

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

OMB No. 1545-0056

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 you.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) Community Action Services		2 Employer identification number (If none, see instructions.) 8710491952
1b c/o Name (if applicable) MYLA J. DUTTON	3 Name and telephone number of person to be contacted if additional information is needed MYLA J. DUTTON (801) 373-8200	
1c Address (number, street, and room or suite no.) 257 EAST CENTER, SUITE 201A		
1d City or town, state, and ZIP code PRIMO, UTAH 84606	4 Month the annual accounting period ends DECEMBER	
5 Date incorporated or formed DEC. 16, 1991	6 Activity codes (See instructions.) 398, 399, 408 560, 569	7 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)
8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		
9 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

10 Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.

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

If you are 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 [Signature] Board President (Date)
(Signature) (Title or authority of signer)

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

Complete the Procedural Checklist (page 7 of the instructions) prior to filing.

Part II Activities and Operational Information

- 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 your organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

1.) PLANNED - TO PURCHASE AND MAINTAIN TWO FACILITIES WHICH WILL SHELTER AND HOUSE THE HOMELESS ON A TEMPORARY BASIS. SERVICES WILL BE PROVIDED AT THE SIGHTS WHICH WILL ASSIST FAMILIES AND INDIVIDUALS IN DEVELOPING BASIC LIFE SKILLS SO THAT WHEN THEY ARE ASSISTED IN ACQUIRING PERMANENT HOUSING, THEY WILL BE LESS LIKELY TO BECOME HOMELESS AGAIN. THIS ACTIVITY WILL BE INITIATED DURING THE SUMMER AND FALL OF 1992.

THE ACTIVITY WILL BE PERFORMED BY STAFF OF THE PUBLIC SISTER AGENCY, MOUNTAINLAND COMMUNITY ACTION AGENCY.

THE TWO FACILITIES WILL BE LOCATED IN PRIMO, UTAH.

2.) PLANNED - TO ADMINISTER A FOOD BANKING PROGRAM WHICH WILL INVOLVE STORAGE SITES IN PRIMO AND LINCOLN, PROVIDING FOOD AND OTHER ITEMS TO VARIOUS LOCAL FOOD PANTRIES AND OTHER FEEDING PROGRAMS. COMMUNITY ACTION SERVICES WILL ACCEPT DONATIONS OF VEHICLES, STORAGE SPACE AND FOOD, IN ORDER TO RUN THE PROGRAM.

THE STAFF WILL BE PROVIDED AS IN #1 ABOVE, WITH THE ADDITION OF MULTIPLE COMMUNITY VOLUNTEERS.

THIS PROGRAM WAS INITIATED DURING MARCH AND APRIL OF 1992.

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

PRIVATE DONATIONS

UNITED WAY FUNDING

FEDERAL HUD/HOME FUNDS THROUGH LOCAL CITIES AND COUNTY

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

1. APPLYING FOR FEDERAL HOME FUNDS FOR PRIVATE, NON-PROFIT ORGANIZATIONS THROUGH APPLICATION PROCESS.
2. UNITED WAY APPLICATION PROCESS.
3. LETTER AND PROPOSAL TO LOCAL CORPORATIONS AND BUSINESS AND PRIVATE INDIVIDUALS.

Part III Activities and Operational Information (Continued)

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

a Names, addresses, and titles of officers, directors, trustees, etc.

b Annual Compensation

Chairman/PRESIDENT
ARNOLD W. BROWN
111 N. FREEDOM BLVD. PRAVO, UTAH 84601

NONE

MARION LUND 309 NO. 200 WEST, PRAVO, UTAH 84601

ROGER SMITH 560 EAST 300 SOUTH, SPANISH FORK, UTAH 84660

Secy/Treas. HUGH WILLIAMS 160 E. CENTER, #4117, PRAVO, UTAH 84606

MARVIN GARDNER P.O. BOX 104, HERRON, UTAH 84032

LOA ROCHESTER 650 WEST 100 N. #222, PRAVO, UTAH 84601

PAUL BUCKINGHAM 1414 EAST 920 SOUTH PRAVO, UTAH 84606

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.

ONE THIRD OF THE BOARD ARE PUBLIC OFFICIALS OR THEIR REPRESENTATIVES. THEY ARE APPOINTED BY A THREE COUNTY ASSOCIATION OF GOVERNMENTS (COUNTY COMMISSIONERS AND MAYORS)

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

If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No

Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No

If either of these questions is answered "Yes," explain.

THE COMMUNITY ACTION SERVICES WILL UTILIZE THE SERVICES PROVIDED BY THE MOUNTAINLAND COMMUNITY ACTION AGENCY WHICH IS A PUBLIC NON-PROFIT ORGANIZATION.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No

If "Yes," explain fully and identify the other organizations involved.

THE ORGANIZATION WILL RECEIVE FEDERAL HOME FUNDS THROUGH PRAVO CITY, OREM CITY MUNICIPALITIES WHICH HAVE BEEN REORGANIZED AND APPLIED FOR FOR PRIVATE NON-PROFIT ORGANIZATION. THE ORGANIZATION WILL ALSO APPLY FOR AND RECEIVE UNITED WAY FUNDING THROUGH THE CENTRAL UTAH UNITED WAY (501 (C)3).

7 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.

Part III Activities and Operational Information (Continued)

8 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. If "None," indicate "N/A."

N/A

9a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

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 What benefits do (or will) your members receive in exchange for their payment of dues?

11a If the organization provides benefits, services or products, are the recipients required, or will they be required, to pay for them? N/A Yes No
If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.

b Does or will the organization limit its benefits, services or products to specific individuals or classes of individuals? N/A Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

1. HOMELESS INDIVIDUAL AND FAMILIES
2. LOW INCOME PERSONS IN NEED OF FOOD, SHELTER AND VARIOUS OTHER SERVICES. SELECTION WILL BE BASED UPON INCOME LEVEL AND NEED.

12 Does or will the organization attempt to influence legislation? Yes No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.

13 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No
If "Yes," explain fully.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed? Yes No
If you answer "Yes," do not answer questions 2 through 6.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- (a) is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;
- (b) is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or,
- (c) is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement? Yes No

4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed. **(See the Instructions before completing this item.)**

5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed? Yes No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

- 7 Is the organization a private foundation?
 Yes (Answer question 8.)
 No (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, do you claim to be a private operating foundation?
 Yes (Complete Schedule E)
 No

After answering this question, go to Part IV.

- 9 If you answer "No" to question 7, indicate the public charity classification you are requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| (a) <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A). | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| (b) <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B). | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| (c) <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C). | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| (d) <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| (e) <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in (a) through (d), (g), (h), or (i) (MUST COMPLETE SCHEDULE D). | Section 509(a)(3) |
| (f) <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| (g) <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(iv) |
| (h) <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| (i) <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| (j) <input type="checkbox"/> We are a publicly supported organization but are not sure whether we meet the public support test of block (h) or block (i). We would like the Internal Revenue Service to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or
Section 509(a)(2) |

If you checked one of the boxes (a) through (f) in question 9, go to question 14.
 If you checked box (g) in question 9, go to questions 11 and 12.
 If you checked box (h), (i), or (j), go to question 10.

Part III Technical Requirements (Continued)

- 10 If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?
 Yes—Indicate whether you are requesting:
 A definitive ruling (Answer questions 11 through 14.)
 An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.

- 11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

N/A

- 12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:

- a Enter 2% of line 8, column (e) of Part IV-A _____
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.

- 13 If you are requesting a definitive ruling under section 509(a)(2), check here and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person."
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		D	D
Is the organization an operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part IV Financial Data

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

		Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
		(a) From 1/1/92 to 3/30/92	(b) 19 92..	(c) 19 93..	(d) 19	
Revenue	1	Gifts, grants, and contributions received (not including unusual grants—see instructions)	0			
	2	Membership fees received	0	0	0	
	3	Gross investment income (see instructions for definition)	0	0	0	
	4	Net income from organization's unrelated business activities not included on line 3	0	0	0	
	5	Tax revenues levied for and either paid to or spent on behalf of the organization	0	0	0	
	6	Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)	0	0	0	
	7	Other income (not including gain or loss from sale of capital assets) (attach schedule)	0	280,000	30,000	
	8	Total (add lines 1 through 7)	0	280,000	30,000	
	9	Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513	0	0	0	
	10	Total (add lines 8 and 9)	0	280,000	30,000	
	11	Gain or loss from sale of capital assets (attach schedule)	0	0	0	
	12	Unusual grants	0	0	0	
	13	Total revenue (add lines 10 through 12)	0	280,000	30,000	
Expenses	14	Fundraising expenses	0	0	0	
	15	Contributions, gifts, grants, and similar amounts paid (attach schedule)	0			
	16	Disbursements to or for benefit of members (attach schedule)	0	0	0	
	17	Compensation of officers, directors, and trustees (attach schedule)	0	0	0	
	18	Other salaries and wages	0	0	0	
	19	Interest	0	0	0	
	20	Occupancy (rent, utilities, etc.)	0			
	21	Depreciation and depletion	0	0	0	
	22	Other (attach schedule)	0	250,000	20,000	
	23	Total expenses (add lines 14 through 22)	0	250,000	20,000	
	24	Excess of revenue over expenses (line 13 minus line 23)	0	30,000	10,000	

Part IV Financial Data (Continued)

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

Current tax year
Date 1992

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

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

Community Action Services
257 East Center, #201A
Provo, Utah 84606

PART IV - Financial Data

Revenue

7 Other income -- SCHEDULE
HOME/HUD funds through County/City Consortium for purchase
of a family and men's transitional housing/shelter facility.
Total funding \$230,000

Various private and corporate donations expected to
total approximately \$50,000.

Expenses

22 Other -- SCHEDULE
Purchase of two housing facilities totalling \$230,000.
Direct rental and other assistance to clients \$20,000.

Support Schedule For Advance Ruling Period

Form 8734
 (April 1988)

Name of Organization

Community Action Services

Employer Identification Number

87-0491952

For information on completing this support schedule, please see the instructions for Part IV of Schedule A (Form 990), Organization Exempt under 501(c)(3).

	*Year 1		Year 2		Year 3		Year 4		Year 5		Year 6	Total
	(a)	(b)	(c)	(d)	(e)	(f)	(g)					
1. Gifts, grants, and contributions received. (Do not include unusual grants. See line 14)	19,942	19,413	18,944	19,555	19,346	19,424	19,424					
2. Membership fees received	0	0	0	0	0	0	0					
3. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	0	0	0	0	0	0	0					
4. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0	0	0					
5. Net income from unrelated business activities not included in line 4	0	0	0	0	0	0	0					
6. Tax revenues levied for your benefit and either paid to you or expended on your behalf	0	0	0	0	0	0	0					
7. The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0	0	0					
8. Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	0	13,137	52,271	25,299	23,502		114,209					
9. Total of lines 1 through 8	0	340,721	737,784	1,533,110	1,638,056		4,249,671					
10. Line 9 minus line 3	0	340,721	737,784	1,533,110	1,638,056		4,249,671					
11. Enter 1% of line 9	0	3,407	7,378	15,331	16,380		42,496					
12. Organizations described in section 170(b)(1)(A)(vi):												
a. Enter 2% of amount in column g, line 10												
b. Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for all years exceeded the amount shown in 12a. Enter the sum of all excess amounts here												
												84,993

*Begin with the date of formation unless otherwise specified in the exemption letter.

(or see instructions on reverse)

13. Organizations described in section 509(a)(2):

a. Attach a list, for amounts shown on lines 1, 2, and 3 showing the name of, and total amounts received in each year from each "disqualified person", and enter the sum of such amounts for each year:

N/A

Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____ Year 6 _____

b. Attach a list showing for each year, the name and amount included in line 3 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 11 for the year or \$5,000. Include organizations as well as individuals. Enter the sum of these excess amounts for each year:

N/A

Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____ Year 6 _____

14. If you received any unusual grants during your advance ruling period, attach a list for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these in line 1 above.

N/A

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

Phyllis Ott
(Signature)

EXECUTIVE DIRECTOR
(Title or authority of signer)

12/8/97
(Date)

(801) 373-8200
(Telephone No.)