449	44185
	schedule) (Include related cost of sales on line 9.)		15143		10076	3813	04-10	74100
4	Gross amounts from unrelated business activities (attach schedule)	<u> </u>						<del></del>
5	Gain from sale of assets, excluding inventory items							
	(attach schedule)	ļ		ļ			77	1740
6	investment income (see page 3 of the instructions)		733		840	69	77	1719
7	Other revenue (attach schedule)				10000	F4000	48444	202904
8	Total revenue (add lines 1 through 7)		54734		47336	54393	46441	202904
	Expenses							
9	Expenses attributable to activities related to the	l	40500		C0404	26241	24828	145723
	organization's exempt purposes,		42523		52131	20241	24020	145123
10	Expenses attributable to unrelated business activities	<b>}</b>		<b>}</b>		\ <del></del>	<del> </del>	<del> </del>
11	Contributions, gifts, grants, and similar amounts							
	paid (attach schedule)			1		1		
12	Disbursements to or for the benefit of members (attach schedule)			<u> </u>				
13	Compensation of officers, directors, and trustees (attach schedule)			ļ ————————————————————————————————————				
14	Other salaries and wages							
15	Interest							
16	Occupancy							
17	Depreciation and depletion	-		·				
	Other aumanes (attach cohodule)	1				i		
18	Other expenses (attach schedule)		42523	<del>                                     </del>	52131	25241	2482	145723
19	Total expenses (add lines 9 through 18)							
19	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)		12211		-4795	28152		
19	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus	neet	12211		-4795	28152	2161:	57181
19	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)		12211 (at the er		-4795	28152	21613	57181
19	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)		12211		-4795	28152	2161:	57181 urrent Tax Year 5 of 12/31/05
19	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)		12211 (at the er	nd of t	-4795	28152	2161: C B	3 57181 urrent Tax Year 5 of . 12/31/05 58817
19 20	Total expenses (add lines 9 through 18) .  Excess of revenue over expenses (line 8 minus line 19) .  B. Balance St	Ass	12211 (at the er	nd of t	-4795	28152	2161: C a 1	3 57181 urrent Tax Year s of 12/31/05 58817 11224
19 20	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	A53	12211 (at the er	nd of t	-4795	28152	2161: C 8 1 2 3	3 57181 urrent Tax Year s of 12/31/05 58817 11224
1 2	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	Ass	12211 (at the en	nd of t	-4795	28152	2161: C B 1 2 3 4	5 57181 urrent Tax Year 5 of 12/31/05 58817 11224
1 2 3	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	Ass	12211 (at the er	ad of t	-4795	28152	2161: C 8 1 2 3 4 5	5 57181 urrent Tax Year 5 of . 12/31/05. 58817 11224
1 2 3 4	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	Ass	12211 (at the en	of t	-4795	28152	2161: C B 1 2 3 4 5 6	5 57181 urrent Tax Year 5 of . 12/31/05. 58817 11224
19 20 1 2 3 4 5	Cash. Accounts receivable, net Inventories Bonds and notes receivable (attach schedule) Corporate stocks (attach schedule) Other investments (attach schedule) Other investments (attach schedule)	A55	12211 (at the en	of t	-4795	28152	2161: C B 1 2 3 4 5 6	5 57181 urrent Tax Year s of . 12/31/05 58817 11224
19 20 1 2 3 4 5 6	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	A55	12211 (at the en	of t	-4795	28152	2161: C B 1 2 3 4 5 6 7	5 57181 urrent Tax Year of . 12/31/05 58817 11224
19 20 1 2 3 4 5 6	Cash. Accounts receivable, net Inventories Bonds and notes receivable (attach schedule) Corporate stocks (attach schedule) Other investments (attach schedule) Depreciable and depletable assets (attach schedule) Land	Ass	12211 (at the er	of t	-4795	28152	2161: C B 1 2 3 4 5 6 7	5 57181 urrent Tax Year of 12/31/05 58817 11224
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19 20 1 2 3 4 5 6 7 8 9 10 11	Cash. Accounts receivable, net	Ass	12211 (at the er	ad of t	-4795	28152	2161: C B 1 2 3 4 5 6 7 8 9	5 57181  urrent Tax Year 5 of . 12/31/05  58817  11224
19 20 1 2 3 4 5 6 7 8 9 10 11 12 13	Cash. Accounts receivable, net Inventories Corporate stocks (attach schedule) Cher investments (attach schedule) Depreciable and depletable assets (attach schedule) Land. Cother assets (attach schedule) Total assets Accounts payable Contributions, gifts, grants, etc., payable	Ass	12211 (at the er	ad of t	-4795	28152 od shown)	2161: C B 1 2 3 4 5 6 7 8 9 11 11	5 57181  urrent Tax Year 5 of . 12/31/05  58817  11224
19 20 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Cash. Accounts receivable, net	Ass	12211 (at the er	ad of t	-4795	28152 od shown)	2161: C B 1 2 3 4 5 6 7 8 9 11 11 11 11	5 57181  urrent Tax Year 5 of . 12/31/05  58817  11224
19 20 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Cash.  Accounts receivable, net	Ass	12211 (at the er	ad of t	-4795	28152 od shown)	2161: C B 1 2 3 4 5 6 7 8 9 11 11 11 11 11	3 57181  urrent Tax Year 5 of . 12/31/05  58817  11224  0 69811
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19 20 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	Ass	12211 (at the er	Asse	-4795 he perio	28152 od shown)	2161: C B 1 1 2 3 3 4 4 5 6 6 7 7 8 9 9 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	57181  urrent Tax Year 5 of . 12/31/05  58817  11224  0 69811 2 69811
19 20 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Total expenses (add lines 9 through 18)  Excess of revenue over expenses (line 8 minus line 19)  B. Balance St  Cash.  Accounts receivable, net	Ass	12211 (at the er	Asse	-4795 he perio	28152 od shown)	2161: C B 1 1 2 3 3 4 4 5 6 6 7 7 8 9 9 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	57181  Urrent Tax Year 5 of . 12/31/05  58817  11224  0 69811  2 6 6

	Page 6	
	□ No	
] Ves	□ No	
☐ Yes	□ No	

Sci	wet	ule A Organizations described in section 5	01(c)(2) or	01(c)(25) (Title holding corporations or trusts)
1	Ste	ate the complete name, address, and EtN of each organization plicant organization's stock held by each organization.	on for which titl	e to property is held and the number and type of the
				the constitution for which title to property is
2	lf t	the annual excess of revenue over expenses has not been o old, state the purpose for which the excess is or will be retain	r will not be tui ned by the title	hed over to the organization for which the to property is holding organization.
3	In	the case of a corporation described in section 501(c)(2), sta	te the purpose	of the organization for which title to property is held (as
	ch	nown in its governing instrument) and the Code sections und determination or ruling letter recognizing it as exempt from t	erwhich it is c	1855 FIBO 85 EXEMINATION LEX. II LIFE OF DEMICATION MASTECEMEN
4	50	the case of a corporation or trust described in section 501( 01(c)(25)(C). For each organization described that has receive om taxation, please attach a copy of the letter.	c)(25), state the ed a determina	basis whereby each shareholder is described in section ion or ruling letter recognizing that organization as exempt
	W	With respect to the activities of the organization.		
	a	is any rent received attributable to personal property leas		
		If "Yes," what percentage of the total rent, as reported personal property?	on the financi	al statements in Part III, is attributable to
	b	income from operation of a parking lot or from vending m	rachines?	, , , , , , , , , , , , Li Yes Li No
		If "Yes," what percentage of the organization's gross inco- incidentally derived from the holding of real property?	ome, as reporte	d on the financial statements in Part III, is
	c	Will the organization receive income other than rent fr property or income which is incidentally derived from the If "Yes," describe the source of the income.	om real prope holding of real	ty or personal property leased with real property? Yes No
		Ins	truction	S
wh	ich I	.—Provide the requested information on each organization for the applicant organization holds title to property. Also indicate the applicant organization's storage of the applicant organization's storage of the applicant organization's storage or the applicant organization orga	te letter)	
tha	it are	mber and types of shares of the applicant organization's sto e held by each.	1.7	<ul> <li>—Indicate if the shareholder is one of the following:</li> <li>qualified pension, profit-sharing, or stock bonus plan that</li> </ul>
ex	репз	For purposes of this question, "excess of revenue over ses" is all of the organization's income for a particular tax ye perating expenses.	meets ar 2. /	the requirements of the Code: government plan: n organization described in section 501(c)(3); or
1.10	ıa 3	Give the exempt purpose of each organization that is the for its exempt status and the internal Revenue Code section		n organization described in section 501(c)(25).

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	٠,	• • • •	1611	1160	33

Organizations Described in Section 501(c)(4) (Civic leagues, social welfare organizations

s Ci	redule B	(including posts, councils, etc., of vaterans' organization under section 501(c)(19)) or local assets	ciations of employees.)	ying for
1	(or any prede later revoked on propagano	nal Revenue Service previously issued a ruling or determination letticessor organization listed in question 4, Part II of the application) to that recognition of exemption on the basis that the applicant organization or otherwise attempting to influence legislation or on the basis	r recognizing the applicant organization be exempt under section 501(c)(3) and ization (or its predecessor) was carrying that it engaged in political activity?	Yes No
	If "Yes," indi	cate the earliest tax year for which recognition of exemption unde office that issued the revocation.	r section 501(c)(3) was revoked and the	
2	the common or transports	panization perform or plan to perform (for members, shareholders, areas of a condominium; buying food or other items on a cooperativation services, job placement, or other similar undertakings?,	, , , , , , , , , , , , , , , , , , , ,	Yes No
	-e sha hamaf	lain the activities in detail, including income realized and expenses fits to the general public from these activities. (If the answer to the pages 2, 3, and 4), enter the page and item number here.)	is question is explained in Part II of the	
3	If the organ or maintain:	Ization is claiming exemption as a nomeowners' association, is a s restricted in any way?	cess to any property or facilities it owns	Yes No
	if "Yes," ex	plain.		
				_
-	aro alimible	nization is claiming exemption as a local association of employees, a for membership in the association. If employees of more than one ddress of each plant or office.	state the name and address of each emplo plant or office of the same employer are e	oyer whose employed ligible for membershi
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1024 (Rev. 9-9	9)	Page 9
nedute C	Organizations described in section 501(c)(5) (La organizations, or horticultural organizations) or	bor, agricultural, including fishermen's section 501(c)(6) (business leagues, chambers
Describe any contained in	y services the organization performs for members or others. (If the Part II of the application, enter the page and item number here.	e description of the services is
Fishermen's	organizations only.—What kinds of aquatic resources (not inclugible for membership in the organization?	ding mineral) are cultivated or harvested
Labor orga	nizations only.—Is the organization organized under the terms of	a collective bargaining agreement? Yes No
If "Yes," at	tach a copy of the latest agreement.	
	Describe any contained in	organizations, or horticultural organizations) or of commerce, etc.)  Describe any services the organization performs for members or others. (If the contained in Part II of the application, enter the page and item number here.  Fishermen's organizations only.—What kinds of aquatic resources (not include) those eligible for membership in the organization?  Labor organizations only.—Is the organization organized under the terms of if "Yes," attach a copy of the latest agreement.

Gene	1	4
PROP	·	- 6

Sc	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 manager of its property and/or activities, such as restaurants, pro shops, lodges, etc.?	ment or operation	] Yes	☑ No
	If "Yes," attach a copy of the contract or agreement. If one has not yet been drawn up, please explain plans.	the organization's		
2	2 Does the organization seek or plan to seek public patronage of its facilities or activities by advertisem If "Yes," attach sample copies of the advertisements or other requests. If the organization plans to seek public patronage, please explain the plans.	vent or otherwise?	] Yes	√ No
3a	Are nonmembers, other than guests of members, permitted or will they be permitted to use the club faci in or attend any functions or activities conducted by the organization?	, , , , , , <b>\</b>	Yes	□ No
	Members are allowed to bring guests to Sir Walter Gun Club. However, said guests an nature of firearms being present. Also, Sir Walter Gun Club hosts Boy Scouts troops a certain merit badges. Even though guests are allowed to visit Sir Walter Gun Club, sai participating in shooting events based on governing federal and state laws pertaining use firearms.	as the Boy Scouts : id guests may be re	seek to estricte	obtain d in
	<ul> <li>State the amount of nonmember income included in Part III of the application, lines 3 and 4, column</li> <li>Enter the percent of gross receipts from nonmembers for the use of club facilities</li> <li>Enter the percent of gross receipts received from investment income and nonmember use of the clu</li> </ul>	, , , , , , , ,		0 0 % 1 %
48	4a Does the organization's charter, bylaws, other governing instrument, or any written policy statement contain any provision that provides for discrimination against any person on the basis of race, color,	of the organization or religion?	Yes	☑ No
b	b If "Yes," state whether or not its provision will be kept.			
C	c if the organization has such a provision that will be repealed, deleted, or otherwise stricken from its or when this will be done.		<u> </u>	
d e	d if the organization formerly had such a requirement and it no longer applies, give the date it ceased  e if the organization restricts its membership to members of a particular religion, check here and attac specified in the instructions	ch the explanation	]	
	San removes 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 49.**—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.

S	chedule E	Organizations described in section 501(c)(8) or 501(c)(10) (Fraternal societies associations)	orders,	or or
1	Is the organia if "Yes," read	ration a college fraternity or sorority, or chapter of a college fraternity or sorority?	☐ Yes	□ No
2	If "No," does	your organization operate under the lodge system?  or will it operate for the exclusive benefit of the members of an organization operating under the lodge	☐ Yes	☐ No
3	Is the organiz	tation a subordinate or local lodge, etc.?  The a certificate signed by the secretary of the parent organization, under the seal of the organization, the subordinate lodge is a duly constituted body operating under the jurisdiction of the parent body.	☐ Yes	□ No
4	If "Yes," attac	tation a parent or grand lodge?  The a schedule for each subordinate lodge in active operation showing: (a) its name and address; (b) if members in it; and (c) how often it holds periodic meetings.	☐ Yes	□ No
		_	<u></u>	

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.

Sc	hedule F Organizations described in section 501	1(c)(9) (Voluntary employees' beneficiary associations)
1	Describe the benefits available to members, include copies of any terms and conditions of eligibility for each benefit.	
2	Are any employees or classes of employees entitled to benefits to not entitled?  If "Yes," explain.	which other employees or classes of employees are
		·
3	Give the following information for each plan as of the last day of the there is more than one plan, attach a separate schedule	he most recent plan year and enter that date here. If
a b c d	Total number of persons covered by the plan who are highly comp Number of other employees covered by the plan	pensated Individuals (See instructions below.).
4	* Should equal the total of a, b, and c—if not, explain any different those employees not covered by the plan from participating. State the number of persons, if any, other than employees and their	dependents (a.g., the appointer of a hyerren where
	employees are members of the association) who are entitled to rec	elve benefits
	Instru	ctions
who	3a.—A "highly compensated Individual" is one:  Owned 5% or more of the employer at any time	(b) Received more than \$80,000 (adjusted for inflation) in compensation from the employer for the preceding year, and
duri	ng the current year or the preceding year.	(c) Was among the top 20% of employees by compensation for the preceding year. However, the employer can choose not to have (c) apply.

	or irrigation c	described in section 501(c) ompanies, mutual or coop	)(12) (Benev erative tele	olent life insurance associations, mutual ditch phone companies, or like organizations)
1	Attach a schedule in columnar	form for each tax year for which ti	he organization	is claiming exempt status. On each schedule:
4	Show the total gross income re	ceived from members or sharehold	ders.	
b	List, by source, the total amoun	nts of gross income received from	other sources.	
2 a	If the organization is claiming e The counties from which memb	exemption as a local benevolent ins pers are accepted or will be accept	surance associ ted.	ation, state:
ь	Whether stipulated premiums a	re or will be charged in advance, o	or whether loss	es are or will be paid solely through assessments.
3	If the organization is claiming ex or cooperative telephone comp	temption as a "like organization," e	explain how it is	s similar to a mutual clitch or irrigation company, or a mutual
4	with it?		 rmine at any tir	ne each member's rights and interests
5	If the organization is a mutual or attach copies of the contracts.	cooperative telephone company a	nd has contrac	ts with other systems for long-distance telephone services,
		Instru	uctions	
shou ent com amo	ual or cooperative electric uid show income received als separately. Mutual or c panies should also show s unt of income received fro phone companies for perfo	from qualified pole ooperative telephone separately the gross om nonmember	received directory Do not	heir members and the gross amount of income from the sale of display advertising in a furnished to their members.  I net amounts due or paid to other sources mounts due or received from those sources.
_	<del> </del>			

Sci	hedule H	Organizations described in section 501(c)(13) (C	emeteries, trematoria, and like con	por autoris/
1	Attach the	following documents:		
•	Complete	copy of sales contracts or other documents, including any "debt" c	ertificates, involved in acquiring cemetery	
-		orium property.		
h	Complete	copy of any contract your organization has that designates an ager	t to sell its cametery lots.	
~	A cook of	the appraisal (obtained from a disinterested and qualified party)	of the cemetery property as of the date	
·	acquired.	the appraisal (obtained from a distinctional and question party)		
_		organization have, or does it plan to have, a perpetual care fund?		] Yes 🗌 No
4	Does your	trach a copy of the fund agreement and explain the nature of the fi	• • • • • • • • • • • • • • • • • • •	
	it "Yes," a	trach a copy of the fulld agreement and explain the materials of the h	110 (00011) 0000111101111111111111111111	
				<del></del>
3	If your or	ganization is claiming exemption as a perpetual care fund for an or	panization described in section 501(c)(13),	
	has the c	emetery organization, for which funds are held, established exempt	on under that section? , L	」Yes     No
	lf "No," e			
		•		
_				·

Page	1	7
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om	1024 (Rev. 9-98)	-Uirarranas ss	mpaniae o	associati	ons)
Sci	redule I Organizations described in section 501(c)(15) (Sm	all insurance co	inpanies of	63300460	<u> </u>
1	Is the organization a member of a controlled group of corporations as defined 1563(b)(2)(B) in determining whether the organization is a member of a control of "Yes," include on lines 2 through 5 the total amount received by the organization is a member of a control of "Yes," include on lines 2 through 5 the total amount received by the organization.	n section 831(b)(2)(B)( (led group.)	ii)? (Disregard :	section	
	controlled group.				
	If "No," include on lines 2 through 5 only the amounts that relate to the appl	cant organization.			
		(a) Current Year	3	Prior Tax Years	
		From	(b)	(c)	(d)
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.				

### 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.

SC	medow J	organizations des supplemental uner	cribed in sec nployment c	tion 501(i ompensa	c)(17) (T tion ber	rusts lefits)	provi	ding	for th	ne pa	yme	ent of	
1	If benefits are	provided for Individual pr						the pla	n, exp	lain in	detai	it.	<u></u>
	•												
2	If the plan pro	vides other benefits in ac	ldition to the sup	plemental u	nemploym	ent cor	πpensa	tion b	enefits,	expla	in in a	detail an	d state
	whether the o	ther benefits are subordin	ate to the unem	ployment be	nefits.		•			•			-
3	Give the follow	ving information as of the	last day of the r	nost recent	olan year	and en	er that	date					······································
a	Total number	of employees covered	by the plan wh	o are share	eholders.	ifficers	a-ilez	molav	ed na	reone	or h	· · · · · · · · · · · · · · · · · · ·	
	compensated	(See Schedule F Instructi	ons for line 3a or	n page 14.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pioj	ca pe		U 11	rgray	
b		er employees covered by						. ,		•		· · -	
C		ployees not covered by t	he plan , , ,										
d	Total number												
	* Should equa	i the total of <b>a, b,</b> and c es not covered by the pa	—if not, explain	the differen	ce. Descri	be the	eligibili	ty req	uireme	nts th	at pre	vent	
4										14 - 4			
7	creator of the	ter December 31, 1959, di trust or a contributor to the	nu any or the ton he trust: a brothe	owing perso er or sister /v	ms engage whole or h	in any	r or t⊓e ⊪d\a ∈n	Wansa Muse	PD PD	Delizar Valsar	Delov	v with th	e trust: the
	such a creator	or contributor; or a corp	oration controller	d directly or	indirectly I	y such	a crea	tor or	contrib	outor?	, ui e	iiiiligai ut	SCENIANT U
					_								
Note	r: If you know ti	nat the organization will be	e, or is consideria	ing being, a j	party to an	y of the	e tranşa	ctions	(or ac	tivities	) liste	d below	, check the
Plat	nned" box. Give	a detailed explanation of	any "Yes" or "Pi	lanned" ansv	wer in the	space t	below.						
	_		_										
	• •	int of the trust's income o					• •			님	Yes	⊢ No	Planned
	•	ompensation for personal rt of the trust's services?			• • •					뭄	Yes	₩ No	Plenned
d		securities or other proper					• •	• •		H	Yes	H No	☐ Planned
e		ties or other property to t		otr	• • •	• •					Yes	No No	
f		the trust's income or co		r transaction	2	· •					Yes		Planned
·			7pas III 517, 54141	· · · · · · · · · · · · · · · · · · ·				• •		ш	103	_ 100	□ Flankiep
						-							
5	Attach a copy	of the Supplemental Une	mployment Bene	ifit Plan and	related ag	teemer	its.						

Schedule K		Organizations described in section 501(c)(19)—A post or organization of past or members of the Armed Forces of the United States, auxiliary units or societies for post or organization, and trusts or foundations formed for the benefit of such poorganizations.						
1	To be comple	sted by a post or organization of past or present members of the Armed Forces of the United States.						
	a Total member	ship of the post or organization.						
	c Number of m	embers who are present or former members of the U.S. Armed Forces : embers who are cadets (include students in college or university ROTC programs or at armed services ty), or spouses, widows, or widowers of cadets or past or present members of the U.S. Armed Forces						
,	d Does the orga	nization have a membership category other than the ones set out above?	☐ Yes ☐ No					
	If "Yes," pleas	e explain in full. Enter number of members in this category						
e	If you wish to a of members fro	pply for a determination that contributions to your organization are deductible by donors, enter the number orn line 1b who are war veterans, as defined below.						
		is a person who served in the Armed Forces of the United States during the following periods of war: through July 4, 1902; April 6, 1917, through November 11, 1918; December 7, 1941, through December 27, 1950, through January 31, 1955; and August 5, 1964, through May 7, 1975.						
2	To be complete of the United S	ed by an auxiliary unit or society of a post or organization of past or present members of the Armed Forces itates.						
8	post of organiz	ion affiliated with and organized according to the bylaws and regulations formulated by such an exempt ation?  t a copy of such bylaws or regulations.	□ Yes □ No					
		nbers does your organization have?						
c	her zou à lessited	themselves past or present members of the Armed Forces of the United States, or are their spouses, or to them within two degrees of blood relationship? (Grandparents, brothers, sisters, and grandchildren stant relationships allowable.)						
d	at and distinct 3	embers themselves members of a post or organization, past or present members of the Armed Forces tates, spouses of members of such a post or organization, or related to members of such a post or hin two degrees of blood relationship?	☐ Yes ☐ No					
3	To be complete members of the	d by a trust or foundation organized for the benefit of an exempt post or organization of past or present Armed Forces of the United States.						
2		or income be used solely for the funding of such an exempt organization (including necessary related	Yes No					
ь —	if the trust or four provision as desi	ndetion is formed for charitable purposes, does the organizational document contain a proper dissolution cribed in section 1.501(c)(3)-1(b)(4) of the income Tax Regulations?	Yes No					
	-							