## 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, 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.

Par	Identification of Applicant					
1a	Full name of organization (as shown in organizing docu	iment)	2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.)			
	Friends of Prado Day Center		Applied For			
1b	c/o Name (if applicable)	19	3 Name and telephone number of person			
	Debby Nicklas		to be contacted if additional information is needed			
1c	Address (number and street)	Room/Suite	David A. Juhnke			
	P.O. Box 12444		(805 ) 541–2800			
14	City, town, or post office, state, and ZIP + 4. If you have	ve a foreign address	4 Month the annual accounting period ends			
iu	see Specific Instructions for Part I, page 3.	ve a loreign address,	June 30			
	San Luis Obispo, CA 93406		5 Date incorporated or formed 12–10–99			
1e	Web site address		6 Check here if applying under section: a 501(e) b 501(f) c 501(k) d 501(n)			
7	If "Yes," attach an explanation.		Yes ⊠ No			
8	Is the organization required to file Form 990 (or Form 9 If "No," attach an explanation (see page 3 of the Special Property of	990-EZ)?	□ N/A ☑ Yes □ No			
9	9 Has the organization filed Federal income tax returns or exempt organization information returns?					
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 for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)  SEE Articles Exhibit A, Bylaws Exhibit B						
а		rporation (including a icial; also include a c	mendments and restatements) showing opy of the bylaws.			
b	b Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.					
С	c 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 a	association that has no	ot yet adopted bylaws, check here			
l d includ	eclare under the penalties of perjury that I am authorized to sign this app ding the accompanying schedules and attachments, and to the best of my	lication on behalf of the abo y knowledge it is true, corre	we organization and that I have examined this application, ct, and complete.			
Ple Sig Her			Juctus President 4/10/00 notitle 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 plannec on the refer to or repeat the language in the organizational documentList 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.

See Statement of Purposes and Activities attached hereto as Exhibit C

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

City of San Luis Obispo County of San Luis Obispo Donations from general public

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.

See Statement of Purposes and Activities attached hereto as Exhibit C

_	Give the following information about the organization's governing body:	
а	Names, addresses, and titles of officers, directors, trustees, etc.	b Annual compensation
	See Attached List of Board of Directors	
		-0-
		,
-	Do any of the above persons serve as members of the governing body by reason of being public or being appointed by public officials?	ic officials 🛛 Yes 🗌 No
	A board member will be designated by the City of San Luis Ol	
	will be designated by the County of San Luis Obispo, and a l	oard member will
	appointed by the San Luis Obispo Economic Opportunity Commis	ssion. These thre
d	directors will be ex-officio members of the Board.  Are any members of the organization's governing body "disqualified persons" with respe	ct 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"? (SeeSpecific Instruct Part II, Line 4d, on page 3.)	tions for Yes 🕅 No.
	If "Yes," explain.	
	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 relationship with another organization by reason of interlocking directorates or other factors?. If either of these questions is answered "Yes," explain.	a special
		5 ×
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	Does or will the organization directly or indirectly engage in any of the following transaction political organization or other exempt organization (other than a 501(c)(3) organization)(a) gran (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarante (e) reimbursement arrangements; (f) performance of services, membership, or fundraising so or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? If "Yes," explain fully and identify the other organizations involved.	ts; ees; licitations;
		,
_		
	Is the organization financially accountable to any other organization?	🗌 Yes 🛛 No
	If "Yes," explain and identify the other organization. Include details concerning accountability copies of reports if any have been submitted.	or attacn

# FRIENDS OF PRADO DAY CENTER LIST OF OFFICERS AND BOARD OF DIRECTORS

	NAME THEFE ADDRESS	
ENTITIES	NAME TILE ADDRESS	
REPRESENTED ON BOARD		
REFRESENTED ON BOTHS		

SLO Chamber of Commerce	Debby Nicklas	President & Director	4619 Snapdragon Way, SLO, CA 93401
SLO Downtown Association	Deborah Holley	Treasurer & Director	P.O. Box 1402, SLO, CA 93406
SLO City Council	Wendy George	Director	990 Palm Street, SLO, CA 93401
SLO County Board of Supervisors	Ann Travers	Director	P.O. Box 8119, SLO, CA 93406
Economic Opportunity Commission	Elizabeth Steinberg	Director	1030 Southwood Drive, SLO, CA 93401
Ministerial Association	Dave Smiley	Vice President & Dir	1468 Foothill, SLO, CA 93405
Interfaith Coalition for the Homeless	Lisa Wallender	Secretary & Director	590 Binscarth, Los Osos, CA 94402
People's Kitchen	Dorie Larsen	Director	2325 Parkland, SLO, CA 93401
Public	Dick Warren	Director	1325 Bayview Heights Dr., Los Osos, CA 93402
Public			
Public			
Public			

# Part II Activities and Operational Information (Continued)

8	hat assets does the organization have that are used in the performance of its exempt function? (Do not include property oducing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to completed, and when such final steps will be taken. If none, indicate "N/A."						
	N/A						
9	Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?						
	Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?						
b	Is the organization a party to any leases?						
11	Is the organization a membership organization?						
a	Describe the organization's membership requirements and attach a schedule of membership fees and dues.						
b	Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.						
С	What benefits do (or will) the members receive in exchange for their payment of dues?						
12a	If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them?						
b	Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals?						
13	Does or will the organization attempt to influence legislation?						
14	Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?						

Pai	Technical Requirements
1	Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed?
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:
	<ul> <li>a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;</li> <li>b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or</li> </ul>
-	□ 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 the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed?
	If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.
	If "No," answer question 4.
4	If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3?
	If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See <b>Specific Instructions</b> , Part III, Line 4, before completing this item. Do not answer questions 5 and 6.
	If "No," answer questions 5 and 6.
5	If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the 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 the organization was created or 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 the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here □ and attach a completed page 1 of Form 1024 to this application.

Pa	rt III	Technical Requirements (Continued)			
7	☐ Ye	organization a private foundation? s (Answer question 8.) o (Answer question 9 and proceed as instructed.)			
8	If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?  Yes (Complete Schedule E.)  No				
	After	answering question 8 on this line, go to line 14 on page 7.			
9	box b	answer "No" to question 7, indicate the public charity classification the organ			
	THE	ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIE	5:		
	a 🗌	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 🗌	As a school (MUST COMPLETE SCHEDULE B.)	Sections 509(a)(1) and 170(b)(1)(A)(ii)		
	с 🗌	As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.)	Sections 509(a)(1) and 170(b)(1)(A)(iii)		
	d 🗌	As a governmental unit described in section 170(c)(1).	Sections 509(a)(1) and 170(b)(1)(A)(v)		
	e 🗆	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	As being organized and operated exclusively for testing for public safety.	Section 509(a)(4)		
	g 🗆	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 📋	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 🗆	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)		
	jχ	The organization is a publicly supported organization but is not sure whether it meets the public support test of n or i. The organization would like the IRS 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, in question 9, go to question 10.

Par	t III Technical Requirements (Continued)				
10	If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 m  ☐ Yes—Indicate whether you are requesting: ☐ A definitive ruling. (Answer questions 11 through 14.) ☐ An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed an  ☐ No—You must request an advance ruling by completing and signing two Forms 872-C and Form 1023.	d sigi	ned.) :hing		
11	If the organization received any unusual grants during any of the tax years shown in Part IV-AState Expenses, attach a list for each year showing the name of the contributor; the date and the amount description of the nature of the grant.	<b>nent</b> of the	of Regran	evenue and ht; and a brief	
12	If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check her  □ and:				
	Enter 2% of line 8, column (e), Total, of Part IV-A				
b	Attach a list showing the name and amount contributed by each person (other than a governmental supported" organization) whose total gifts, grants, contributions, etc., were more than the amount e above.	unit ntere	or "p d on	ublicly lin <b>42a</b>	
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." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d, on page 3.)				
b	<b>b</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. (Submionly those schedules that apply to your organization. <b>Do not submit blank schedules</b> )	t Yes	No	If "Yes," complete Schedule:	
		V	Х		
	Is the organization a church?		Λ	Α	
	Is the organization, or any part of it, a school?		X	В	
	Is the organization, or any part of it, a hospital or medical research organization?		Х	С	
	Is the organization a section 509(a)(3) supporting organization?		X	D	
	Is the organization a private 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.?		Х	Н	
	Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	1	

#### 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						
	1	Gifts, grants, and contributions received (not including unusual	(a) Fromto	(b)	(c)	(d)	(e) TOTAL
		grants—see page 6 of the instructions)		HIBIT D. Fr	iends of PD	: Rudget	
	2	Membership fees received	Jan III		Zendo er rø	Daugee	
		Gross investment income (see instructions for definition)		e e	P		
	4	Net income from organization's unrelated business activities not included on line 3					
	5	Tax revenues levied for and either paid to or spent on behalf		•			
Revenue	6	of the organization 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)					
		Other income (not including gain or loss from sale of capital assets) (attach schedule)	,				
		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 sales on line 22					
	10	Total (add lines 8 and 9)					
		Gain or loss from sale of capital assets (attach schedule).					
	12	Unusual grants					
		Total revenue (add lines 10 through 12)			T)		
	1/	Fundraising expenses					
		Contributions, gifts, grants, and similar amounts paid (attach schedule)			2		
Expenses	16	Disbursements to or for benefit of members (attach schedule)					
	17						
	18	Other salaries and wages					
ũ	19	Interest					
		Occupancy (rent, utilities, etc.)_					
	21	Depreciation and depletion.					
	22	Other (attach schedule)					
		Total expenses (add lines 14 through 22)			Ξ.		
	24	Excess of revenue over					

Part IV Financial Data (Continued)

	Current tax year Date 12-16-99.	
	Assets	
1	Cash	0
2	Accounts receivable, net	,
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)	
9		
10	Other assets (attach schedule)	)
11	Total assets (add lines 1 through 10)	1
	Liabilities	
12	Accounts payable	0
13	Contributions, gifts, grants, etc., payable	3
		4
14	iviorityages and notes payable (attach schedule)	
15	Other liabilities (attach schedule)	5
16	Total liabilities (add lines 12 through 15)	6
17	Total fund balances or net assets	7 . 0
18	Total liabilities and fund balances or net assets(add line 16 and line 17)	8
If th	here has been any substantial change in any aspect of the organization's financial activities since the	e end of the period