Form **1023**(Rev. April 1996)

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

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 7 of the instructions.

Part I Identification of Applicant	
1a Full name of organization (as shown in organizing document) Villa Corporation	2 Employer identification number (EIN) (If none, see page 2 of the instructions.) 54 : 1909189
1b c/o Name (if applicable) John W. Davis	3 Name and telephone number of person to be contacted if additional information is needed
To Address (number and street)	
8000 Brook Rd.	(804) 553–3209
1d City or town, state, and ZIP code	4 Month the annual accounting period ends
Richmond, VA <u>2 3 2 2 7 - 1 3 3</u>	8 June
5 Date incorporated or formed May 26, 1998 6 Activity codes (See page 3 of the instruction 603	ns.) 7 Check here if applying under section: a 501(e) b 501(f) c 501(k)
8 Did the organization previously apply for recognition of exemption under to other section of the Code?	this Code section or under any Yes 🖾 No
9 Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation (see page 3 of the Specific Instructions).	N/A 🛭 Yes 🗌 No
11 Check the box for the type of organization. ATTACH A CONFORMED CO DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific In Pub. 557, Tax-Exempt Status for Your Organization, for examples of or	nstructions for Part I, Line 11, on page 3.7 Get
a X Corporation—Attach a copy of the Articles of Incorporation (including approval by the appropriate state official; also include a	amendments and restatements) showing a copy of the bylaws.
b ☐ Trust— Attach a copy of the Trust Indenture or Agreement, incl	uding all appropriate signatures and dates.
c Association— Attach a copy of the Articles of Association, Constitution declaration (see instructions) or other evidence the organization document by more than one person; also include a copy	anization was formed by adoption of the
If the organization is a corporation or an unincorporated association that has	s 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 including the accompanying schedules and attachments, and to the best of my knowledge it is true,	e above organization and that I have examined this application.
Please Sign Here John W. Day (Title	ris 9/10/98 e or authority of signer) (Date)

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

Cat. No. 17133K

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.

Villa corporation is being organized and formed as a holding company for the following non-profit organizations:

		TAX I.D. #
1.	St. Joseph's Villa	54-0505950
2.	Flagler Home	54-1535025
3.	St. Joseph's Villa Housing Corp.	54-1204810
	St. Joseph's Villa Housing Corp. II	54-1539922
5.	St. Joseph's Villa Foundation	54-1909187

Each of the first four corporations is currently recognized as a 501(c)(3) organization in its own organization and operations. St. Joseph's Villa Foundation is being organized and is currently applying for 501(c)(3) status.

The reorganization is being conducted to provide overall administration and assistance to the separate corporations. This organization will enable each corporation to focus on its operations so that it can better manage and perform its mission and vision as a non-profit charitable organization.

Villa Corporation has the exclusive right and power to elect the Trustees of St. Joseph's Villa and St. Joseph's Villa Foundation. Current plans are they will meet quarterly for board meetings which will constitute the major activity of this organization.

The Board of Directors of Villa Corporation will receive no compensation. Also, Villa Corporation will not accept or receive properties.

As an administrative organization, Villa Corporation will not require financial support of any substantial amount. Incidentals will be supported through St. Joseph's Villa's expenses.

There are no actual or planned fund raising activities which will be conducted by this organization.

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

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.

Part II 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
Bishop Walter F. Sullivan	-0-
Mr. Robert W. Busch	-0-
Mr. Kemp Dozier	-0-
Ms. Allison MacMijllan	-0-
Mr. A. Marshall Northington	-0-
c Do any of the above persons serve as members of the governing body by reason of being publ	ic 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 respe	ect 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 Instru	ctions for
Part II, Line 4d, on page 3.)	🗌 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.	
It is a holding company for the following 501(c)(3)s:	
1. St. Joseph's Villa Corporation 5. St. Joseph's Villa	Foundation
2. Flagler Home	
3. St. Joseph's Villa Housing Corp.4. St. Joseph's Villa Housing Corp. II	
4. St. Soseph & VIIIa housing corp. II	
6 Does or will the organization directly or indirectly engage in any of the following transactions	s with any
political organization or other exempt organization (other than a 501(c)(3) organization): (a) gra	ints;
(b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarant (e) reimbursement arrangements; (f) performance of services, membership, or fundraising so	ees; licitations:
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.	
	·
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.	

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Pa	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 proportion investment income.) If any assets are not fully operational, explain their status, what additional steps remain be 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?	No
	Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement?	
11 a	Is the organization a membership organization?	No
Ь	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?	No
b	Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals?	No
13	Does or will the organization attempt to influence legislation?	No

14	Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements?	∕es 🏻	No

Pa	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?	s . ☑ Yes ☐ No
2	If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriat to question 8. Exceptions—You are not required to file an exemption application within 15 months if the organization	
	a Is a church, interchurch organization of local units of a church, a convention or association of c integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;	
	b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each ta	
	c Is a subordinate organization covered by a group exemption letter, but only if the parent or sup timely submitted a notice covering the subordinate.	ervisory organization
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?	n . 🗌 Yes 🗌 No
	If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-2 C.B. 490, for a automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7	n 7.
	If "No," answer question 4.	
4	file Form 1023 within 27 months from the end of the month in which the organization was created of formed?	or . 🗌 Yes 🗌 No
	If "No," your organization is requesting an extension of time to apply under the "reasonable action an good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.	3
	If "Yes," answer question 5.	
5	If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filin requirement?	g . 🗌 Yes 🗌 No
	If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specifi Instructions, Line 5, on page 4 before completing this item. Do not answer questions 6 and 7.	С
	If "No," answer question 6.	
6	If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization cape recognized only from the date this application is filed with your key District Director. Therefore, do yowant 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?	u 3) n
7	If you answer "Yes" to question 6 above and wish to request recognition of section 501(c)(4) status for with the date the organization was formed and ending with the date the Form 1023 application was date of the organization's section 501(c)(3) status), check here ▶ □ and attach a completed page 1 application.	received (the effective

art III	Technical Requirements (Continued)	•
□ Ye	organization a private foundation? es (Answer question 9.) c (Answer question 10 and proceed as instructed.)	
	answer "Yes" to question 8, does the organization claim to be a private operation (Complete Schedule E.)	ing foundation?
After	answering question 9 on this line, go to line 15 on page 7.	
If you box b	answer "No" to question 8, indicate the public charity classification the organiz elow that most appropriately applies:	ation is requesting by checking the
THE	ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:	
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 (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 [X		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)
j 🖂	The organization is a publicly supported organization but is not sure whether it meets the public support test of block h or block 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 10, go to question 15. If you checked box g in question 10, go to questions 12 and 13.

If you checked box h, i, or j, in question 10, go to question 11.

	rt III Technical Requirements (Continued)			
11	If you checked box h, i, or j in question 10, has the organization completed a tax year of at least 8 r Yes—Indicate whether you are requesting: A definitive ruling (Answer questions 12 through 15.) An advance ruling (Answer questions 12 and 15 and attach two Forms 872-C completed and No—You must request an advance ruling by completing and signing two Forms 872-C and a application.	signe	ed.) i ng t	
12	If the organization received any unusual grants during any of the tax years shown in Part IV-A, atta showing the name of the contributor; the date and the amount of the grant; and a brief description of None	ich a l	ist fo ture	or each year of the grant.
	If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ► □ 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 en above.	unit or itered	on lir	blicly ne 13a
	For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of an from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, page 3.) For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount payer (other than a "disqualified person") whose payments to the organization were more than \$5,00 "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vicinity or the payer).	receive 0. For	ed fro	e 4d, on om each purpose,
15	governmental agency or bureau.			
	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:
	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.) Is the organization a church?	Yes		If "Yes," complete
	only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	If "Yes," complete Schedule:
	only those schedules that apply to your organization. Do not submit blank schedules.) Is the organization a church?	Yes	No X	If "Yes," complete Schedule:
	only those schedules that apply to your organization. Do not submit blank schedules.) Is the organization a church?	Yes	No X X	If "Yes," complete Schedule:
	only those schedules that apply to your organization. Do not submit blank schedules.) Is the organization a church?	Yes	X X X	If "Yes," complete Schedule:
	Is the organization, or any part of it, a hospital or medical research organization? Is the organization a section 509(a)(3) supporting organization?	Yes	X X X	If "Yes," complete Schedule: A B C
	Is the organization, or any part of it, a hospital or medical research organization? Is the organization a section 509(a)(3) supporting organization? Is the organization a private operating foundation?	Yes	X X X X	If "Yes," complete Schedule: A B C D
	Is the organization, or any part of it, a hospital or medical research organization? Is the organization a section 509(a)(3) supporting organization? Is the organization a private operating foundation? Is the organization, or any part of it, a home for the aged or handicapped?	Yes	X X X X X	If "Yes," complete Schedule: A B C D E

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 year	rs or proposed but	dget for 2 years	
	1	Gifts, grants, and contributions received (not including unusual grants—see pages 5 and 6 of the instructions)	(a) From 6/98 to 6/99	(b) 19 6/2000	(c) 19 6/2001	(d) 19 6/2002	(e) TOTAL
	2	Membership fees received					
	3	Gross investment income (see instructions for definition)					
	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	or expense	s. It will	is not proje	cted to have Inistrative	e revenues services
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)	for non-p	ofit corpora	ttions.		
		Other income (not including gain or loss from sale of capital assets) (attach schedule)					
	_	Total (add lines 1 through 7)					
	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					
	10	of sales on line 22					
		Gain or loss from sale of capital					
		assets (attach schedule)				:	
		Total revenue (add lines 10 through 12)					
	14	Fundraising expenses					
		Contributions, gifts, grants, and similar amounts paid (attach schedule)			·		
	16	Disbursements to or for benefit of members (attach schedule) .					
Expenses	17	Compensation of officers, directors, and trustees (attach schedule)					
χĎέ	18	Other salaries and wages					
ω	. •	Interest					
	20	Occupancy (rent, utilities, etc.).					
		Depreciation and depletion					
		Other (attach schedule)					
	23	Total expenses (add lines 14 through 22)					*
	24	Excess of revenue over expenses (line 13 minus line 23)					

Part IV Financial Data (Continued)

	B. Balance Sheet (at the end of the period shown)	Current tax year Date .6/30/99
	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	Land	
0	Other assets (attach schedule)	
1	Total assets (add lines 1 through 10)	-0-
	Liabilities	
2	Accounts payable	-0-
3	Contributions, gifts, grants, etc., payable	
4	Mortgages and notes payable (attach schedule)	
5	Other liabilities (attach schedule)	
6	Total liabilities (add lines 12 through 15)	-0-
	Fund Balances or Net Assets	
7	Total fund balances or net assets	-0-
8	Total liabilities and fund balances or net assets (add line 16 and line 17) 18	-0-

Form 872-C

(Rev. April 1996)

Department of the Treasury

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-0056

To be used with Form 1023. Submit in duplicate.

(See instructions on reverse side.)

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

(Exact legal name of organization as shown in organizing document)

District Director of Internal Revenue, or and the Assistant Commissioner

(Number, street, city or town, state, and ZIP code)

Commissioner (Employee Plans and Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending	date	of	first	tax	year	(Month, day, and year)
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Name of organization (as shown in organizing document)	Date	
O.E.		
Officer or trustee having authority to sign		
Signature ►	Title ▶	
For IRS use only		
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date	

For Paperwork Reduction Act Notice, see page 1 of the Form 1023 Instructions.

Cat. No. 16905Q

7/22/96

(Rav. January 1998)

User Fee for Exempt Organization Determination Letter Request Attach this form to determination letter application. (Form 8718 is NOT a determination letter application.)

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For IRS Use Only

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	P1			

2 Employer Identification Number

Villa Corporation		54 1909189
Caution: Do not attach Form 8718 to	o an application for a pension plan deter	mination letter. Use Form 8717 instead.
3 Type of request		Fee
a X Initial request for a determination	on letter for:	
 An exempt organization that preceding 4 years, or A new organization that antic 	has had annual gross receipts averag	ing not more than \$10,000 during the than \$10,000 during its first 4 years > \$150 k
	Certification Villa Corporation	
I certify that the annual gross r	eceiping or	name of organization
have averaged (or are expecte operation. Signature	ed to average) not more than \$10,000 o	during the preceding 4 (or the first 4) years of Treasurer
4	has had annual gross receipts averaging	more than \$10,000 during the preceding
4 years, or • A new organization that antic c Group exemption letters	cipates gross receipts averaging more th	an \$10,000 during its first 4 years > \$500
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. 98-8, 1998-1, I.R.B. 225. Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the cartification statement that appears under line 3a.	Attach to Form 8718 a check or money order payable to the Internal Revenue Service 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.	Send the determination letter application and Form 8718 to: Internal Revenue Service P.O. Box 192 Covington. KY 41012-0192 If you are using express mail or a delivery service, send the application and Form 8718 to: Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011
Attach Check or Money Order Here		