

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.) If required information, a conformed copy of the organizing and operational documents, or financial data are not furnished, the application will not be considered on its merits and the organization will be notified accordingly. Do not file this application if the applicant has no organizing instrument (see Part II).

Part I Identification

1 Full name of organization ST. ANTHONY PARK BLOCK NURSE PROGRAM		2 Employer identification number (If none, see instructions) 41-1626981
3a Address (number and street) 2339 Valentine Avenue		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k)
3b City or town, state, and ZIP code St. Paul, Minnesota 55108		
5 Month the annual accounting period ends JUNE	4 Name and telephone number of person to be contacted Sherman Eagles (612) 482-6517	7 Activity codes 165 571 575
6 Date incorporated or formed October 16, 1986		8 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form number(s), years filed, and Internal Revenue office where filed.

Part II Type of Entity and Organizational Document (see instructions)

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

☒ Corporation—Articles of incorporation and bylaws. ☐ Trust—Trust indenture. ☐ Other—Constitution or articles of association and bylaws.

Part III Activities and Operational Information

- 1 What are or will be the organization's sources of financial support? List in order of size.
- Foundation Grants
 - Corporate Gifts
 - Individual Contributions
 - Ramsey County Public Health Service

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- 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.) Attach representative copies of solicitations for financial support.

The St. Anthony Park Block Nurse Program has raised funds through the following activities:

1. Foundation grant solicitations through application.
2. Solicitations to approximately 6000 neighborhood residents by mail on an annual basis
3. Solicitations to approximately 200 neighborhood businesses by mail in 1989 only.
4. Appeals for contributions in the Park Bugle, (see Attachments - Part III) once annually.

our neighborhood newspaper (see Attachments - Part III) once annually.

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.

Catherine Turner
(Signature)

Board Chair, St. Anthony
Pk. Block Nurse Program
(Title or authority of signer)

Aug 31 1989
(Date)

Part III Activities and Operational Information (Continued)

3 Give a detailed narrative description of the organization's past, present, and proposed future activities, and the purposes for which it was formed. The narrative should identify the specific benefits, services, or products the organization has provided or will provide. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for it to become fully operational, and when such further steps will take place. (Do not state the purposes and activities 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 VI-A.

Para. 1) In 1982, The St. Anthony Park Block Nurse Program implemented a care delivery model that draws upon the professional and volunteer services of local residents to provide nursing and supporting social services to their elderly neighbors who might otherwise be forced to enter nursing homes. It is a community program that was started by residents in the community who were concerned about the institutionalization of the elderly in our society.

The services provided include:

1. Case Management - Help to coordinate agencies providing service; help to obtain information about other services; continuing evaluation of service plan; referral to other agencies or groups if more appropriate.
2. Housing Options - Primary goal is to keep residents in their home; if that becomes untenable, housing information is provided to client and family if requested.
3. Financial Management - Money management; banking activity; MA application; Social Security information.
4. Home Maintenance - Yard work; snow removal; minor home repair.
5. Household Management - Household cleaning; meals; nutrition; shopping for groceries; laundry.
6. Medications - Set up; supervise; teach and review; evaluate and report to physician; administer.
7. Nursing Services - Supervise and provide specialized treatment/rehabilitation procedures as needed, tube feedings, changing of bandages, shots; R.O.M. exercises; tracheotomy care; dietary education/counseling; colostomy/catheter irrigation.
8. Personal Care - Bathing; toileting; walking; grooming; transferring; wheeling; eating; dressing; R.O.M.
9. Psycho/Social - Mental health and CD counseling will be provided if needed; advocacy concerns; socialization, etc.
10. Rehabilitative Services - Physical therapy; occupational therapy; speech therapy; recreational therapy; hearing therapy, etc.
11. Respite Care - Intermittent substitute for the temporarily absent care giver; ongoing regular substitute for the temporarily absent care giver.
12. Transportation - Variety of needs.

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

(continued)

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

b Annual compensation

See Attachments - Part III

The St. Anthony Park Block Nurse Program
Board of Directors

None

Part III

2. (continued)

The Finance Committee, a standing committee of the Board of Directors, implements fund raising activities upon direction from the Board of Directors.

We are presently in the process of submitting more foundation grant applications (see Attachments - Part III, for letter to Mr. Doermann, the Bush Foundation, an example of an application) and will be making plans for additional fund raising activities in the Fall of 1989.

Part III (continued)

3. (continued)

An external evaluation of the St. Anthony Park Block Nurse Program four-year pilot (completed in September 1985) found that:

- 85% of the Block Nurse clients would be forced to enter nursing homes without home care.
- the total cost of living with Block Nurse care is at least 24% less than the minimum cost of a nursing home without nursing services,
- the program fees for registered nurse and home health aide/homemaker visits are lower than any other program surveyed,
- the lack of a program policy requiring a minimum number of hours per visit is distinctive of the Block Nurse Program and in part accounts for its low fees, and
- the Block Nurse Program tends to increase and enhance family involvement in the care of elderly relatives.

2)

This effort to provide such services to our elderly neighbors was a collaboration with the St. Anthony Park neighborhood, the Ramsey County Public Health Nursing Service/ Public Health Department, who employs the program staff and bills clients (see Attachments - Part III, 1989 Joint Venture Agreement) and the St. Anthony Park Community Council, the tax-exempt fiscal agent (see Attachments Part III, Agreement on Allocation of Charges to the St. Anthony Park Block Nurse Program by District 12 Community Council and Certificate of Amendment of Articles of Incorporation of District 12 Community Council). Note that the 1989 Joint Venture Agreement with Ramsey County Public Health Department is presently in the process of final approval by Ramsey County.

3)

The program has gained international attention, and in September, 1986 as one of ten winners from 1350 applicants, was awarded \$80,000 through the Harvard University and Ford Foundation's, "Innovations in State and Local Government." The purpose of the award is to provide national recognition and financial awards so that winners can strengthen or replicate their innovations.

4)

The District Council and the St. Anthony Park Block Nurse Program Board of Directors feel inadequate to carry out the responsibilities of replication with its national thrust and the details of replication. It has therefore created a new entity, The Block Nurse Program, with by-laws, board of directors, officers, and has become incorporated to carry out the functions of starting the program in other communities. (See attachments - Part 3 Articles of Incorporation of The Block Nurse Program)

5)

The new Block Nurse Program will, in order to benefit the broader society, replicate the program in different neighborhoods to obtain a larger and more representative client base, and obtain data that will assist in the formation of reimbursement policies within the public sector, and needed insurance products within the private insurance industry.

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 the Specific Instructions for line 4d.) ☐ Yes ☒ No
If "Yes," explain.

e Have any members of the organization's governing body assigned income or assets to the organization, or is it anticipated that any current or future member of the governing body will assign income or assets to the organization? ☐ Yes ☒ No
If "Yes," attach a complete explanation stating which applies and including copies of any assignments plus a list of items assigned.

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.

See Paragraphs 2 and 4, Part III, 3

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.

St. Anthony Park (District 12) Community Council is the fiscal agent for the St. Anthony Park Block Nurse Program (See Attachments - Part III, IRS Determination Ruling for the St. Anthony Park Community Council and audit for same).

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.

NONE

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 Will any of the organization's facilities be managed by another organization or individual under a contractual agreement? ☐ Yes ☒ No
If "Yes," attach a copy of each contract and explain the relationship between the applicant and each of the other parties.

Part III Activities and Operational Information (Continued)

- 9 a** 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. Clients are charged for nursing and Homemaker/Home Health Aide services based on the sliding fee scale (see Attachments-Part III, Ramsey Co. Block Nurse Programs Disease & Disability Program).
- b** 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. Clients must be 65 years or older and live within the service area boundaries (see Attachment Part 3- St. Anthony Park Block Nurse Program brochure)
- 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? ☐ 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 13a 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. ☐ Yes ☒ No
- c** If you answer "No," to 13a and section 508(a) does apply to you, you may be eligible for relief under regulations section 1.9100 from the application of section 508(a). Do you wish to request relief? ☐ Yes ☒ No
- d** If you answer "Yes," to 13c, attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.
- e** If you answer "No," to both 13a and 13c and section 508(a) does apply to you, 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 or exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed (see instructions)? ☒ Yes ☐ No

Part IV Statement as to Private Foundation Status (see instructions)

- 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 VII.
- 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) below that apply:
- a** Definitive ruling under section 509(a)(1), (2), (3), or (4) ☒ Complete Part VI.
- b** Advance ruling under ☐ sections 509(a)(1) and 170(b)(1)(A)(vi) or ☐ section 509(a)(2)—see instructions.
- (Note: If you want an advance ruling, you must complete and attach two Forms 872-C to the application.)

Part V Financial Data

Statement of Support, Revenue, and Expenses for the period beginning July 1, 19 86, and ending August 28, 19 89.

Note: Complete the financial statements for the current year and for each of the three years immediately before it. If in existence less than four years, complete the statements for each year in existence. If in existence less than one year, also provide proposed budgets for the two years following the current year.

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received	1	
	2	Gross dues and assessments of members	2	
	3 a	Gross amounts derived from activities related to organization's exempt purpose (attach schedule)		See Attachments= Part V,
	b	Minus cost of sales	3c	
	4 a	Gross amounts from unrelated business activities (attach schedule)		Accounting Method (pg 9)
	b	Minus cost of sales	4c	
	5 a	Gross amount received from sale of assets, excluding inventory items (attach schedule)		Support, Revenue, Expenses, 4 pages
	b	Minus cost or other basis and sales expenses of assets sold	5c	
6	Investment income (see instructions)	6		
7	Other revenue (attach schedule)	7		
8	Total support and revenue	8		
Expenses	9	Fundraising expenses	9	
	10	Contributions, gifts, grants, and similar amounts paid (attach schedule)	10	
	11	Disbursements to or for benefit of members (attach schedule)	11	
	12	Compensation of officers, directors, and trustees (attach schedule)	12	
	13	Other salaries and wages	13	
	14	Interest	14	
	15	Rent	15	
	16	Depreciation and depletion	16	
	17	Other (attach schedule)	17	
	18	Total expenses	18	
	19	Excess of support and revenue over expenses (line 8 minus line 18)	19	

Balance Sheet

(at the end of the period shown above)

Assets

20 Cash: a	Interest bearing accounts	20a	
b	Other	20b	
21	Accounts receivable, net	21	
22	Inventories	22	
23	Bonds and notes (attach schedule)	23	
24	Corporate stocks (attach schedule)	24	
25	Mortgage loans (attach schedule)	25	
26	Other investments (attach schedule)	26	
27	Depreciable and depletable assets (attach schedule)	27	
28	Land	28	
29	Other assets (attach schedule)	29	
30	Total assets	30	

Liabilities

31	Accounts payable	31	
32	Contributions, gifts, grants, etc., payable	32	
33	Mortgages and notes payable (attach schedule)	33	
34	Other liabilities (attach schedule)	34	
35	Total liabilities	35	

Fund Balances or Net Worth

36	Total fund balances or net worth	36	
37	Total liabilities and fund balances or net worth (line 35 plus line 36)	37	

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

Part VI Non-Private Foundation Status (Definitive ruling only)**A.—Basis for Non-Private Foundation Status (Check one of the boxes below.)**

The organization is not a private foundation because it qualifies as:

	Kind of organization	Within the meaning of	Complete
1	a church or a convention or association of churches	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2	a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3	a hospital or a cooperative hospital service organization or a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4	a governmental unit described in section 170(c)(1)	Sections 509(a)(1) and 170(b)(1)(A)(v)	
5	being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
6	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)	Part VI.—B
7	normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VI.—B
8	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)	Part VI.—B
9	being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VI.—C

B.—Analysis of Financial Support (Complete if you checked box 6, 7, or 8 above.)

	(a) Most recent tax year	(Years next preceding most recent tax year)			(e) Total
	1988-89	(b) 19 87-88	(c) 19 86-87	(d) 19	
1 Gifts, grants, and contributions received	37,629	70,369	81,981		189,979
2 Membership fees received					
3 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					
4 Gross investment income (see instructions for definition)	6,391	3,563	3,154		13,108
5 Net income from organization's unrelated business activities not included on line 4					
6 Tax revenues levied for and either paid to or spent on behalf of the organization					
7 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)					
8 Other income (not including gain or loss from sale of capital assets)—attach schedule					
9 Total of lines 1 through 8	44,020	73,932	85,135		203,087
10 Line 9 minus line 3	44,020	73,932	85,135		203,087
11 Enter 2% of line 10, column (e) only					4,062
12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above.—(See instructions).					

(continued on next page)

Relates to Form 1023, completed by
St. Anthony PK Block Nurse Program
2339 Valentine Av. St. Paul, MN 55107
Employer I.D. # 41-1626981

V.

Accounting Method:

The St. Anthony Park Block Nurse Program follows the principles of fund accounting. Under this method revenue is deemed to be earned when the expenditures have been incurred in compliance with specific restrictions. Amounts received but not yet earned are reported as deferred amounts.

VI.

Contributions in Excess of \$4,062:

13a

- Bush Foundation

\$ 50,000

- St. Paul Companies

10,000

- Ford Foundation

80,000

- Gamble Skogmo Foundation

6,000

- Aratex

5,000

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.

The St. Anthony Park Black Nurse Program
(Exact legal name of organization)

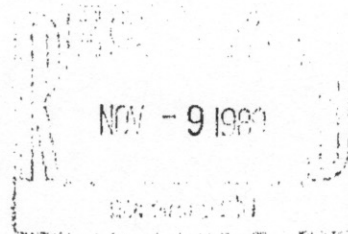
2339 Valentine Avenue, St. Paul, MN 55108
(Number, street, city or town, state, and ZIP code)

and the District Director
of Internal Revenue

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, then 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 *June 30, 1990*



Name of organization

The St. Anthony Park Black Nurse Program

Date

Nov. 2, 1989

Officer or trustee having authority to sign

* Signature *Catherine Murray*

District Director

Ed Dextrose, Jr.

Date

11/22/89

By *Joan C. [Signature]*

For Paperwork Reduction Act Notice, see page 18 of the 1989 1023 instructions.

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