

Application for Recognition of Exemption

Under Section 501(c)(3) of the Internal Revenue Code

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

OMB No. 1545-0056
 Expires May 31, 1984

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

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) The organization must have an organizing instrument (see Part II) before this application may be filed.

Part I—Identification

1 Full name of organization Shingletown Medical Center		2 Employer identification number (If none, attach Form SS-4) 68-0063054	
3(a) Address (number and street) 31232-B State Hwy 44		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f)	
3(b) City or town, State, and ZIP code Shingletown, CA 96088		4 Name and phone number of person to be contacted Melva Kistler (916) 474-3390	
5 Month the annual accounting period ends June	6 Date incorporated or formed May 24, 1985	7 Activity codes 154 155 165	
8(a) Has the organization filed Federal income tax returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			
8(b) Has the organization filed exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			

Part II.—Type of Entity and Organizational Documents (see instructions)

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

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

Part III.—Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of magnitude. If a part of the receipts is or will be derived from the earnings of patents, copyrights, or other assets (excluding stock, bonds, etc.), identify the item as a separate source of receipts. Attach representative copies of solicitations for financial support.

- Rural Health Division - State of California contract
- Patient Revenue
- Donations from fundraising

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

Will sponsor community fund raising activities such as October fest dances, raffles, bake sales, yared sales. No such activities have occurred to present. Such activities will be organized and sponsored by the advisory committee of the corporation

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

Bob Stod
 (Signature)

DIRECTOR
 (Title or authority of signer)

August 22, 1986
 (Date)

Part III.—Activities and Operational Information (Continued)

- 3 Give a narrative description of the activities presently carried on by the organization, and those that will be carried on. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for the organization to become fully operational, and when such further steps will take place. The narrative should specifically identify the services performed or to be performed by the organization. (Do not state the purposes of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VII-A.

The purpose of this corporation is to provide primary health care and to promote and improve health care in the community. The goal is to establish quality medical care for all residents and transitory persons of the community regardless of ethnicity, religion, sex, or financial status. The medical center is now fully operational.

The services will be accomplished through a sliding fee schedule based on family size and income. All medical and medicare patients are encouraged to utilize the facility. Payment schedules may be arranged with the patients. The clinic promotes preventative medicine at patient appointment as well as community gatherings. Monthly outreach clinics which are given free or at a reduced price to the public, include blood pressure screening, diabetes screening, anemia screening, nutrition counseling and referral clinics for self help. The clinic's hours are Monday thru Friday 10:00 a.m. to 4:00 p.m.

Patient revenues will be turned back into the clinic for improvement of care and service to the community.

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

(a) Names, addresses, and duties of officers, directors, trustees, etc.	(b) Specialized knowledge, training, expertise, or particular qualifications
Rhonda Berry P.O. Box 35 Shingletown CA- Pres./Dir.	Management
Diane Johnson P.O. Box 42 Shingletown CA-Sec./Dir.	Secretarial
Marcia Thomas P.O. Box 479 Shingletown CA-Treas./Dir.	Secretarial-bookkeeping
Bob Stout 30542 Figaro Shingletown CA- Dir.	Emergency Services
John Dillon 30960 Bambie, Shingletown CA- Dir.	

Part III.—Activities and Operational Information (Continued)

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

(d) Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See specific instruction 4(d).) . . . Yes No
If "Yes," explain.

(e) Have any members of the organization's governing body assigned income or assets to the organization? . Yes No
If "Yes," attach a copy of assignment(s) and a list of items assigned.

(f) Is it anticipated that any current or future member of the organization's governing body will assign income or assets to the organization? Yes No
If "Yes," explain fully on an attached sheet.

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

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

7 (a) What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. Office furniture, supplies, and clinical medical equipment and supplies.

(b) To what extent have you used, or do you plan to use contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities?
None

8 (a) What benefits, services, or products will the organization provide that are related to its exempt function?

Health care to all members of the community regardless of ethnicity, religion, sex, or financial status, and monthly outreach clinics.

Part III.—Activities and Operational Information (Continued)

8 (b) Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? Yes No

If "Yes," explain and show how the charges are determined.

Through a sliding scale fee schedule based on family size and income.

9 Does or will the organization limit its benefits, services, or products to specific classes of individuals? . . . Yes No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

10 Is the organization a membership organization? Yes No

If "Yes," complete the following:

(a) Describe the organization's membership requirements and attach a schedule of membership fees and dues.

(b) Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.

(c) Are benefits, services, or products limited to members? N/A Yes No

If "No," explain.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? Yes No

If "Yes," explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

12 Does the organization have a pension plan for employees? Yes No

13 (a) Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related Regulations? (See general instructions.) . . . Yes No

(b) If you answer "No," to 13(a) and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.

(c) If you answer "No," to 13(a) and section 508(a) does apply to you, you may be eligible for relief under section 1.9100 of the Income Tax Regulations from the application of section 508(a). Do you wish to request relief? Yes No

(d) If you answer "Yes," to 13(c) attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.

(e) If you answer "No," to both 13(a) and 13(c) and section 508(a) does apply to you, your exemption can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption from the date the application is received and not retroactively to the date you were formed? Yes No

Part IV.—Statement as to Private Foundation Status

1 Is the organization a private foundation? Yes No

2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here and complete Part VIII.

3 If you answer "No," to question 1 indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) that apply below:

(a) Definitive ruling under section 509(a)(1), (2), (3), or (4) ► . Complete Part VII.

(b) Advance ruling under section ► 170(b)(1)(A)(vi) or ► 509(a)(2)—see instructions.

(c) Extended advance ruling under section ► 170(b)(1)(A)(vi) or ► 509(a)(2)—see instructions.

(Note: If you want an extended advance ruling you must check the appropriate boxes for both 3(b) and 3(c).)

Statement of Support, Revenue, and Expenses for period ending April 30, 1986

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received contract	1	69,483.00
	2	Gross dues and assessments of members	2	0
	3	(a) Gross amounts derived from activities related to organization's exempt purpose 34,434.38	3	34,434.38
		(b) Minus cost of sales		
	4	(a) Gross amounts from unrelated business activities	4	0
		(b) Minus cost of sales		
	5	(a) Gross amount received from sale of assets, excluding inventory items (attach schedule)	5	0
	(b) Minus cost or other basis and sales expenses of assets sold			
6	Investment income (see instructions)	6	0	
7	Total support and revenue	7	103,917.38	
Expenses	8	Fund raising expenses	8	0
	9	Contributions, gifts, grants, and similar amounts paid (attach schedule)	9	0
	10	Disbursements to or for benefit of members (attach schedule)	10	0
	11	Compensation of officers, directors, and trustees (attach schedule)	11	0
	12	Other salaries and wages	12	52,425.02
	13	Interest	13	0
	14	Rent	14	5,350.00
	15	Depreciation and depletion	15	0
	16	Other (attach schedule)	16	27,140.48
	17	Total expenses	17	84,915.00
	18	Excess of support and revenue over expenses (line 7 minus line 17)	18	19,001.88

Balance Sheets

Enter dates

Beginning date

Ending date

May 1, 1985

April 30, 1986

Assets

19	Cash (a) Interest bearing accounts		0
	(b) Other	19	7,982.37
20	Accounts receivable, net	20	19,335.18
21	Inventories	21	0
22	Bonds and notes (attach schedule)	22	0
23	Corporate stocks (attach schedule)	23	0
24	Mortgage loans (attach schedule)	24	0
25	Other investments (attach schedule)	25	0
26	Depreciable and depletable assets (attach schedule)	26	0
27	Land	27	0
28	Other assets (attach schedule)	28	1,349.62
29	Total assets	29	28,667.17

Liabilities

30	Accounts payable	30	0
31	Contributions, gifts, grants, etc., payable	31	0
32	Mortgages and notes payable (attach schedule)	32	0
33	Other liabilities (attach schedules)	33	9,665.29
34	Total liabilities	34	0

Fund Balances or Net Worth

35	Total fund balances or net worth	35	19,001.88
36	Total liabilities and fund balances or net worth (line 34 plus line 35)	36	28,667.17

Has there been any substantial change in any aspect of your financial activities since the period ending date shown above? Yes No
 If "Yes," attach a detailed explanation.

Part VI.—Required Schedules for Special Activities

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