

**User Fee for Exempt Organization  
 Determination Letter Request**

▶ **Attach this form to determination letter application.  
 (Form 8718 is NOT a determination letter application.)**

For IRS Use Only

Control number \_\_\_\_\_  
 Amount paid \_\_\_\_\_  
 User fee screener \_\_\_\_\_

1 Name of organization Home Temple 2 Employer Identification Number \_\_\_\_\_

**Caution:** Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 **Type of request** **Fee**

a  Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ **\$150**

**Note:** If you checked box 3a, you must complete the Certification below.

**Certification**

I certify that the annual gross receipts of \_\_\_\_\_  
name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_

b  Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years .. ▶ **\$500**

c  Group exemption letters .. ▶ **\$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. 2000-8, 2000-1, I.R.B. 230.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the United States Treasury 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



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

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**

<b>1a</b> Full name of organization (as shown in organizing document) <p align="center">Home Temple</p>		<b>2</b> Employer identification number (EIN) (if none, see page 3 of the <b>Specific Instructions</b> ). <p align="center">Applied for by Fax</p>
<b>1b</b> c/o Name (if applicable) <p align="center">Dr. Lewis or Willa Keizer</p>		<b>3</b> Name and telephone number of person to be contacted if additional information is needed <p align="center">Dr. Lewis Keizer (831) 466-3516 or 0516</p>
<b>1c</b> Address (number and street) <p align="center">516 Caledonia Street</p>	Room/Suite	
<b>1d</b> City, town, or post office, state, and ZIP + 4. If you have a foreign address, see <b>Specific Instructions</b> for Part I, page 3. <p align="center">Santa Cruz, CA 95062</p>		<b>4</b> Month the annual accounting period ends <p align="center">Dec.</p>
<b>1e</b> Web site address <p align="center">www.hometemple.org</p>		<b>5</b> Date incorporated or formed <p align="center">July 10, 2001</p>
<b>6</b> Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k) d <input type="checkbox"/> 501(m)		
<b>7</b> 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.		
<b>8</b> Is the organization required to file Form 990 (or Form 990-EZ)? . . . . . <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see page 3 of the <b>Specific Instructions</b> ).		
<b>9</b> 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.		

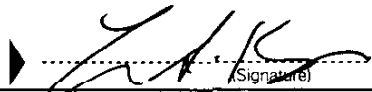
**10** Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions** for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a  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.
- b  Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- 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 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



Lewis S. Keizer, President  
 (Type or print name and title or authority of signer)

July 31, 2001  
 (Date)

**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 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.

1. Church Services: Weekly Communion Service since 1980 offered variously at rented facilities or homes by Bishop Lewis Keizer; Wed. afternoon services for health professionals in rented office by Bishop Willa Keizer since 1998; larger Thurs. eve. services again in rented office in July, 2001.

2. Formal Seminary Training for Ordination in Valid Apostolic Orders: Began in 1980 by Bishop Keizer, who developed all written + audio-visual materials. Bishops Lewis + Willa Keizer developed extensive distance-learning materials in 1998 (<http://www.hometemple.org>) for ordination training of non-professional home practitioners of sacramental priesthood. Currently have 24 students world-wide.

3. Temple of the Holy Grail (THG): Initiatic spiritual school began as extension to priesthood training in 1990; distance-learning self-empowerment written and audio-visual materials (same web site). Currently 120 members.

4. Caduceus Institute: spiritual education and counseling center organized as Caduceus Trust June 1, 1998 (EIN 77-0495067) 5. Home Temple Center: Plans To Guyland + Guild

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

1. Caduceus Institute Educational and counseling Activities
2. Seminary Training
3. THG
4. Publications

- 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. Revenue from ministries listed above
2. Donations from members as project needs arise, such as projected Home Temple Center. No clear fundraising plans yet.
3. No salaries paid, as organization is volunteer + non-professional

**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
Dr. Lewis Keizer, President, Presiding Bishop	Ø
Willa Keizer, Secretary - Treasurer, Presiding Bishop	Ø
516 Caledonia Street, Santa Cruz, CA 95062	
Ken Keuch, vice-President, Bishop Templar	Ø
240 Monroe Street	

**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 **Specific Instructions** 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.

From June 1, 1998, to July 10, 2001, all of the Home Temple activities were operated under the Caduceus Trust, with Lewis and Willa Keizer as Trustees. With incorporation of Home Temple, the Trust will be overseen by Home Temple.

**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 a 501(c)(3) organization): (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.

Home Temple uses an office rented currently by Caduceus Trust. Caduceus donates this space. Cost: \$600/mo  
 The office is shared for religious services and education programs.

**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 II** 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

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years?  Yes  No

10a 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.

11 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 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.

c 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?  N/A  Yes  No  
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

Seminary students pay for distance-learning modules.  
THG Initiates pay for Empowerment modules.  
Counselors pay by donation for counseling; Students pay for Homeopathy training.

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.

13 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 that it devotes or plans to devote to this activity.

14 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 your organization was created or formed?  Yes  No  
If you answer "Yes," do not answer questions on lines 2 through 6 below.

- 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 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;
- 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 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?  Yes  No

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?  Yes  No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, 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.

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

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |   |  |  |
|---|--|--|
| a | <input checked="" 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 (These organizations, except for hospital service organizations, 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 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"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h 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.

**Part 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 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 two Forms 872-C completed and signed.)  
 **No**—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.
- 11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, 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.

- 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), Total, 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 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." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)  
**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.

<b>14</b> Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. <b>Do not submit blank schedules.</b> )	<b>Yes</b>	<b>No</b>	<b>If "Yes," complete Schedule:</b>
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? . . . . .		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.? . . . .		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 7/1/0 to 7/31	(b) .....	(c) .....	(d) .....	
<b>Revenue</b>					
1 Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions) . . . . .	N/A				
2 Membership fees received . . . . .	0				
3 Gross investment income (see instructions for definition) . . . . .	0				
4 Net income from organization's unrelated business activities not included on line 3 . . . . .	0	Schedules + Projections on Attached page			
5 Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .	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				
7 Other income (not including gain or loss from sale of capital assets) (attach schedule) . . . . .	0				
8 Total (add lines 1 through 7) . . . . .	0				
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 sales on line 22 . . . . .	\$4,230				
10 Total (add lines 8 and 9) . . . . .	\$4,230				
11 Gain or loss from sale of capital assets (attach schedule) . . . . .	0				
12 Unusual grants . . . . .	0				
13 Total revenue (add lines 10 through 12) . . . . .	\$4,230				
<b>Expenses</b>					
14 Fundraising expenses . . . . .	0				
15 Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .	0				
16 Disbursements to or for benefit of members (attach schedule) . . . . .	0				
17 Compensation of officers, directors, and trustees (attach schedule) . . . . .	0				
18 Other salaries and wages . . . . .	0				
19 Interest . . . . .	0				
20 Occupancy (rent, utilities, etc.) . . . . .	\$1,800				
21 Depreciation and depletion . . . . .	0				
22 Other (attach schedule) . . . . .	\$2,110				
23 Total expenses (add lines 14 through 22) . . . . .	\$3,910				
24 Excess of revenue over expenses (line 13 minus line 23) . . . . .	\$320				

**Projected Budget for HOME TEMPLE, 2002 and 2003, January1 – December 31**

	<b>Month of July Only</b>	<b>PROJECTED</b>	<b>PROJECTED</b>
<b>PROGRAM REVENUES</b>	<b>2001 Revenues</b>	<b>2002 Revenues</b>	<b>2003 Revenues</b>
Seminary Program Distance Learning	\$0	\$5,000	\$7,000
THG Home Study	\$0	\$600	\$1,000
Caduceus Institute Distance Learning Homeopathy Program	\$2,000	\$26,000	\$26,000
Holistic Counseling Programs	\$2,000	\$36,000	\$36,000
Religious and Holistic Health Educational Programs On-Site	\$200	\$2,000	\$3,000
Publications	\$30	\$500	\$1,000
Donations for Home Temple Center (Charitable Remainder Trust and Others)	\$0	\$20,000	\$50,000
<b>TOTAL REVENUE</b>	<b>\$4,230</b>	<b>\$90,100</b>	<b>\$124,000</b>
<b>PROGRAM EXPENSES</b>	<b>2001 Expenses</b>	<b>2002 Expenses</b>	<b>2003 Expenses</b>
Office and Religious Supplies	\$200	\$5,000	\$6,000
Print/Tape Duplication and other Materials and Supplies for Distance Learning Modules	\$1,000	\$9,000	\$11,000
RentS	\$1,800	\$23,000	\$25,000
Phone/Utilities	\$200	\$3,000	\$3,500
Online/Internet/WebPage	\$50	\$2,200	\$4,000
Postage	\$100	\$3,000	\$3,500
Advertising/Publicity	\$150	\$7,000	\$9,000
Publications	\$160	\$6,000	\$7,000
Outside Services	\$250	\$4,000	\$5,000
Home Temple Center Community Land Acquisition	\$0	\$1,500	\$50,000 Down Payment on Land Purchase
<b>TOTAL EXPENSES</b>	<b>\$3,910</b>	<b>\$63,700</b>	<b>\$124,000</b>
<b>CAPITAL ACQUISITIONS</b>	\$320	\$26,720	\$0

**Part IV** Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		one month only	Current tax year Date <u>July, 2001</u>
<b>Assets</b>			
1	Cash . . . . .	1	\$ 320
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	<b>Total assets</b> (add lines 1 through 10) . . . . .	11	\$ 320
<b>Liabilities</b>			
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	<b>Total liabilities</b> (add lines 12 through 15) . . . . .	16	\$ 0
<b>Fund Balances or Net Assets</b>			
17	Total fund balances or net assets . . . . .	17	\$ 320
18	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) . . . . .	18	\$ 320

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

### Schedule A. Churches

- 1 Provide a brief history of the development of the organization, including the reasons for its formation. Dr. Keizer left the ministry of the Episcopal Church in 1975 to serve as a non-professional Bishop empowering people with training and ordination for non-professional home churches, volunteer ministries (Jail, hospital, etc.). He developed home-study training materials and began offering communion services in 1980 through facilities of a Unitarian Church. This grew into other unpaid ministries including THG. His students began independent home priests (male + female) and bishops with their own avocational ministries and formed the Home Temple Synod of Bishops. In 1998 Bp. Willa Keizer developed Caduceus Institute as her ministry, and [www.hometemple.org](http://www.hometemple.org) was established on internet.
- 2 Does the organization have a written creed or statement of faith?  Yes  No  
If "Yes," attach a copy. CODE OF ETHICS; FAQ'S
- 3 Does the organization require prospective members to renounce other religious beliefs or their membership in other churches or religious orders to become members?  Yes  No
- 4 Does the organization have a formal code of doctrine and discipline for its members?  Yes  No  
If "Yes," describe. CODE OF ETHICS
- 5 Describe the form of worship and attach a schedule of worship services.  
Communion Services and all Life-Cycle Services.
- 6 Are the services open to the public?  Yes  No  
If "Yes," describe how the organization publicizes its services and explain the criteria for admittance. Weekly notices in newspapers and internet. Location NOT given - only phone number. Seating is limited, and we pre-screen new people to avoid mental problems.
- 7 Explain how the organization attracts new members.  
Internet sites: [www.hometemple.org](http://www.hometemple.org) + local church board;  
Newspapers: local news and entertainment guides;  
Posters + Mailings to people on mailing list.
- 8 (a) How many active members are currently enrolled in the church?  
Worldwide: 150  
Locally: 15  
(b) What is the average attendance at the worship services? ABOUT 10.
- 9 In addition to worship services, what other religious services (such as baptisms, weddings, funerals, etc.) does the organization conduct? Weddings, Baptisms, Funerals, Memorials, Special Observances

Schedule A. Churches (Continued)

10 Does the organization have a school for the religious instruction of the young? . . . . .  Yes  No

11 Were the current deacons, minister, and/or pastor formally ordained after a prescribed course of study? . . . . .  Yes  No

12 Describe the organization's religious hierarchy or ecclesiastical government. TWO Presiding Bishops; Synod of Bishops; Priests and ~~Deacons~~ Deacons; Seminarians. We have very few lay persons, as all are encouraged to become ordained.

13 Does the organization have an established place of worship? . . . . .  Yes  No

If "Yes," provide the name and address of the owner or lessor of the property and the address and a description of the facility.

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If the organization has no regular place of worship, state where the services are held and how the site is selected.

14 Does (or will) the organization license or otherwise ordain ministers (or their equivalent) or issue church charters? . . . . .  Yes  No

If "Yes," describe in detail the requirements and qualifications needed to be so licensed, ordained, or chartered. MUST be in ordination studies to carry on home services; must be ordained at least as deacon to do public ministries. MUST be priest to have church charter. MUST be Bishop to create corporation sole.

15 Did the organization pay a fee for a church charter? . . . . .  Yes  No

If "Yes," state the name and address of the organization to which the fee was paid, attach a copy of the charter, and describe the circumstances surrounding the chartering.

16 Show how many hours a week the minister/pastor and officers each devote to church work and the amount of compensation paid to each of them. If the minister or pastor is otherwise employed, indicate by whom employed, the nature of the employment, and the hours devoted to that employment.

All ministers are unpaid and work at their own employment. No money is collected for church services per se. Ministers do not derive salary from services, but may collect fees for professional counseling, teaching, etc. Dr. Keizer (Presiding Bishop) is employed as a fulltime science teacher at Westmont High School by the Campbell, CA, School District.

### Schedule B. Schools, Colleges, and Universities

**1** Does, or will, the organization normally have: (a) a regularly scheduled curriculum, (b) a regular faculty of qualified teachers, (c) a regularly enrolled student body, and (d) facilities where its educational activities are regularly carried on?  Yes  No  
 If "No," do not complete the rest of Schedule B.

**2** Is the organization an instrumentality of a state or political subdivision of a state?  Yes  No  
 If "Yes," document this in Part II and do not complete items 3 through 10 of Schedule B. (See instructions on the back of Schedule B.)

**3** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

**a** Admissions?  Yes  No  
**b** Use of facilities or exercise of student privileges?  Yes  No  
**c** Faculty or administrative staff?  Yes  No  
**d** Scholarship or loan programs?  Yes  No  
 If "Yes" for any of the above, explain.

**4** Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students?  Yes  No  
 Attach whatever corporate resolutions or other official statements the organization has made on this subject.

**5a** Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community that it serves?  Yes  No  
 If "Yes," describe how these policies have been publicized and how often relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.  
*Policy is listed on The Web site under Programs and printed in the catalogue*

**b** If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogs dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of the organization's programs.

**6** Attach a numerical schedule showing the racial composition, as of the current academic year, and projected to the extent feasible for the next academic year, of: (a) the student body, and (b) the faculty and administrative staff.

**7** Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

**8a** Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

**b** State whether any of the organizations listed in 8a have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in 8a are officers or active members of such organizations.

**9a** Enter the public school district and county in which the organization is located. *These are distance-learning programs, but based in Santa Cruz (city + county), CA*

**b** Was the organization formed or substantially expanded at the time of public school desegregation in the above district or county?  Yes  No

**10** Has the organization ever been determined by a state or Federal administrative agency or judicial body to be racially discriminatory?  Yes  No

If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in the organization's operation, if any, have occurred since then.

For more information, see back of Schedule B.