Form 1023

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

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

OMB NO. 1545-0056

Note: If exempt status is approved, 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.

Complete the Procedural Checklist on page 8 of the instructions. Part I Identification of Applicant 1a Full name of organization (as shown in organizing document) Employer identification number (EIN) (If none, see page 3 of the Specific Instructions) Beulah Community Improvement Corporation 1b c/o Name (if applicable) Name and telephone number of person to be contacted if additional information is needed 1c Address (number and street) Room/Suite 5820 Dix Street, NE Rev. Marcus Turner 202-396-5368 1d City, town, or post office, state, and ZIP + 4. If you have a foreign address. 4 Month the annual accounting period ends see Specific Instructions for Part I, page 3. December Washington, DC 20019 Date incorporated or formed 04/12/2001 1e Web site address Check here if applying under section: 501(e) 501(f) 501(n) None Did the organization previously apply for recognition of exemption under this Code section or under any If "Yes," attach an explanation. 8 Is the organization required to file Form 990 (or Form 990-EZ)? . X N/A If "No," attach an explanation (see page 3 of the Specific Instructions). 9 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. 10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions, Part I, Line 10, on page 3.) Get Pub. 557, Tax-Exempt Status for Your Organization, for examples of organizational documents.) Corporation -Attach a copy of the Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws. Trust -Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates. Association -Attach a copy of the 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 the bylaws. If the organization 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. lease ign Rev. Marcus Turner, Sr. Pres. Board of Director 8/19/2004

(Type or print name and title or authority of signer)

(Date)

Part II Activities and Operational Information

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.

Attachment B

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.
The fundraising program will consist of mailings to charities, churches and individuals; applying for various grants from government programs and foundations. the program is not in effect. A fundraising committee of volunteers will implement the program.

² What are or will be the organization's sources of financial support? List in order of size. Cash and donated services from charities, churches and public grants Donated services from government(s) Money donated from foundations
Cash and donated services from businesses

Pa	rt II	Activities and Operational Information	(Continued)		
See	a Nar	e the following information about the organization's governes, addresses, and titles of officers, directors, trustees chment C	, etc.	b Annual Co	ompensation
(offic	any of the above persons serve as members of the goverable ials or being appointed by public officials?		Yes	XNo
c	orga men Instr	any members of the organization's governing body "disc inization (other than by reason of being a member of the obers have either a business or family relationship with buctions, Part II, Line 4d, on page 3.)	e governing body) or do any of the "disqualified persons"? (See Specific	Yes	XNo
	Is the relat	s the organization control or is it controlled by any other e organization the outgrowth of (or successor to) another ionship with another organization by reason of interlock her of these questions is answered "Yes," explain. tors and Officers are members of Beulah Baptist Churc	er organization, or does it have a special ing directorates or other factors?		XNo □No
6	grant guara funda paid	s or will the organization directly or indirectly engage in a political organization or other exempt organization (other its; (b) purchases or sales of assets; (c) rental of facilities antees; (e) reimbursement arrangements; (f) performant raising solicitations; or (g) sharing of facilities, equipment employees?	r than 501(c)(3) organization): (a) s or equipment; (d) loans or loan ace of services, membership, or nt, mailing lists or other assets, or	. Yes	ΧNο
7	If "Ye	e organization financially accountable to any other organics," explain and identify the other organization. Include h copies of reports if any have been submitted.	nization?	Yes	XNo

Par	t II	Activities and Operational Information (Continued)		
8 N/A	pro	at assets does the organization have that are used in the performance of its exempt function? (Do not including investment income.) If any assets are not fully operational, explain their status, what additional stempleted, and when such final steps will be taken. If "None," indicate "N/A."	clude prope ps remain t	rty to be
		the organization be the beneficiary of tax-exempt bond financing within the next 2 years?	Yes	XNo
	und Is th	any of the organization's facilities or operations be managed by another organization or individual er a contractual agreement?	Yes Yes	X No X No
a The (pay r as a b	If "Y Desi Corp nomin char Desi desc	e organization a membership organization?	X Yes pers may be thus the due	No required to es may qualify
c None		t benefits do (or will) the members receive in exchange for their payment of dues?		4
	requ If "Y	organization provides benefits, services, or products, are the recipients required, or will they be ired, to pay for them?	XYes	No
	of in	s or will the organization limit its benefits, services, or products to specific individuals or classes dividuals?	Yes	XNo
	f"Ye	s or will the organization attempt to influence legislation?	Yes	XNo
(or dis	or will the organization intervene in any way in political campaigns, including the publication stribution of statements?	Yes	XNo

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Par	t III	Technical Requir	rements		
1	was c	created or formed?	within 15 months from the end of the month in which your o		i XNo
2	equest Excep	ion 7. ptions - You are not a Is a church, inter integrated auxilia b Is not a private fo	required to file an exemption application within 15 months it church organization of local units of a church, a convention by of a church. See Specific Instructions, Line 2a, on page bundation and normally has gross receipts of not more than organization covered by a group exemption letter, but only it a notice covering the subordinate.	f the organization: or association of churches, or ar 4; \$5,000 in each tax year; or	1
	27 mo	onths from the end on, s," your organization	ot meet any of the exceptions on line 2 above, are you filing of the month in which the organization was created or former a qualifies under Regulation section 301.9100-2, for an autoin filing requirement. Do not answer questions 4 through 6.	d? Yes	XNo
	under require If "Yes See S	the "reasonable ac ements of Regulations," give the reasons	stion 3, does the organization wish to request an extension and good faith" and the "no prejudice to the interest of one section 301.9100-3?	the government" Yes cribed in question 3.	ΧNο
	can be applica	e recognized only fro ation as a request fo	stion 4, your organization's qualification as a section 501(c) om the date this application is filed. Therefore, do you want or recognition of exemption as a section 501(c)(3) organizated and not retroactively to the date the organization was created.	us to consider the ion from the date	□No
6	If you a	answer "Yes" to the ling with the date the	question on line 5 above and wish to request recognition or e organization was formed and ending with the date the Fo	f section 501(c)(4) status for the rm 1023 application was receive	period d

and attach a completed

(the effective date of the organization's section 501(c)(3) status), check here

page 1 of Form 1024 to this application.

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Part III	Technical Requirem				rage
H Y	organization a private for les (Answer question 8.) lo (Answer question 9	undation? and proceed as instructed.)			
8 If you a	es (Complete Schedule	7, does the organization claim to E)	o be a private operating fo	oundation?	
After a	nswering question 8 on t	his line, go to line 14 on page 7.			
9 If you a request	nswer "No" to question ting by checking the box	7, indicate the public charity class below that most appropriately ap	sification the organization pplies:	is	
THE O	RGANIZATION IS NO	OT A PRIVATE FOUNDATION	N BECAUSE IT QUALII	FIES:	
a	As a church or a con (CHURCHES MUST	vention or association of churche	?S		ions 509(a)(1) 170(b)(1)(A)(i)
b		OMPLETE SCHEDULE B.)		Secti	ions 509(a)(1) 170(b)(1)(A)(ii)
с	medical research orga	perative hospital service organiz anization operated in conjunction except for hospital service organ CHEDULE C.)	with a hospital	Secti and	ions 509(a)(1) 170(b)(1)(A)(iii)
d _	As a governmental ur	it described in section 170(c)(1).		Secti and 1	ions 509(a)(1) 170(b)(1)(A)(v)
e	As being operated so or more of the organiz (MUST COMPLETE S	ely for the benefit of, or in conne ations described in a through d, CHEDULE D.)	ection with, one g, h, or i		on 509(a)(3)
f	As being organized as safety.	nd operated exclusively for testin	g for public		
g	As being operated for owned or operated by	the benefit of a college or univer a governmental unit.	rsity that is	Secti	on 509(a)(4) on 509(a)(1) 170(b)(1)(A)(iv)
h 🗌	As receiving a substar contributions from put governmental unit, or	ntial part of its support in the form licly supported organizations, fro from the general public.	om a	Section	ons 509(a)(1) 170(b)(1)(A)(vi)
i []	gross investment inco contributions, member	not more than one-third of its su me and more than one-third of its ship fees, and gross receipts fro unctions (subject to certain excep	s support from		on 509(a)(2)
j 🔀	The organization is a purchase whether it meets the p	publicly supported organization bublic support test of block h or blet the IRS to decide the proper cla	out is not sure lock i. The	Section 170(b	ons 509(a)(1) and b)(1)(A)(vi) or 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, in question 9, go to question 10.

1 UIII	52-2307874 Beulan Community Improvement Corporation			Page		
Part I		-		, age		
10	you checked box h, i, or j on line 9, has the organization completed a tax year of at least 8 months?					
	Yes - Indicate whether you are requesting:					
	A definitive ruling (Answer questions on lines 11 through 14.)					
_	X An advance ruling (Answer questions on lines 11 and 14 and attach two Forms 872-C comp	leted a	and s	igned.)		
L	」 No - You must request an advance ruling by completing and signing two Forms 872-C and a	ittach	ing t	hem to the		
11 If	application.					
E	the organization received any unusual grants during any of the tax years shown in Part IV-A, Stateme expenses, attach a list for each year showing the name of the contributor; the date and the amount of the pattern	nt of F	Rever	nue and		
	escription of the nature of the grant.	ie gra	nt, ar	nd a brief		
N/A						
12 If	you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:					
a Er	tter 2% of line 8, col. (e), total, of Part IV-A					
b At	ach a list showing the name and amount contributed by each person (other than a governmental unit	or "nu	blich			
SL	pported" organization) whose total gifts, grants, contributions, etc., were more than the amount entere	d on i	ine 1	2a above.		
	OU are requesting a definitive ruling under coeffice 500/ No.					
arc	r each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and ar	nount	recei	ived from		
	or disqualified person. (For a delimition of "disqualified person" see Specific Instructions, Doct II is	4-		g 3.)		
٠, ٥	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					
thi	s purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i	000. F	or			
(A)	and any governmental agency of bureau.	, un oc	ıgıı			
14 Ind (Si	icate if your organization is one of the following. If so, complete the required schedule.			If "Yes,"		
(0.	ibmit only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	complete		
¥				Schedule:		
Is 1	he organization a church?		Х	A		
ls t	he organization, or any part of it, a school?		х	В		
			^	В		
ist	ne organization, or any part of it, a hospital or medical research organization?		Х	С		
ls t	ne organization a section 509(a)(3) supporting organization?		х	D		
13 (ne organization a private operating foundation?		X	E		
is t	ne organization, or any part of it, a home for the aged or handicapped?		x	F		
	ne organization, or any part of it, a child care organization?					
			X	G		
Doe	es the organization provide or administer any scholarship benefits, student aid, etc.?		X	Н		
Has	the organization taken over, or will it take over, the facilities of a "for profit" institution?		х	Ī		

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. Staten	nent of Revenue ar	nd Expenses		
R	evenue	Current tax				
	Gifts, grants, and contributions	year (a) From 1/1/2005	The second of th	ears or proposed bud		_
	received (not including unusual	to 12/31/2005		(c) 1/1/2007 12/31/2007	(d)	(e) TOTAL
	grants-see page 6 of the instructions)	100,000	160.000		1	460,000
2	Membership fees received		700,000	200,000		460,000
3						1
	(see instructions for definition)					0
4	Net income from					
	organization's unrelated					
	business activities not included on line 3					
5	. · · · · <u></u>					0
	either paid to or spent on					
	behalf of the organization					
6						0
	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
7	1					
	gain or loss from sale of					
	capital assets) (attach					
	schedule)			100,000		100,000
8 9	Total (add lines 1 through 7)	100,000	160,000	300,000	0	560,000
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.					
	Include related cost of					
20.000	sales on line 22		STATE OF THE STATE	4,200		4,200
	Total (add lines 8 and 9)	100,000	160,000	304,200	0	
11	Gain or loss from sale of					
42	capital assets (att. sch.)					0
12	Unusual grants					0
, 0	through 12)	100,000	160,000	204 200		504000
Exp	penses	700,000	160,000	304,200	0	564,200
14	Fundraising expenses	10,000	16,000	20,000		
15	Contributions, gifts, grants,		.0,000	20,000		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
	and similar amounts paid					X/////////////////////////////////////
1922	(attach schedule)					X/////////////////////////////////////
16	Disbursements to or for					
	benefit of members (attach					<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
17	schedule)					
17	directors, and trustees					V
	(attach schedule)		50,000	50,000		V ////////////////////////////////////
18	Other salaries and wages		50,000	50,000		\
19	Interest			3.000		
20	Occupancy (rent, utilities, etc.)		2,000	2,500		\ <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
21	Depreciation and depletion		2,000	2,000		<i>\////////////////////////////////////</i>
22	Other (attach schedule)	58,770	82,544	191,670		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
23	Total expenses (add lines					<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
0.4	14 through 22)	68,770	150,544	267,170	0	<i>\ </i>
24	Excess of revenue over					
	expenses (line 13 minus	04.000				<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
	line 23)	31,230	9,456	37,030	0	X/////////////////////////////////////

Part IV Financial Data

(Continued)

	B. Balance Sheet (at the end of the period shown)						
	Assets	Date _	12/31/05				
1	Cash		31,230				
2							
3	Inventories						
4	Bonds and notes receivable (attach schedule)						
5	Corporate stocks (attach schedule)						
6	Mortgage loans (attach schedule)						
7	Other investments (attach schedule)						
8	Depreciable and depletable assets (attach schedule)		Material				
9	Land		***************************************				
10	Other assets (attach schedule)						
11							
1.1	Total assets (add lines 1 through 10)		31,230				
12	Accounts payable						
	Contributions, gifts, grants, etc., payable						
	Mortgages and notes payable (attach schedule)						
15							
16	Other liabilities (attach schedule)						
,,,	Total liabilities (add lines 12 through 15)		0				
17							
305	Total fund balances or net assets		31,230				
18 If the	Total liabilities and fund balances or net assets (add line 16 and line 17)		31,230				
abov	e, check the box and attach a detailed explanation	showi ב 					