



# MANUAL TRANSMITTAL

Department of the Treasury  
Internal Revenue Service

3.24.12

DECEMBER 2, 2024

## EFFECTIVE DATE

(01-01-2025)

## PURPOSE

- (1) This transmits revised IRM 3.24.12, Integrated Submission and Remittance Processing (ISRP) System, Exempt Organization Returns.

## MATERIAL CHANGES

- (1) IRM 3.24.12 Revised throughout to update organizational title Wage and Investment to Taxpayer Services through out.
- (2) IRM 3.24.12.2 Updated Program Owner.
- (3) IRM 3.24.12-107 - Form 990, Section 10 (2019 and Subsequent) Updated Instructions.
- (4) IRM 3.24.12-240 - Form 990-T, Section 04 Updated Instructions.
- (5) IRM 3.24.12-243 - Form 990-T, Section 10, Form 8949 Updated Instructions.
- (6) IRM 3.24.12-251 - Form 990-T, Section 23, Form 3800 Updated Instructions.
- (7) IRM 3.24.12-252 - Form 990-T, Section 24, Form 3800 Updated Instructions.
- (8) IRM 3.24.12-253 - Form 990-T, Section 25, Form 3800 Updated Instructions.
- (9) IRM 3.24.12-255 - Form 990-T, Section 35, Form 4255 Added Instructions.
- (10) IRM 3.24.12-262 - Form 1120-POL, Section 05, Form 3800 Updated Instructions.
- (11) IRM 3.24.12-266 - Form 1120-POL, Section 23, Form 3800 Updated Instructions.
- (12) IRM 3.24.12-267 - Form 1120-POL, Section 24, Form 3800 Updated Instructions.
- (13) IRM 3.24.12-268 - Form 1120-POL, Section 25, Form 3800 Updated Instructions.
- (14) IRM 3.24.12-278 - Form 1120-POL, Section 35, Form 4255 Added Instructions.
- (15) Exhibit 3.24.12-243 IPU 24U0373 issued 03-08-2024 - Updated Form 990-PF, Section 11 to match current Form.
- (16) Updated Prompts and Lines throughout the IRM for clarity.
- (17) Editorial changes have been made throughout the IRM for clarity. Reviewed and updated grammar, formatting, punctuation, links, titles, tax years/dates, website addresses and IRM references if needed.

## EFFECT ON OTHER DOCUMENTS

This supersedes IRM 3.24.12, dated January 1, 2023. This IRM also incorporates IRM Procedural Updates (IPUs) 24U0373 issued 3-8-2024..

**AUDIENCE**

ISRP Data Transcribers  
Taxpayer Services (TS)

Jennifer A. Jett  
Director, Business System Planning  
Government Entities and Shared Services  
Tax Exempt Government Entities

3.24.12

Exempt Organization Returns

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3.24.12.1  
(01-01-2025)  
**Program Scope and Objectives**

- (1) **Purpose:** Instructions for transcribing and verifying data from block control documents and returns for the Business Master File Processing of the Exempt Organization Returns, using the Integrated Submission and Remittance Processing (ISRP) system.
- (2) **Audience:** Exempt Organization Data Transcribers at the Ogden Campus is the primary audience for this IRM.
- (3) **Policy Owner:** The Director, Tax Exempt/Government Entities (TE/GE), Business Systems Planning (BSP).
- (4) **Program Owner:** Submission Processing Programs (SPP) and Oversight.
- (5) **Primary Stakeholders:** Exempt Organization Headquarters who rely on transcription of exempt organization returns.
- (6) Transcription operators may also need to refer to IRM 3.24.38, BMF General Instructions, for general procedures. If IRM 3.24.12 and IRM 3.24.38 conflict, IRM 3.24.12 takes precedence.
- (7) Due to substantial changes to the Form 990, batch and process Form 990 for 2007 and prior years, Form 990 for 2008 - 2013, and 2014 and subsequent years, under separate program codes. See IRM 3.24.12.2.3.
- (8) When making address updates, unless the filer specifically indicates room or suite, just the number should be entered.

3.24.12.1.1  
(01-01-2025)  
**Background**

- (1) This section of the IRM provides general instructions for utilizing the ISRP system to transcribe data from variety of Exempt Organization Returns. See IRM 3.24.12.3.3

3.24.12.1.2  
(01-01-2025)  
**Authority**

- (1) All Policy Statements for Submission Processing are contained in IRM 1.2.1, Servicewide Policies and Authorities, Servicewide Policy Statements.

3.24.12.1.3  
(01-01-2025)  
**Roles and Responsibilities**

- (1) The Director, Tax Exempt/Government Entities, Business Systems Planning (BSP) is the executive responsible for the Exempt Organization.
- (2) The Operations Manager is responsible for monitoring operational performance for their operation.
- (3) The Team Manager/Lead is responsible for performance monitoring and ensuring employees have the tools to perform their duties.
- (4) The Team Employees are responsible to follow the instructions contained in this IRM and maintain updated IRM procedures.

3.24.12.1.4  
(01-01-2025)  
**Program Management and Review**

- (1) IRM 1.4.16, Accounts Management Guide for Managers, provides guidance for program management and review of programs assigned to Accounts Management.

3.24.12.1.5  
(01-01-2025)

**Program Controls**

- (1) The block control documents below are sources of transcribed control data:
  - a. Form 813, Document Register
  - b. Form 1332, Block and Selection Record
  - c. Form 3893, Re-entry Document Control

3.24.12.1.6  
(01-01-2025)

**Acronyms**

- (1) The *ReferenceNet - Legal and Tax Research Service* page provides an *Acronym Database* to research acronyms found within this IRM.

3.24.12.1.7  
(01-01-2025)

**Related Resources**

- (1) In addition to IRM 3.24.12, Returns and Documents Analysis, Exempt Organization Returns, EO tax examiners will refer to resources available to them, including but not limited to:
  - Document 6209, IRS Processing Codes and Information
  - *SERP*, Servicewide Electronic Research Program, to view SERP Alerts, IPU's, Correspondence Letters and IRM Supplements among others
  - *Publishing + Distribution* website to research forms, instructions and publications, other Internal Revenue Manuals, revenue procedures and IRS announcements
  - IRM 3.11.12 Code and Edit, Exempt Organization Returns
  - IRM 3.12.12 Error Resolution, Exempt Organization Returns

3.24.12.2  
(01-01-2025)

**Taxpayer Advocate Service (TAS)**

- (1) The Taxpayer Advocate Service (TAS) is an independent organization within the Internal Revenue Service (IRS), led by the National Taxpayer Advocate. Its job is to protect taxpayers' rights by striving to ensure that every taxpayer is treated fairly and knows and understands their rights under the Taxpayer Bill of Rights (TBOR). TAS offers free help to taxpayers, including when taxpayers face financial difficulties due to an IRS problem, when they are unable to resolve tax problems they haven't been able to resolve on their own, or when they need assistance to address an IRS system, process, or procedure that is not functioning as it should. TAS has at least one taxpayer advocate office located in every state, the District of Columbia, and Puerto Rico.
- (2) TAS uses Form 12412, Operations Assistance Request (OAR), to start the OAR process of referring a case to the Taxpayer Services (TS) Division, to affect the resolution of the taxpayer's problem. For more information, refer to IRM 13.1.19, TAS Operations Assistance Request (OAR) Process.
- (3) Refer taxpayers to TAS when the contact meets TAS criteria or when Form 911, Request for Taxpayer Advocate Service Assistance (and Application for Taxpayer Assistance Order), is attached and steps cannot be taken to resolve the taxpayer's issue the same day. See IRM 21.1.3.18, Taxpayer Advocate Service (TAS) Guidelines.
- (4) The definition of "same day resolution" is within 24 hours. the following two situations meet the definition of "same day resolution":
  - The issue can be resolved within 24 hours.
  - IRS takes steps within 24 hours to resolve the taxpayer's issue.
- (5) When making a TAS referral, use Form 911 and forward to TAS following your local procedures.

- (6) For more information see IRM 13.1.7, Taxpayer Advocate Service (TAS) Case Criteria, and 13.1.7.4, Exceptions to Taxpayer Advocate Service Criteria, for information on cases that TAS will no longer accept..

3.24.12.2.1  
(01-01-2024)  
**Service Level  
Agreements (SLAs)**

- (1) The National Taxpayer Advocate reached agreements with the Commissioners or Chiefs of Taxpayer Services (TS) division, Small Business and Self Employed (SB/SE) Division, Tax Exempt and Government Entities (TE/GE), Criminal Investigation (CI), Independent Office Appeals, and Large Business and International (LB&I) that outline the procedures and responsibilities for the processing Taxpayer Advocate Service (TAS) casework when either the statutory or delegated authority to complete case transactions rests outside of TAS. These agreements are known as Service Level Agreements (SLAs).
- (2) SLAs are located in *Service Level Agreements* between the Tax Exempt & Government Entities Division and the Taxpayer Advocate Service.

3.24.12.2.1.1  
(01-01-2023)  
**Operations Assistance  
Requests (OARs)**

- (1) TAS uses the Operation Assistance Request (OAR) process to refer cases when TAS lacks either the statutory or delegated authority to resolve a taxpayer's problem. TAS utilizes Form 12412, Operations Assistance Request to initiate the OAR process.
- (2) In cases requiring an OAR, TAS will complete Form 12412 and forward the case to the Operating Division Liaison via Form 3210. The Operating Division Liaison will review the case, assign it to the appropriate area, and monitor the case through it's conclusion.
- (3) Every effort must be made to expedite completion of OAR cases. Time frames for the assigned area to complete the case will be indicated on Form 12412.
- a. If resolution of a taxpayer's case can't be completed by the requested time frame or by a negotiated extension date, the employee will immediately notify his or her manager.
  - b. The manager/employee will work with the TAS contact listed on Form 12412 to arrive at agreed upon time frames for follow-up based on the facts and circumstances of the particular case.
  - c. The manager/employee assigned the case will discuss the findings and recommendations on the final disposition of the case with the appropriate TAS contact. The TAS contact is responsible for communicating the final decision on the case to the taxpayer however this doesn't prohibit the manager/employee from also communicating that decision to the taxpayer.
  - d. If the TAS contact and the manager/employee assigned the case can't agree upon the resolution to the taxpayer's problem, the TAS employee will elevate this disagreement to the manager who will discuss it with the appropriate Operating Division manager. The manager/employee assigned the case will also elevate any disagreement to his or her manager.
- (4) For more information, please refer to: IRM 13, Taxpayer Advocate Service and *Taxpayer Advocate Service*.



3.24.12.3  
(01-01-2023)

**Program Scope and Objectives**

- (1) Purpose - Instructions for transcribing and verifying data from block control documents and returns for the Business Master File Processing of the Exempt Organization Returns, using the Integrated Submission and Remittance Processing (ISRP) system.
- (2) Audience - Exempt Organization Data Transcribers at the Ogden Campus is the primary audience for this IRM.
- (3) Policy Owner - The Director, Tax Exempt/Government Entities (TE/GE), Business Systems Planning (BSP).
- (4) Program Owner - Submission Processing Programs (SPP) and Oversight.
- (5) Primary Stakeholders - Exempt Organization Headquarters who rely on transcription of exempt organization returns.
- (6) Transcription operators may also need to refer to IRM 3.24.38, BMF General Instructions, for general procedures. If IRM 3.24.12 and IRM 3.24.38 conflict, IRM 3.24.12 takes precedence.
- (7) Due to substantial changes to the Form 990, batch and process Form 990 for 2007 and prior years, Form 990 for 2008 - 2013, and 2014 and subsequent years, under separate program codes. See IRM 3.24.12.2.3.

3.24.12.3.1  
(01-01-2024)

**Source Documents**

- (1) Transcribe data from:
  - a. CP 411–414, 420–430, 259A–259G Notices
  - b. Form 990, Return of Organization Exempt from Income Tax
  - c. Form 990-EZ, Return of Organization Exempt from Income Tax
  - d. Form 990-PF, Return of Private Foundation
  - e. Form 990-T, Exempt Organization Business Income Tax Return
  - f. Form 1041, Schedule D, Capital Gains and Losses
  - g. Form 1041, Schedule H, Alternative Minimum Tax
  - h. Form 1041-A, Trust Accumulation of Charitable Amounts
  - i. Form 1120-POL, U. S. Income Tax Return of Certain Political Organizations
  - j. Form 3800, General Business Credit
  - k. Form 4136, Computation of Credit for Federal Tax on Gasoline and Special Fuels
  - l. Form 4626, Alternative Minimum Tax–Corporations
  - m. Form 4720, Return of Certain Excise Taxes on Charities and Other Persons Under Chapter 41 and 42 of the Internal Revenue Code
  - n. Form 4952, Investment Interest Expense Deduction
  - o. Form 5227, Split-Interest Trust Information Return
  - p. Form 5578, Annual Certificate of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax
  - q. Form 5800, Exempt Organization Returns Edit Sheet
  - r. Form 8872, Political Organization Report of Contributions and Expenditures
  - s. Form 8913, Credit for Federal Telephone Excise Tax Paid
  - t. Form 8936, Schedule A, Clean Vehicle Credit.

3.24.12.3.2  
(01-01-2023)

**Forms/Program  
Numbers/Tax Class Doc.  
Codes**

- (1) Form 990-EZ 2016 and subsequent will be batched under 13423 and 13424. In order for ISRP to pull up the correct screen for transcription, program code 13430 should be used.
- (2) Refer to the table below for forms, programs, and tax class doc codes.

FORMS	PROGRAM NUMBERS	TAX CLASS DOC. CODES
Form 990 (2019 and Subsequent)	13456	493
Form 990 (2016 - 2018)	13452	493
Form 990 (2014 and 2015)	13450	493
Form 990 (2008 - 2013), 425-431 & 259A-259H	13410	493
Form 990 (2007 and Prior)	13110	490
Form 990-EZ (2016 and subsequent)	13430 (used for ISRP input only)	492
Form 990-EZ (2016 and subsequent)	13423	492
Form 990-EZ/527 (2016 and subsequent)	13424	492
Form 990-EZ (2008 - 2015)	13420	492
Form 990-EZ (2007 and Prior)	13120	409
Form 990-T	13141	393
Form 990-PF	13131	491
Form 1041-A	13162	481
Form 4720	13161	471
Form 5227	13190	483
Form 5578	13160	984
Form 1120-POL	13170	320
Form 5768	15502	977
Form 8872	16010	462

3.24.12.3.3  
(01-01-2023)

**MUST ENTER Fields**

- (1) Some fields require entry of data. These are MUST ENTER fields. Transcription Operation Sheets indicate MUST ENTER fields by the presence of stars (★★★★★). See IRM 3.24.38 for procedures related to MUST ENTER fields.

3.24.12.3.4  
(01-01-2023)

#### Check Digit/Name Control

- (1) See the following subsections for entering either the Check Digit or Name Control.

3.24.12.3.4.1  
(01-01-2023)

#### Check Digit

- (1) Enter the Check Digit as follows:
  - a. If the EIN is unaltered on a preprinted label, enter the two alpha characters shown to the left of the EIN in the Check Digit (CD) field. You don't need to press <ENTER>. If the Check Digit is illegible, enter the Name Control.
  - b. If the EIN is unaltered in the preprinted entity information of a CP Notice, enter the two alpha characters shown to the right of the EIN in the Check Digit (CD) field. You don't need to press <ENTER>. If the Check Digit is illegible, enter the Name Control.

**Note:** We moved the EIN and Check Digits for taxpayer privacy. On preprinted forms these items show up toward the title of the form. Enter the EIN and Check Digits. On NCOA labeled forms the EIN appears in this same area but the Check Digits aren't present. Enter the EIN and then the **Name Control**.

- (2) The system fills the Name Control field with cent (¢) signs and positions the cursor on the EIN field. Enter the EIN.
- (3) If the Check Digit is invalid, the error message CHECK DIGIT ERROR appears. The cursor's position is on the first digit of the EIN.
  1. Check the Check Digit and EIN fields for errors.
  2. If the Check Digit was entered incorrectly, press <F1> to position the cursor on the first position of the Check Digit field. Correct the Check Digit field. If the EIN is correct, press <ENTER>.
  3. If the EIN was entered incorrectly, correct the field using the normal procedures.
  4. If both the Check Digit and EIN fields are correct, press <F7> to override the error message.

3.24.12.3.4.2  
(01-01-2023)

#### Name Control

- (1) In all other cases, press <ENTER> for the Check Digit field. The system grays out the Check Digit field and positions the cursor on the Name Control field.
- (2) Enter the four character Name Control indented, underlined or edited in the First Name Line area in the Name Control (NC) field (see IRM 3.24.38 for Name Control determination). You don't need to press <ENTER> if entering four characters.
- (3) If less than four characters, enter those shown and press <ENTER>.
- (4) If the Name Control is missing or illegible, enter one period, then press <ENTER>.

**Note:** Both fields can't contain entries; however, if both are entered, the system recognizes only the Check Digit and grays out the Name Control field.

3.24.12.3.5  
(01-01-2023)  
**Enhanced-Entity Index  
File**

- (1) See IRM 3.24.38 for Enhanced-Entity Index File processing.
- (2) These procedures affect Forms Form 990, Form 990EZ, Form 990T, Form 990PF, Form 5227 and CP 411 – 414, 420 - 430, 259A – 259G.

3.24.12.3.6  
(01-01-2023)  
**Name Control Check  
Against Enhanced-Entity  
Index File**

- (1) The following procedures affect Form 5578, Form 1041A, and Form 4720.
- (2) If a document is entered with a Name Control rather than a Check Digit, the system accesses the Enhanced-Entity Index File (E-EIF) to determine if the account is already established on the Master File. This procedure reduces the number of unpostables.

**Note:** As soon as the EIN field is entered, the system accesses E-EIF. During this time, screen activity occurs and no entry can be made into the terminal. If the account is located, the Name Control entered automatically grayed out and the Check Digit appears in the Check Digit field on the screen. The EIN/ Check Digit/Name Control fields bypass verification. If the account **isn't** located, the Name Control remains on the screen as entered.

3.24.12.4  
(01-01-2023)  
**Specific Instructions for  
Entry of Data**

- (1) This section provides specific instructions for entering data.

3.24.12.4.1  
(01-01-2023)  
**Required Sections &  
Section Verification**

- (1) Required sections and section verification:

Form	Required Section	Required Section Verified	Other Section(s)	Other Section(s) Verified
Form 990 (2016 and Subsequent)	01, 02	100%	03 - 13	Yes - 100% if input
Form 990 (2014 and 2015)	01, 02	100%	03 - 13	Yes - 100% if input
Form 990 (2008 and subsequent)	01, 02	100%	03–13	Yes - 100% if input
Form 990–EZ (2008 - 2013)	01, 02	100%	03–12	Yes - 100% if input
Form 990 & Form 990–EZ (2007 and Prior)	01, 02	100%	03–12	Yes - 100% if input
CP 411–414, 420–430 & 259A–259G and Organization Code “9” filers	01	100%	02	No

Form	Required Section	Required Section Verified	Other Section(s)	Other Section(s) Verified
Form 990–PF	01–13	100% (Sections 01–07, 12 & 13)	N/A	Yes - if input and doesn't pass the zero balance test (Sections 08–11)
Form 990–T	01–04	Yes	07, 08, 15, 17, 20	Yes - if input *Section 20 is <u>not</u> verified
Form 1041–A	01	Yes	03	No
Form 1120–POL	01	Yes	02–05, 15, 20	Yes - 05 verified if input
Form 4720	01, 02	Yes	03	No
Form 5227	01–05	Yes	N/A	N/A
Form 5578	01	Yes	N/A	N/A
Form 5768	01	Yes	N/A	N/A
Form 8872	01	Yes	02, 03	Yes - if input

3.24.12.4.2  
(01-01-2023)  
**Foreign Address  
Procedures**

- (1) ISRP enters the address fields on a foreign address. **ISRP won't** enter a CCC "U" or Action Code 650 to send the returns to (SCRS) or (ERS).
- (2) Refer to IRM 3.24.38.3.4.14.9 for correct procedures for entering foreign addresses.

3.24.12.4.3  
(01-01-2023)  
**Money Fields**

- (1) All fields are DOLLARS AND CENTS unless otherwise specified.
  - a. A space and a dollar sign following the prompt (i.e. LN2 \$) specifies the field is a dollars only field.
  - b. Since many reports generate from the information on these returns, take extreme care when entering the money amounts.
  - c. If the instruction calls for dollars only, don't enter cents (e.g., \$400.00 entered as 400).
  - d. If the instruction calls for dollars and cents, be sure to enter the cents (e.g., \$400 entered as 400.00).

3.24.12.4.4  
(01-01-2023)  
**Yes/No Boxes**

- (1) For all Yes/No boxes, enter the digit edited to the right of the Line number.
- (2) If un-edited:
  - a. Enter "1" if the yes box is checked.
  - b. Enter "2" if the no box is checked.
  - c. Press <ENTER> only if both boxes are checked, blank or N/A.

3.24.12.4.5  
(01-01-2023)  
**Percentage Fields**

- (1) Input all percentage fields using up to three digits to the left of the decimal.  
**Example:** Input 109.7% as 109%

3.24.12.4.6  
(01-01-2023)

**Program Service  
Business Codes**

(1) Enter all business codes exactly as shown except as follows:

1. If more than one code is present, enter the first code.
2. If the code is other than 4 or 6 digits, enter "0" (zero).
3. If there are any illegible digits, enter "0" (zero).

3.24.12.5  
(01-01-2023)

**ISRP Transcription  
Operation Sheets**

(1) The following exhibits represent specific data entry procedures.

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**Exhibit 3.24.12-1 (01-01-2023)****Block Header Data Entry Form 1332 for Original Input Documents, Form 3893 for Re-Entry Documents.**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	SC Block Control	ABC	(auto)	The screen displays the ABC entered in the EOP Dialog box, as described in IRM 3.24.38.4.1.1. You can't change it.
(2)	Block DLN	DLN	<ENTER>	Enter the first 11 digits as shown on: 1. Form 813, from the "Block DLN box." 2. Form 1332, in the "Block DLN box. " 3. Form 3893, in box 2. 4. The KV Operator verifies the DLN from the first document of the block.
(3)	Batch Number	BATCH	<ENTER>	Enter the batch number as follows: 1. Form 813, 1332, from the Batch Control Number box. 2. Form 3893, from box 3. 3. If not present, secure the number from the Batch Transmittal Sheet.
(4)	Document Count	COUNT	<ENTER>	Enter the document count as follows: 1. Form 813, 1332, the circled serial number. If a full block (100 documents) or if a number isn't circled, enter 100. 2. Form 3893, from box 4.
(5)	Pre-journalized Credit Amount	CR	<ENTER>	1. Form 813, labeled "CR" or "Credit". 2. Form 3893, box 5. 3. See narrative for amounts. 4. If neither "CR" or "DR" is labeled, enter as . "CR"
(6)	Pre-journalized Debit Amount	DB	<ENTER>	1. Form 813, labeled "DR" or "Debit". 2. Form 3893, box 6. 3. See narrative for amounts.
(7)	Transaction Code	TRCODE	<ENTER>	Press <ENTER>. <b>Note:</b> For Form 5768, enter TC 460.

**Exhibit 3.24.12-1 (Cont. 1) (01-01-2023)****Block Header Data Entry Form 1332 for Original Input Documents, Form 3893 for Re-Entry Documents.**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	Transaction Date	TRDATE	<ENTER>	Press <ENTER>.
(9)	MFT Code	MFT	<ENTER>	Enter the 2 digit code as follows: 1. Form 813, from the "Date" box. 2. Form 3893, from box 9. 3. Valid MFT's are: BMF - 05, 06, 15. IRA - (with TC 0) 29. If MFT is other than listed above, Press <ENTER> only.
(10)	Secondary Amount	SECAMT	<ENTER>	Enter the bracketed amount as follows: 1. Form 813, in the "Total" box. 2. Form 3893, from box 10. 3. If zero, press <ENTER> only.
(11)	Source Code	SOURCE	<ENTER>	If the control document is a Form 3893, enter from box 11 as follows: 1. R = "Reprocessable" box checked. 2. N = "Reinput of Unpostable" box checked. 3. 4 = "SC Reinput" box checked. 4. None of the boxes checked, consult your supervisor who determines if a source code is required.
(12)	Year Digit	YEAR	<ENTER>	If the control document is a Form 3893, enter the digit from the box 12 (current or otherwise). This is a MUST ENTER field if the Source Code is "R", "N", or "4".
(13)	Period Code	PRIOR YEAR	<ENTER>	No entry.
(14)	RPS Indicator	RPS	<ENTER>	Enter "2" if: 1. Form 813, 1332, "RPS" is edited or stamped in the upper center margin or "RRPS" is in the header of Form 1332. 2. Form 3893, box 13 is checked.

**Exhibit 3.24.12-2 (01-01-2023)****Form 990 - Section 01 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the last two digits of the 13-digit DLN from the upper portion of the form.</li> <li>2. If the system generated the serial number verify it matches the document being entered.</li> <li>3. See IRM 3.24.38.4.1.1 for procedures.</li> </ol>
(3)	Check Digit	CD	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the Check Digit if present.</li> <li>2. If not present, press &lt;ENTER&gt;.</li> <li>3. See IRM 3.24.12.2.5 for procedures.</li> </ol>
(4)	Name Control	NC	<ENTER>	<ol style="list-style-type: none"> <li>1. If the Check Digit isn't present, enter the Name Control.</li> <li>2. See IRM 3.24.12.2.5 for procedures.</li> </ol>
(5)	E.I.N.	EIN	<ENTER> ★★★★★	<ol style="list-style-type: none"> <li>1. Enter the E.I.N as shown on the preprinted label or in the E.I.N block.</li> <li>2. For a CP 425-431 &amp; 259A-259H, underlined to the right of the "Employer ID Number".</li> <li>3. See IRM 3.24.38 for standard rules.</li> <li>4. For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.</li> </ol>
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.

**Exhibit 3.24.12-2 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 01 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Tax Period	TAXPR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter in YYYY format the Tax Period edited or underlined under "title of form".</li> <li>2. If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>3. For a CP 425–431 &amp; 259A-259H, edited in the area around the Tax Period.</li> <li>4. See IRM 3.24.38 for special instructions.</li> </ol>
(10)	In Care of Name Line	C/O NAME	<ENTER>	<p>Enter the in-care-of name, if shown.</p> <p><b>Note:</b> Downstream processing generates the (%) sign.</p>
(11)	Foreign Address	FGN ADD	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the foreign street address, if shown.</li> <li>2. See IRM 3.24.38 for additional instructions.</li> </ol>
(12)	Street Address	ADDR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the street address from the address line.</li> <li>2. If a "G" Condition Code is present, do <b>NOT</b> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered.</li> <li>3. If a foreign address, enter the foreign city, province and postal code.</li> <li>4. See IRM 3.24.38 for specific instructions.</li> </ol>
(13)	City	CITY	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the city name from the city line, or Major City Code, if appropriate.</li> <li>2. If a foreign address, enter the edited foreign country code.</li> </ol>

**Exhibit 3.24.12-2 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 01 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	State	ST	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the standard state abbreviation from the city/state line.</li> <li>2. If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>3. If a foreign address, enter a period (.).</li> <li>4. See IRM 3.24.38.</li> </ol>
(15)	ZIP Code	ZIP	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the ZIP Code.</li> <li>2. If a foreign address, press &lt;ENTER&gt; only.</li> </ol>
(16)	Group Code H(b)	BOXHB	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter a "1" or "2" from the yes/no box from the entity area of the return, Line H(b).</li> <li>2. For a CP425-431 &amp; 259A-259H, press &lt;ENTER&gt; only.</li> </ol>
(17)	Tax Exempt Status	BOXI	<ENTER>	Enter the edited two digit code from the blank space of Box I.
(18)	Type of Organization	BOXK RT	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited code from the blank space of Box K.</li> <li>2. For a CP 425-431 &amp; 259A-259H always enter a "9".</li> </ol>
(19)	Computer Condition Codes	CCC	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited characters as shown on dotted portion of Lines 2-7b.</li> <li>2. For a 420-431 &amp; 259A-259H, enter the edited characters as shown in the center of the return.</li> <li>3. If a Condition Code is illegible, enter a "#" in its place.</li> </ol>
(20)	Received Date	RDATE	<ENTER> ★★★★★	<ol style="list-style-type: none"> <li>1. Enter the stamped or edited date in MMDDYY format from the face of the return.</li> <li>2. If a "G" Condition Code is present and the return is <u>non-remittance</u>, end the document after this element.</li> <li>3. If a CP 425-431 &amp; 259A-259H, end the document after this element.</li> <li>4. See IRM 3.24.38 for special instructions.</li> </ol>

**Exhibit 3.24.12-2 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 01 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(21)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(22)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(23)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.
(24)	Preparer Telephone #	TEL#	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the preparer phone number.</li> <li>2. If the Type of Organization is a "9", and the "9" is <b>underlined</b>, <b>don't end the document</b>. Continue transcribing the return.</li> <li>3. If Type of Organization is a "9", and the "9" is <b>NOT</b> underlined, press &lt;F6&gt; and end the document unless an ERS Action Code is present. If present, continue to that element and follow the instructions there.</li> </ol>

Exhibit 3.24.12-2 (Cont. 4) (01-01-2023)  
Form 990 - Section 01 (2014 and 2015)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(25)	ERS Action Code	BOTLFMAR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited digits from Bottom Left Margin of the return.</li> <li>2. (a) If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u>, end the document after this element.</li> <li>3. If the ERS Action Code is in the "600" series and the return is a <u>remittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</li> <li>4. If a "G" Condition Code is present and the return is a <u>remittance</u>, Press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</li> <li>5. If the Type of Organization is "9" from Section 01 E-10 and the "<b>9</b>" is <u>underlined</u>, do <b>NOT end the document</b>. Continue processing the return.</li> <li>6. If the Type of Organization is "9", and the "9" is <b>NOT</b> underlined, press &lt;F6&gt; and end the document after this element.</li> </ol>



**Exhibit 3.24.12-3 (01-01-2023)****Form 990 - Section 02, Form 5800 - Edit Sheet (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "02".
(2)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(3)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(4)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(5)	Correspondence Received Date	LN5	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited digits from Line 5, Form 5800, in MMDDYY format.</li> <li>2. For special instructions, see IRM 3.24.38.</li> </ol>
(6)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.

## Exhibit 3.24.12-4 (01-01-2023)

## Form 990 - Section 03 (2014 and 2015)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "03".
(2)	Remittance	RMT	<ENTER>	1. Enter the edited amount shown in the margin at the top of the return. 2. Enter the RPS amount printed on the upper right corner of the return, ONLY if underlined in green.
(3)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(4)	Undertake New Activities Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2.
(5)	Make Significant Changes Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3.
(6)	Exempt Purpose Code 1	L4A	<ENTER>	Press Enter only. Don't transcribe a code.
(7)	Exempt Purpose Code 2	L4B	<ENTER>	Press Enter only. Don't transcribe a code.
(8)	Exempt Purpose Code 3	L4C	<ENTER>	Press Enter only. Don't transcribe a code.
(9)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3. <b>Note:</b> If a "D1" is edited and underlined, pick up as an alpha "D" and <u>numeric "1"</u> . Don't confuse with an alpha "D" and alpha "I".
(10)	501(c)(3) or 4947(a)(1) Y/N	L1	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 1.
(11)	Required to Complete Sch B Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 2.
(12)	Engage in Direct or Indirect Political Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 3.
(13)	Engage in Lobbying Activities Y/N	L4	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 4.

**Exhibit 3.24.12-4 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Subject to Sec 6033(c) Notice	L5	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 5.
(15)	Maintain Donor Advised Y/N	L6	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 6.
(16)	Receive or Hold Conservation Y/N	L7	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 7.
(17)	Maintain Collections of Works of Art Y/N	L8	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 8.
(18)	Provide Credit Counseling Y/N	L9	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 9.
(19)	Hold Assets in Term/ Permanent Y/N	L10	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 10.
(20)	Land, Buildings, Equipment	11A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11a.
(21)	Investments Other Securities	11B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11b.
(22)	Investments Program Related	11C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11c.
(23)	Other Assets	11D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11d.
(24)	Other Liabilities	11E	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11e.
(25)	Separate or Consolidated Financial Statements	11F	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11f.
(26)	Separate Independent Audited Financial	12A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12a.
(27)	Consolidated Independent Financial	12B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12b.
(28)	School Described in 170(b)(1)(A)(ii)	L13	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 13.
(29)	Maintain an Office, etc Outside U.S.	14A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14a.
(30)	Have Aggregate Revenues/Expenses	14B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14b.
(31)	Report > \$5000 on Part IX Organizations	L15	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 15.
(32)	Report > \$5000 on Part IX Individuals	L16	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 16.

**Exhibit 3.24.12-4 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(33)	Report > \$15,000 on Part IX, Line 11e	L17	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 17.
(34)	Report > \$15,000 on Part VIII, Line 1c/8a	L18	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 18.
(35)	Report > \$15,000 on Part VIII, Line 9a	L19	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 19.
(36)	Operate Hospitals	20A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20a.
(37)	Attach Audited Financial Statements	20B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20b.

**Exhibit 3.24.12-5 (01-01-2023)**  
**Form 990 - Section 04 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "04".
(2)	Report > \$5000 on Part IX, Line 1	L21	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 21.
(3)	Report > \$5000 on Part IX, Line 2	L22	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 22.
(4)	Answer Yes to Questions 3, 4, 5	L23	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 23.
(5)	Any Tax-Exempt Bond with Outstanding Principal	24A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24a.
(6)	Invest Any Proceeds	24B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24b.
(7)	Maintain an Escrow Account	24C	<ENTER>	Enter a yes or no from the yes/box from Part IV, Line 24c.
(8)	Act as "On Behalf Of" Issuer	24D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24d.
(9)	501(c)(3) / 501(c)(4) Organizations	25A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25a.
(10)	Become Aware it Engaged in Excess	25B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25b.
(11)	Loan to/by Current/ Former Officer	L26	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 26.
(12)	Provide Grant or Other Assistance	L27	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 27.
(13)	Business Transaction with Current or Former Officer	28A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28a.
(14)	Business Transaction with Family Member	28B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28b.
(15)	Business Transaction with Entity of Current/ Former Officer	28C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28c.
(16)	Receive or Accrue > \$25,000 in Non-Cash	L29	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 29.
(17)	Receive or Accrue Contributions of Art	L30	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 30.

**Exhibit 3.24.12-5 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Liquidate, Terminate, Dissolve	L31	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 31.
(19)	Sell, Exchange, Dispose	L32	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 32.
(20)	Own 100% of an Entity	L33	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 33.
(21)	Related to Tax-Exempt / Taxable Entity	L34	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 34.
(22)	Controlled Entity Within 512(b)(13)	L35A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35a.
23	Receive Payment or Engage Transaction Within	L35B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35b.
(24)	Make Any Transfers	L36	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 36.
(25)	Conduct More than 5%	L37	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 37.
(26)	Complete Schedule O	L38	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 38.

**Exhibit 3.24.12-6 (01-01-2023)**  
**Form 990 - Section 05 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "05".
(2)	Part V Number of Forms/ 1096	PTVL1A	<ENTER>	Enter the number shown on Part V, Line 1a.
(3)	Number of Forms W-2G	L1B	<ENTER>	Enter the number shown on Part V, Line 1b.
(4)	Comply with Backup Withholding Rules	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 1c.
(5)	Number of Employees / W-3	L2A	<ENTER>	Enter the number shown on Part V, Line 2a.
(6)	File All Required Federal Employment Returns	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 2b.
(7)	Unrelated Business Income > \$1000	L3A	<ENTER>	Enter a yes or no from the yes/ box from Part V, Line 3a.
(8)	If Yes, Has Filed a 990-T	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3b.
(9)	Interest in or a Signature	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 4a.
(10)	Party to a Prohibited Tax Shelter	L5A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5a.
(11)	Taxable Party Notify Organization	L5B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5b.
(12)	If Yes, Did Organization File 8886-T	L5C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5c.
(13)	Annual Gross Receipts Normally >\$100,000	L6A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6a.
(14)	If Yes, Did Organization Include	L6B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6b.
(15)	>\$75 Partly Contribution/ Goods/Services	L7A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7a.
(16)	If Yes, Did Organization Notify Donor	L7B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7b.
(17)	Sell, Exchange, Otherwise Dispose	L7C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7c.
(18)	Number of Forms 8282	L7D	<ENTER>	Enter the number shown on Part V, Line 7d.



**Exhibit 3.24.12-6 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Receive Any Funds	L7E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7e.
(20)	Pay Premiums	L7F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7f.
(21)	Contributions of Qualified Intellectual Property	L7G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7g.
(22)	Contributions of Cars, Boats, Airplanes	L7H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7h.
(23)	Sponsoring Orgs, 509(a)(3) Excess Business Holdings	L8	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 8.
(24)	Make Taxable Distributions Under 4966	L9A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9a.
(25)	Make Distribution to Donor	L9B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9b.
(26)	Initiation Fees/Capital Contributions	10A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10a.
(27)	Gross Receipts for Public Use of Facilities	10B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10b.
(28)	Gross Income/Members/Shareholders	11A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11a.
(29)	Gross Income from Other Sources	11B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11b.
(30)	4947(a)(1) Filing 990 in Lieu of 1041	12A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 12a.
(31)	Amount of Tax Exempt Interest	12B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 12b.
(32)	Licensed to Issue Qualified Health Plans	13A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 13a.
(33)	Aggregate Amount of Reserves to Maintain	13B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13b.
(34)	Aggregate Amount of Reserves on Hand	13C \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13c.
(35)	Receive Payments for Indoor Tanning	14A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14a.
(36)	Filed Form 720 to Report Payments	14B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14b.

**Exhibit 3.24.12-7 (01-01-2023)**  
**Form 990 - Section 06 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "06".
(2)	Voting Members of Governing Body	PG6L1A	<ENTER>	Enter the number shown on Part VI, Section A, Line 1a.
(3)	Independent Voting Members	L1B	<ENTER>	Enter the number shown on Part VI, Section A, Line 1b.
(4)	Officer, Director, Trustee Family/Relationship	L2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 2.
(5)	Delegate Control Over Management	L3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 3.
(6)	Make Significant Changes	L4	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 4.
(7)	Become Aware of Material Diversion	L5	<ENTER>	Enter a yes or no from the yes/box from Part VI, Section A, Line 5.
(8)	Members of Stockholders	L6	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 6.
(9)	Members, Stockholders, Other Persons	7A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7a.
(10)	Members Subject to Approval	7B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7b.
(11)	Determining Compensation for CEO, Exec Director	15A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section B, Line 15a.
(12)	Total Reportable Compensation from Organization	PG8L1D(D) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column D.
(13)	Total Reportable Compensation from Related Organization	1D(E) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column E.
(14)	Total Compensation from Organization & Related Organizations	1D(F) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column F.

**Exhibit 3.24.12-7 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Total Individuals who Received > \$100,000	SECTAL2	<ENTER>	Enter the number shown on Part VII, Section A, Line 2.
(16)	Total Independent Contractors Received > \$100,000	SECTBL2	<ENTER>	Enter the number shown on Part VII, Section B, Line 2.

**Exhibit 3.24.12-8 (01-01-2023)**  
**Form 990 - Section 07 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "07".
(2)	Total Contributions/ Gifts/Grants	PG9L1H \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 1h, Column (A).
(3)	Program Service Business Code 2A	2ACODE	<ENTER>	Enter the number shown on Part VIII, Line 2a.
(4)	2a Program Service Revenue Col. A	2A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2a, Column (A).
(5)	Program Service Business Code 2B	2BCODE	<ENTER>	Enter the number shown on Part VIII, Line 2b.
(6)	2b Program Service Revenue Col. A	2B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2b, Column (A).
(7)	Program Service Business Code 2C	2CCODE	<ENTER>	Enter the number shown on Part VIII, Line 2c.
(8)	2c Program Service Revenue Col. A	2C(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2c, Column (A).
(9)	Program Service Business Code 2D	2DCODE	<ENTER>	Enter the number shown on Part VIII, Line 2d.
(10)	2d Program Service Revenue Col. A	2D(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2d, Column (A).
(11)	Program Service Business Code 2E	2ECODE	<ENTER>	Enter the number shown on Part VIII, Line 2e.
(12)	2e Program Service Revenue Col. A	2E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2e, Column (A).
(13)	2f Program Service Revenue Col. A	2F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2f, Column (A).
(14)	2g Program Service Revenue Total Col. A	2GTOT \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 2g, Column (A).
(15)	Investment Income Col. A	3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 3, Column (A).
(16)	Tax-Exempt Bond Proceeds Col. A	4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 4, Column (A).
(17)	Royalties Col. A	5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 5, Column (A).

**Exhibit 3.24.12-8 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Gross Rents Real	6(A)I \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (i).
(19)	Gross Rents Personal	6(A)II \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (ii).
(20)	Rental Expenses Real	6(B)(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (i).
(21)	Rental Expenses Personal	6(B)(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (ii).
(22)	Rental Income/Loss Real	6C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (i).
(23)	Rental Income/Loss Personal	6C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (ii).
(24)	Net Rental Income/Loss Col. A	6D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6d, Column (A).

**Exhibit 3.24.12-9 (01-01-2023)**  
**Form 990 - Section 08 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08".
(2)	Gross Amount from Sales of Assets - Securities	PG9L7A(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (i).
(3)	Gross Amount from Sales of Assets - Other	7A(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (ii).
(4)	Cost or Other Basis/Sales - Securities	7B(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (i).
(5)	Cost or Other Basis/Sales - Other	7B(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (ii).
(6)	Gain/Loss - Securities	7C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (i).
(7)	Gain/Loss - Other	7C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (ii).
(8)	Net Gain/Loss Col. A	7D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7d, Column (A).
(9)	Gross Income from Fund-raising	8A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8a.
(10)	Less Direct Expenses 8b	8B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8b.
(11)	Net Income/Loss from Fundraising Col. A	8C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8c, Column (A).
(12)	Gross Income from Gaming	9A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9a.
(13)	Less Direct Expenses 9b	9B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9b.
(14)	Net Income/Loss from Gaming	9C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9c, Column (A).
(15)	Gross Sales of Inventory	10A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10a.
(16)	Less Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10b.
(17)	Net Income/Loss from Sales Col. A	10C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10c, Column (A).
(18)	Misc. Revenue Business Code 11a	11ACODE	<ENTER>	Enter the number shown on Part VIII, Line 11a.

**Exhibit 3.24.12-9 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Misc. Revenue Total (A) Col. A	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11a, Column (A).
(20)	Misc. Revenue Business Code 11b	11BCODE	<ENTER>	Enter the number shown on Part VIII, Line 11b.
(21)	Misc. Revenue Total 11B(A) Col. A	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11b, Column (A).
(22)	Misc. Revenue Business Code 11c	11CCODE	<ENTER>	Enter the number shown on Part VIII, Line 11c.
(23)	Misc. Revenue Total 11C(A) Col. A	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11c, Column (A).
(24)	Misc. Revenue Total 11D(A) Col. A	11D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11d, Column (A).
(25)	Misc. Revenue Total 11E Col. A	11ETOT \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11e, Column (A).
(26)	Total Revenue 12(A) Col. A	12(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 12, Column (A).

**Exhibit 3.24.12-10 (01-01-2023)**  
**Form 990 - Section 09 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09"..
(2)	Gross to Government / Organizations in U.S.	PG10L1(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1, Column (A).
(3)	Grants / Other Assistance in U.S.	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 2, Column (A).
(4)	Grants / Other Assistance Outside U.S.	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 3, Column (A).
(5)	Benefits Paid to / for Members	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 4, Column (A).
(6)	Compensation of Current Officers / Directors	L5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5, Column (A).
(7)	Compensation to Dis-qualified Persons	L6(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6, Column (A).
(8)	Other Salaries / Wages	L7(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 7, Column (A).
(9)	Pension Plan Contributions	L8(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 8, Column (A).
(10)	Other Employee Benefits	L9(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 9, Column (A).
(11)	Payroll Taxes	10(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 10, Column (A).
(12)	Fees for Services / Management	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11a, Column (A).
(13)	Fees for Services / Legal	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11b, Column (A).
(14)	Fees for Services / Accounting	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11c, Column (A).
(15)	Fees for Services / Lobbyists	11D(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11d, Column (A).
(16)	Fees for Services / Professional Fundraising	11E(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11e, Column(A).
(17)	Fees for Services / Investment Management	11F(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11f, Column (A).



**Exhibit 3.24.12-10 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Fees for Services / Other	11G(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from shown on Part IX, Line 11g, Column (A).
(19)	Advertising / Promotion	12(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 12, Column (A).
(20)	Office Expenses	13(A) \$	<ENTER> MINUS (-)	Enter the amount from on Part IX, Line 13, Column (A).
(21)	Information Technology	14(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 14, Column (A).
(22)	Royalties	15(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 15, Column (A).
(23)	Occupancy	16(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 16, Column (A).
(24)	Travel	17(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 17, Column (A).
(25)	Payments of Travel / Entertainment	18(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 18, Column (A).
(26)	Conferences, Conventions / Meetings	19(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 19, Column (A).
(27)	Interest	20(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 20, Column (A).
(28)	Payments to Affiliates	21(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 21, Column (A).
(29)	Depreciation / Depletion	22(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 22, Column (A).
(30)	Insurance	23(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 23, Column (A).
(31)	Other Expenses a	24A(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 24a, Column (A).
(32)	Other Expenses b	24B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24b, Column (A).
(33)	Other Expenses c	24C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24c, Column (A).
(34)	Other Expenses d	24D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24d, Column (A).
(35)	Other Expenses e	24E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24e, Column (A).

**Exhibit 3.24.12-10 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 09 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(36)	NA	24F \$	<ENTER>	Enter only.
(37)	Total Functional Expenses	25(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 25, Column (A).

**Exhibit 3.24.12-11 (01-01-2023)****Form 990 - Section 10 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10".
(2)	Cash EOY	PG11L1(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 1, Column (B).
(3)	Savings / Temporary Investments EOY	L2(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 2, Column (B).
(4)	Pledges / Grants Receivable EOY	L3(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 3, Column (B).
(5)	Accounts Receivable EOY	L4(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 4, Column (B).
(6)	Receivables from Current / Former EOY	L5(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 5, Column (B).
(7)	Receivables from Disqualified Persons EOY	L6(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 6, Column (B).
(8)	Notes / Loans Receivable EOY	L7(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7, Column (B).
(9)	Inventories for Sale EOY	L8(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 8, Column (B).
(10)	Prepaid Expenses EOY	L9(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 9, Column (B).
(11)	Land / Buildings Less Accumulated EOY	10C(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 10c, Column (B).
(12)	Investments Publicly Traded Securities EOY	11(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 11, Column (B).
(13)	Investments Other Securities EOY	12(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 12, Column (B).
(14)	Investments Program Related EOY	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 13, Column (B).
(15)	Intangible Assets EOY	14(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 14, Column (B).
(16)	Other Assets EOY	15(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 15, Column(B).
(17)	Total Assets BOY	16(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 16, Column (A).

**Exhibit 3.24.12-11 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 10 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Total Assets EOY	16(B) \$	<ENTER> MINUS (-)	Enter the amount from shown on Part X, Line 16, Column (B).
(19)	Accounts Payable EOY	17(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 17, Column (B).
(20)	Grants Payable EOY	18(B) \$	<ENTER> MINUS (-)	Enter the amount from on Part X, Line 18, Column (B).
(21)	Deferred Revenue EOY	19(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 19, Column (B).
(22)	Tax-Exempt Bond Liabilities EOY	20(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 20, Column (B).
(23)	Escrow Liability EOY	21(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 21, Column (B).
(24)	Payable to Current / Former Officers EOY	22(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 22, Column (B).
(25)	Secured Mortgages / Notes EOY	23(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 23, Column (B).
(26)	Unsecured Notes / Loans EOY	24(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 24, Column (B).
(27)	Other Liabilities EOY	25(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 25, Column (B).
(28)	Total Liabilities BOY	26(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 26, Column (A).
(29)	Total Liabilities EOY	26(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 26, Column (B).
(30)	Unrestricted Net Assets EOY	27(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 27, Column (B).
(31)	Temporarily Restricted Net Assets EOY	28(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 28, Column (B).
(32)	Permanently Restricted Net Assets EOY	29(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 29, Column (B).
(33)	Capital Stock / Trust EOY	30(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 30, Column (B).
(34)	Paid-In / Capital Surplus EOY	31(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 31, Column (B).
(35)	Retained Earnings, Endowment EOY	32(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 32, Column (B).

**Exhibit 3.24.12-11 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 10 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(36)	Total Net Assets or Fund Balances BOY	33(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 33, Column (A).
(37)	Total Net Assets or Fund Balances EOY	33(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 33, Column (B).
(38)	Total Liabilities / Net Assets Fund Balances EOY	34(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 34, Column (B).

**Exhibit 3.24.12-12 (01-01-2023)****Form 990 - Section 11, Schedule A (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter one of the following: 1. 1 = Type I, 2 = Type II, 3 = Type III – Functionally integrated 2. 4 = Type III – Non-functionally integrated Blank <ENTER>. 3. If more than one box is checked, enter the corresponding number for the first box checked.
(4)	Type I, II or III Supporting Organization	11E	<ENTER>	Enter a "1" if the box is checked on Schedule A, Part I, Line 11e.
(5)	Number of Supported Organizations	11F	<ENTER>	Enter the number from Line 11f.
(6)	EIN A	11G(II)A	<ENTER>	Enter the EIN in Part I, Line 11g, Row A, Column (ii).
(7)	Type of Org A	11G(III)A	<ENTER>	Enter the type of organization in Part I, Line 11g, Row A, Column (iii).
(8)	Listed in Governing Doc A	11G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row A, Column (iv).
(9)	Amount of Support A	11G(V) A \$	<ENTER>	Enter the amount on Part I, Line 11g, Row A, Column (v).
(10)	EIN B	11G(II)B	<ENTER>	Enter the EIN in Part I, Line 11g, Row B, Column (ii).
(11)	Type of Org B	11G(III)B	<ENTER>	Enter the type of organization in Part I, Line 11g, Row B, Column (iii).
(12)	Listed in Governing Doc B	11G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row B, Column (iv).
(13)	Amount of Support B	11G(V)B \$	<ENTER>	Enter the amount Part I, Line 11g, Row B, Column (v).

**Exhibit 3.24.12-12 (Cont. 1) (01-01-2023)****Form 990 - Section 11, Schedule A (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	EIN C	11G(II)C	<ENTER>	Enter the EIN in Part I, Line 11g, Row C, Column (ii).
(15)	Type of Org C	11G(III)C	<ENTER>	Enter the type of organization in Part I, Line 11g, Row C, Column (iii).
(16)	Listed in Governing Doc C	11G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row C, Column (iv).
(17)	Amount of Support C	11G(V)C \$	<ENTER>	Enter the amount on Part I, Line 11g, Row C, Column (v).
(18)	EIN D	11G(II)D	<ENTER>	Enter the EIN in Part I, Line 11g, Row D, Column (ii).
(19)	Type of Org D	11G(III)D	<ENTER>	Enter the type of organization in Part I, Line 11g, Row D, Column (iii).
(20)	Listed in Governing Doc D	11G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row D, Column (iv).
(21)	Amount of Support D	11G(V)D \$	<ENTER>	Enter the amount on Part I, Line 11g, Row D, Column (v).
(22)	EIN E	11G(II)E	<ENTER>	Enter the EIN in Part I, Line 11g, Row E, Column (ii).
(23)	Type of Org E	11G(III)E	<ENTER>	Enter the type of organization in Part I, Line 11g, Row E, Column (iii).
(24)	Listed in Governing Doc E	11G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row E, Column (iv).
(25)	Amount of Support E	11G(V)E \$	<ENTER>	Enter the amount on Part I, Line 11g, Row E, Column (v).
(26)	Total Number of Organizations	11G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 11h, Column (i), Total Line.
(27)	Total	G(V)TOT \$	<ENTER>	Enter the amount on Part I, Line 11g, Total, Column (v).
(28)	Filling Field	N/A	<ENTER>	Blank field generates on output.
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).

**Exhibit 3.24.12-12 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 18 is checked.



**Exhibit 3.24.12-13 (01-01-2023)****Form 990 - Section 12, Schedule A (2014 and 2015)**

Elem.		Data Element Name	Prompt	Fld. Term.	Instructions
(1)		Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)		Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)		Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)		Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)		Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)		Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)		Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)		Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)		Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)		Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)		Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)		Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)		Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)		Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)		Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)		Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)		Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).

**Exhibit 3.24.12-13 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2014 and 2015)**

Elem.		Data Element Name	Prompt	Fld. Term.	Instructions
(18)		Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)		First 5 Years Checkbox	14CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 14 is checked.
(20)		33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19a is checked.
(21)		33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19b is checked.
(22)		Private Foundation Checkbox	20CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 20 is checked.
(23)		Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a 1 if data is present in Part IV, Section A.
(24)		Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a 1 if data is present in Part IV, Section B.
(25)		Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a 1 if data is present in Part IV, Section C.
(26)		Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a 1 if data is present in Part IV, Section D.
(27)		Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a 1 if data is present in Part IV, Section E.
(28)		Part V Data Present Indicator	PTV	<ENTER>	Enter a 1 if data is present in Part V.

**Exhibit 3.24.12-14 (01-01-2024)****Form 990 - Section 13, Schedules C & D (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHC1AL2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Total Number at EOY	SCHDL1(A)	<ENTER>	Enter the number shown on Schedule D, Part I, Line 1, Column (a).
(4)	Contributions To	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 2, Column (a).
(5)	Grants From	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 3, Column (a).
(6)	Aggregate Value	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 4, Column (a).
(7)	Inform All Donors Checkbox	L5	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 5.
(8)	Inform All Grantees Checkbox	L6	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 6.

**Exhibit 3.24.12-15 (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
(2)	Financial Assistance	L1A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1a: 1 = yes 2 = no.
(3)	Written Policy	L1B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1b: 1 = yes 2 = no.
(4)	Best Describes	L2	<ENTER>	Enter the following: <ul style="list-style-type: none"> <li>1 = Applied Uniformly to all.</li> <li>2 = Applied Uniformly to most.</li> <li>3 = Generally tailored.</li> </ul>
(5)	FPG Used	L3A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3a: 1 = yes 2 = no.
(6)	FPG%	L3A%	<ENTER>	Enter the following from Schedule H, Part I, Line 3a percent: 1 = 100% 2 = 150% 3 = 200% 4 = Other.
(7)	FPG Discounted Care	L3B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3b: 1 = yes 2 = no.

**Exhibit 3.24.12-15 (Cont. 1) (01-01-2023)****Form 990 - Section 31, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	FPG Discounted Care %	L3B%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3b percent: 1 = 200% 2 = 250% 3 = 300% 4 = 350% 5 = 400% 6 = Other If more than one box is checked, enter the number for the largest percent..
(9)	Applied to Largest Number of Patients	L4	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 4: 1 = yes 2 = no.
(10)	Budget Amounts for Free or Discounted	L5A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5a: 1 = yes 2 = no.
(11)	Exceed Budget Amount	L5B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5b: 1 = yes 2 = no.
(12)	Unable to Provide Free or Discounted Care	L5C	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5c: 1 = yes 2 = no.
(13)	Prepare A Community Benefit Report	L6A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6a: 1 = yes 2 = no.
(14)	Available to Public	L6B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6b: 1 = yes 2 = no.
(15)	Financial Assistance C	L7AC \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (c).

**Exhibit 3.24.12-15 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(16)	Financial D	L7AD \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (d).
(17)	Financial Assistance at Cost Net Community	SCHH 7A(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7a, Column (e).
(18)	Financial Assistance at Cost Percent	7A(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7a, Column (f).
(19)	Medicaid C	L7BC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (c).
(20)	Medicaid D	L7BD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (d).
(21)	Unreimbursed Medicaid Net Community	7B(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (e).
(22)	Unreimbursed Medicaid Percent	7B(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7b, Column (f).
(23)	Cost of Other Means Tested C	L7CC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (c).
(24)	Cost of Other Means Tested D	L7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (d).
(25)	Unreimbursed Costs - Other Net Community	7C(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (e).
(26)	Unreimbursed Costs - Other Percent	7C(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7c, Column (f).
(27)	Financial Assistance Total C	7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (c).
(28)	Financial Assistance Total D	7DD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (d).
(29)	Total Financial Assistance Net Community	7D(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (e).
(30)	Total Financial Assistance Percent	7D(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7d, Column (f).

**Exhibit 3.24.12-16 (01-01-2023)****Form 990 - Section 32, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "32".
(2)	Community Health Improvement C	7EC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (c).
(3)	Community Health Improvement D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (d).
(4)	Community Health Improvement E	7EE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (e).
(5)	Community Health Improvement Percent	7EF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7e, Column (f).
(6)	Health Professions C	7FC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (c).
(7)	Health Professions D	7FD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (d).
(8)	Health Professions E	7FE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (e).
(9)	Health Professions Percent	7FF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7f, Column (f).
(10)	Subsidized Health Services C	7GC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (c).
(11)	Subsidized Health Services D	7GD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (d).
(12)	Subsidized Health Services E	7GE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (e).
(13)	Subsidized Health Services Percent	7GF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7g, Column (f).
(14)	Research C	7HC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (c).
(15)	Research D	7HD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (d).
(16)	Research E	7HE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (e).
(17)	Research F Percent	7HF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7h, Column (f).
(18)	Cash & Contributions C	7IC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (c).

**Exhibit 3.24.12-16 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Cash & Contributions D	7ID \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (d).
(20)	Cash & Contributions E	7IE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (e).
(21)	Cash & Contributions %	7IF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7i, Column (f).
(22)	Total Other Benefits C	7JC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (c).
(23)	Total Other Benefits D	7JD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (d).
(24)	Total Other Benefits E	7JE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (e).
(25)	Total Other Benefits Percent	7JF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7j, Column (f).
(26)	Total C	7KC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (c).
(27)	Total D	7KD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (d).
(28)	Total E	7KE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (e).
(29)	Total Percent	7KF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7k, Column (f).



**Exhibit 3.24.12-17 (01-01-2024)****Form 990 - Section 33, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "16".
(2)	Total Net Community	PII10E \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part II, Line 10, Column (e).
(3)	Total Percent of Expense	10F%	<ENTER>	Enter the percent from Schedule H, Part II, Line 10 Column (f).
(4)	Report Bad Debt Expense	PT3L1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part III, Line 1.
(5)	Bad Debt Expense Amount	L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 2.
(6)	Estimated Bad Debt Expense Amount	L3 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 3.
(7)	Revenue from Medicare	L5 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 5.
(8)	Medicare Allowable Costs	L6 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 6.
(9)	Medicare Surplus or Shortfall	L7 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 7.
(10)	Costing Methodology or Source Code	L8CD	<ENTER>	Enter the edited code from the right of the boxes from Schedule H, Part III, Line 8.
(11)	Written Debt Collection Policy	L9A	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9a.
(12)	Collection Policy Contain Provision	L9B	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9b.
(13)	Part IV Code	PIVCD	<ENTER>	Enter the edited digit from Schedule H, Part IV, right margin.
(14)	Part V How Many Hospital Facilities Did Organization Operate	SECATOP	<ENTER>	Enter the number shown in the Hospital Facilities area in the top left portion of Schedule H, Part V, Section A.
(15)	Part V Section C Indicator Code	SECCRM	<ENTER>	Enter the indicator code from Schedule H, Part V, Section C, right margin.

**Exhibit 3.24.12-17 (Cont. 1) (01-01-2024)**  
**Form 990 - Section 33, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(16)	Part V How Many Non-Hospital Facilities Did Organization Operate	SECCTOP	<ENTER>	Enter the number from the non-hospital health care benefits line.
(17)	Part V Section D Indicator Code	SECTDRM	<ENTER>	Enter the edited code from Schedule H, Part V, Section D, right margin.

**Exhibit 3.24.12-18 (01-01-2023)****Form 990 - Section 34, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs Assessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.

**Exhibit 3.24.12-18 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.

**Exhibit 3.24.12-18 (Cont. 2) (01-01-2023)****Form 990 - Section 34, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-18 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-19 (01-01-2023)****Form 990 - Section 35, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-19 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 35, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(19)	Other	16I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16i is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.



**Exhibit 3.24.12-20 (01-01-2023)****Form 990 - Section 36, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(6)	Actions That Require Legal or Judicial Process	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(7)	Other Similar Actions	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(8)	Notified Financial Assistance Upon Admission	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Notified Financial Assistance Prior to Discharge	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Notified Financial Assistance in Bills	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Documented Its Determination	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.

**Exhibit 3.24.12-20 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 36, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Negotiated Commercial Insurance Rate	22A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Average of the Three Lowest Negotiated Commercial Insurance Rates	22B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Medicare Rate	22C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Other	22D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-21 (01-01-2023)****Form 990 - Section 37, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "37".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs Assessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.

**Exhibit 3.24.12-21 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.

**Exhibit 3.24.12-21 (Cont. 2) (01-01-2023)****Form 990 - Section 37, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-21 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-22 (01-01-2023)****Form 990 - Section 38, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "38".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-22 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 38, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(19)	Other	16I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16i is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17 is checked.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Filling Field	N/A	<ENTER>	Generate a blank field on output.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.



**Exhibit 3.24.12-23 (01-01-2023)****Form 990 - Section 39, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "39".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(6)	Actions That Require Legal or Judicial Process	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(7)	Other Similar Actions	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(8)	Notified Financial Assistance Upon Admission	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Notified Financial Assistance Prior to Discharge	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Notified Financial Assistance in Bills	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Documented Its Determination	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.

**Exhibit 3.24.12-23 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 39, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Negotiated Commercial Insurance Rate	22A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Average of the Three Lowest Negotiated Commercial Insurance Rates	22B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Medicare Rate	22C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Other	22D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-24 (01-01-2023)****Form 990 - Section 40, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "40".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs Assessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.

**Exhibit 3.24.12-24 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.

**Exhibit 3.24.12-24 (Cont. 2) (01-01-2023)****Form 990 - Section 40, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-24 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-25 (01-01-2023)****Form 990 - Section 41, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "41".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-25 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(19)	Other	16I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16i is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17 is checked.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.



**Exhibit 3.24.12-26 (01-01-2023)****Form 990 - Section 42, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "42".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(6)	Actions That Require Legal or Judicial Process	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(7)	Other Similar Actions	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(8)	Notified Financial Assistance Upon Admission	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Notified Financial Assistance Prior to Discharge	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Notified Financial Assistance in Bills	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Documented Its Determination	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.

**Exhibit 3.24.12-26 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 42, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Negotiated Commercial Insurance Rate	22A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Average of the Three Lowest Negotiated Commercial Insurance Rates	22B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Medicare Rate	22C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Other	22D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-27 (01-01-2023)****Form 990 - Section 43, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "43".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs Assessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.

**Exhibit 3.24.12-27 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.

**Exhibit 3.24.12-27 (Cont. 2) (01-01-2023)****Form 990 - Section 43, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-27 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-28 (01-01-2023)****Form 990 - Section 44, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "44".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-28 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 44, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(19)	Other	16I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16i is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17 is checked.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.



**Exhibit 3.24.12-29 (01-01-2023)****Form 990 - Section 45, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "45".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(6)	Actions That Require Legal or Judicial Process	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(7)	Other Similar Actions	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(8)	Notified Financial Assistance Upon Admission	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Notified Financial Assistance Prior to Discharge	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Notified Financial Assistance in Bills	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Documented Its Determination	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.

**Exhibit 3.24.12-29 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Negotiated Commercial Insurance Rate	22A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Average of the Three Lowest Negotiated Commercial Insurance Rates	22B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Medicare Rate	22C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Other	22D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-30 (01-01-2023)****Form 990 - Section 46, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "46".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs Assessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.

**Exhibit 3.24.12-30 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.

**Exhibit 3.24.12-30 (Cont. 2) (01-01-2023)****Form 990 - Section 46, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-30 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-31 (01-01-2023)****Form 990 - Section 47, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "47".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-31 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 47, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	Filling Field	N/A	<ENTER>	Generate a blank field on output.
(19)	Other	16I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16i is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17 is checked.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.



**Exhibit 3.24.12-32 (01-01-2023)****Form 990 - Section 48, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "48".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Filling Field	N/A	<ENTER>	Generate blank field on output.
(6)	Actions That Require Legal or Judicial Process	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(7)	Other Similar Actions	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(8)	Notified Financial Assistance Upon Admission	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Notified Financial Assistance Prior to Discharge	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Notified Financial Assistance in Bills	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Documented Its Determination	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.

**Exhibit 3.24.12-32 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 48, Schedule H (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Negotiated Commercial Insurance Rate	22A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Average of the Three Lowest Negotiated Commercial Insurance Rates	22B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Medicare Rate	22C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Other	22D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-33 (01-01-2023)****Form 990 - Section 49, Schedules L and R (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "49".
(2)	Excess Benefit Transactions	PT1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part 1.
(3)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.
(4)	Interest, Annuities, Royalties, Yes/No Box	SCHR PT51A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule R, Part V, Line 1a.

**Exhibit 3.24.12-34 (01-01-2024)**  
**Form 990 - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the last two digits of the 13-digit DLN from the upper portion of the form.</li> <li>2. If the system generated the serial number verify it matches the document being entered.</li> <li>3. See IRM 3.24.38.4.1.1</li> </ol>
(3)	Check Digit	CD	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the Check Digit if present.</li> <li>2. If not present, press &lt;ENTER&gt;.</li> <li>3. See IRM 3.24.12.2.5 for procedures.</li> </ol>
(3a)	Name Control	NC	<ENTER>	<ol style="list-style-type: none"> <li>1. If the Check Digit isn't present, enter the Name Control.</li> <li>2. See IRM 3.24.12.2.5 for procedures.</li> </ol>
(4)	E.I.N.	EIN	<ENTER> ★★★★★	<ol style="list-style-type: none"> <li>1. Enter the E.I.N as shown on the preprinted label or in the E.I.N block.</li> <li>2. For a CP 425-431 &amp; 259A-259H, underlined to the right of the <b>Employer ID Number</b>.</li> <li>3. See standard rules in IRM 3.24.38.</li> <li>4. For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.</li> </ol>
(5)	Address Check	ADDRESS CHECK?	<ENTER>	Enter <b>Y</b> or <b>N</b> as appropriate.
(6)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38
(7)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38

**Exhibit 3.24.12-34 (Cont. 1) (01-01-2024)**  
**Form 990 - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(8)	Tax Period	TAXPR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter in YYMM format the Tax Period edited or underlined under <b>title of form</b>.</li> <li>2. If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>3. For a CP 425–431 &amp; 259A-259H, edited in the area around the Tax Period.</li> <li>4. See IRM 3.24.38 for special instructions.</li> </ol>
(9)	In Care of Name Line	C/O NAME	<ENTER>	<p>Enter the in-care-of name, if shown.</p> <p><b>Note:</b> Downstream processing generates the (%) sign.</p>
(10)	Foreign Address	FGN ADD	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the foreign street address, if shown.</li> <li>2. See IRM 3.24.38 for additional instructions.</li> </ol>
(11)	Street Address	ADDR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the street address from the address line.</li> <li>2. If a “G” Condition Code is present, do <b>NOT</b> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered.</li> <li>3. If a foreign address, enter the foreign city, province and postal code.</li> <li>4. See IRM 3.24.38 for specific instructions.</li> </ol>
(12)	City	CITY	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the city name from the city line, or Major City Code, if appropriate.</li> <li>2. If a foreign address, enter the edited foreign country code.</li> </ol>

**Exhibit 3.24.12-34 (Cont. 2) (01-01-2024)**  
**Form 990 - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	State	ST	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the standard state abbreviation from the city/state line</li> <li>2. If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>3. If a foreign address, enter a period (.).</li> <li>4. See IRM 3.24.38.</li> </ol>
(14)	ZIP Code	ZIP	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the ZIP Code.</li> <li>2. If a foreign address, press &lt;ENTER&gt; only.</li> </ol>
(15)	Group Code H(b)	BOXHB	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter a "1" or "2" from the yes/no box from the entity area of the return, Line H(b).</li> <li>2. For a CP425-431 &amp; 259A-259H, press &lt;ENTER&gt; only.</li> </ol>
(16)	Tax Exempt Status	BOXI	<ENTER>	Enter the edited two digit code from the blank space of Box I.
(17)	Type of Organization	BOXK RT	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited code from the blank space of Box K.</li> <li>2. For a CP 425-431 &amp; 259A-259H always enter a "9".</li> </ol>
(18)	Computer Condition Codes	CCC	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited characters as shown on dotted portion of Lines 2-7b.</li> <li>2. For a 420-431 &amp; 259A-259H, enter the edited characters as shown in the center of the return.</li> <li>3. If a Condition Code is illegible, enter a # in its place.</li> </ol>

Exhibit 3.24.12-34 (Cont. 3) (01-01-2024)  
Form 990 - Section 01 (2016 and 2017)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Received Date	RDATE	<ENTER> ★★★★★	<ol style="list-style-type: none"> <li>1. Enter the stamped or edited date in MMDDYY format from the face of the return.</li> <li>2. If a "G" Condition Code is present and the return is <b>non-remittance</b>, end the document after this element.</li> <li>3. If a CP 425-431 &amp; 259A-259H, end the document after this element.</li> <li>4. See IRM 3.24.38 for special instructions.</li> </ol>
(20)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(21)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(22)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.
(23)	Preparer Telephone #	TEL#	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the preparer phone number.</li> <li>2. If the Type of Organization is a "9", and the "9" is <b>underlined, don't end the document</b>. Continue transcribing the return.</li> <li>3. If Type of Organization is a "9", and the "9" is <b>NOT</b> underlined, press &lt;F6&gt; and end the document unless an ERS Action Code is present. If present, continue to that element and follow the instructions there.</li> </ol>

**Exhibit 3.24.12-34 (Cont. 4) (01-01-2024)**  
**Form 990 - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(24)	ERS Action Code	BOTLFMAR	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited digits from Bottom Left Margin of the return.</li> <li>2. If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b>, end the document after this element.</li> <li>3. If the ERS Action Code is in the <b>600</b> series and the return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</li> <li>4. If a "G" Condition Code is present and the return is a <b>remittance</b>, Press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</li> <li>5. If the Type of Organization is <b>9</b> from Section 01 E-10 and the "<b>9</b>" is <b>underlined, do NOT end the document.</b> Continue processing the return.</li> <li>6. If the Type of Organization is <b>9</b>, and the <b>9</b> is <b>NOT</b> underlined, press &lt;F6&gt; and end the document after this element.</li> </ol>



**Exhibit 3.24.12-35 (01-01-2023)****Form 990 - Section 02 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "02".
(2)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(3)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(4)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(5)	Correspondence Received Date	LN5	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited digits from Line 5, Form 5800, in MMDDYY format.</li> <li>2. For special instructions, see IRM 3.24.38.</li> </ol>
(6)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-36 (01-01-2023)**  
**Form 990 - Section 03 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "03".
(2)	Remittance	RMT	<ENTER>	<ol style="list-style-type: none"> <li>1. Enter the edited amount shown in the margin at the top of the return.</li> <li>2. Enter the RPS amount printed on the upper right corner of the return, ONLY if underlined in green.</li> </ol>
(3)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(4)	Undertake New Activities Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2.
(5)	Make Significant Changes Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3.
(6)	Exempt Purpose Code 1	L4A	<ENTER>	Press Enter only. Don't transcribe a code.
(7)	Exempt Purpose Code 2	L4B	<ENTER>	Press Enter only. Don't transcribe a code.
(8)	Exempt Purpose Code 3	L4C	<ENTER>	Press Enter only. Don't transcribe a code.

**Exhibit 3.24.12-36 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3. <b>Note:</b> If a "D1" is edited and underlined, pick up as an alpha "D" and numeric "1". Don't confuse with an alpha "D" and alpha "I".
(10)	501(c)(3) or 4947(a)(1) Y/N	L1	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 1.
(11)	Required to Complete Sch B Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 2.
(12)	Engage in Direct or Indirect Political Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 3.
(13)	Engage in Lobbying Activities Y/N	L4	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 4.
(14)	Subject to Sec 6033(c) Notice	L5	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 5.
(15)	Maintain Donor Advised Y/N	L6	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 6.
(16)	Receive or Hold Conservation Y/N	L7	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 7.
(17)	Maintain Collections of Works of Art Y/N	L8	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 8.
(18)	Provide Credit Counseling Y/N	L9	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 9.

**Exhibit 3.24.12-36 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Hold Assets in Term/ Permanent Y/N	L10	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 10.
(20)	Land, Buildings, Equipment	11A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11a.
(21)	Investments Other Securities	11B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11b.
(22)	Investments Program Related	11C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11c.
(23)	Other Assets	11D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11d.
(24)	Other Liabilities	11E	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11e.
(25)	Separate or Consoli- dated Financial Statements	11F	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11f.
(26)	Separate Indepen- dent Audited Financial	12A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12a.
(27)	Consolidated Inde- pendent Financial	12B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12b.
(28)	School Described in 170(b)(1)(A)(ii)	L13	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 13.
(29)	Maintain an Office, etc Outside U.S.	14A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14a.

**Exhibit 3.24.12-36 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 03 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(30)	Have Aggregate Revenues/Expenses	14B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14b.
(31)	Report > \$5000 on Part IX Organizations	L15	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 15.
(32)	Report > \$5000 on Part IX Individuals	L16	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 16.
(33)	Report > \$15,000 on Part IX, Line 11e	L17	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 17.
(34)	Report > \$15,000 on Part VIII, Line 1c/8a	L18	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 18.
(35)	Report > \$15,000 on Part VIII, Line 9a	L19	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 19.
(36)	Operate Hospitals	20A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20a.
(37)	Attach Audited Financial Statements	20B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20b.

**Exhibit 3.24.12-37 (01-01-2023)**  
**Form 990 - Section 04 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "04".
(2)	Report > \$5000 on Part IX, Line 1	L21	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 21.
(3)	Report > \$5000 on Part IX, Line 2	L22	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 22.
(4)	Answer Yes to Questions 3, 4, 5	L23	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 23.
(5)	Any Tax-Exempt Bond with Outstanding Principal	24A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24a.
(6)	Invest Any Proceeds	24B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24b.
(7)	Maintain an Escrow Account	24C	<ENTER>	Enter a yes or no from the yes/box from Part IV, Line 24c.
(8)	Act as <b>On Behalf Of</b> Issuer	24D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24d.
(9)	501(c)(3) / 501(c)(4) Organizations	25A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25a.
(10)	Become Aware it Engaged in Excess	25B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25b.

**Exhibit 3.24.12-37 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Loan to/by Current/ Former Officer	L26	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 26.
(12)	Provide Grant or Other Assistance	L27	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 27.
(13)	Business Transaction with Current or Former Officer	28A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28a.
(14)	Business Transaction with Family Member	28B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28b.
(15)	Business Transaction with Entity of Current/ Former Officer	28C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28c.
(16)	Receive or Accrue > \$25,000 in Non-Cash	L29	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 29.
(17)	Receive or Accrue Contributions of Art	L30	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 30.
(18)	Liquidate, Terminate, Dissolve	L31	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 31.
(19)	Sell, Exchange, Dispose	L32	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 32.
(20)	Own 100% of an Entity	L33	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 33.

**Exhibit 3.24.12-37 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 04 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Related to Tax-Exempt / Taxable Entity	L34	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 34.
(22)	Controlled Entity Within 512(b)(13)	35A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35a.
23	Receive Payment or Engage Transaction Within	35B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35b.
(24)	Make Any Transfers	L36	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 36.
(25)	Conduct More than 5%	L37	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 37.
(26)	Complete Schedule O	L38	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 38.



**Exhibit 3.24.12-38 (01-01-2023)****Form 990 - Section 05 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "05".
(2)	Part V Number of Forms/1096	PTVL1A	<ENTER>	Enter the number shown on Part V, Line 1a.
(3)	Number of Forms W-2G	L1B	<ENTER>	Enter the number shown on Part V, Line 1b.
(4)	Comply with Backup Withholding Rules	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 1c.
(5)	Number of Employees / W-3	L2A	<ENTER>	Enter the number shown on Part V, Line 2a.
(6)	File All Required Federal Employment Returns	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 2b.
(7)	Unrelated Business Income > \$1000	L3A	<ENTER>	Enter a yes or no from the yes/box from Part V, Line 3a.
(8)	If Yes, Has Filed a 990-T	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3b.
(9)	Interest in or a Signature	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 4a.
(10)	Party to a Prohibited Tax Shelter	L5A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5a.
(11)	Taxable Party Notify Organization	L5B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5b.
(12)	If Yes, Did Organization File 8886-T	L5C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5c.

**Exhibit 3.24.12-38 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	Annual Gross Receipts Normally >\$100,000	L6A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6a.
(14)	If Yes, Did Organization Include	L6B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6b.
(15)	>\$75 Partly Contribution/Goods/ Services	L7A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7a.
(16)	If Yes, Did Organization Notify Donor	L7B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7b.
(17)	Sell, Exchange, Otherwise Dispose	L7C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7c.
(18)	Number of Forms 8282	L7D	<ENTER>	Enter the number shown on Part V, Line 7d.
(19)	Receive Any Funds	L7E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7e.
(20)	Pay Premiums	L7F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7f.
(21)	Contributions of Qualified Intellectual Property	L7G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7g.
(22)	Contributions of Cars, Boats, Airplanes	L7H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7h.
(23)	Sponsoring Orgs, 509(a)(3) Excess Business Holdings	L8	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 8.
(24)	Make Taxable Distributions Under 4966	L9A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9a.
(25)	Make Distribution to Donor	L9B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9b.

**Exhibit 3.24.12-38 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 05 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Initiation Fees/ Capital Contributions	10A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10a.
(27)	Gross Receipts for Public Use of Facili- ties	10B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10b.
(28)	Gross Income/ Members/ Shareholders	11A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11a.
(29)	Gross Income from Other Sources	11B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11b.
(30)	4947(a)(1) Filing 990 in Lieu of 1041	12A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 12a.
(31)	Amount of Tax Exempt Interest	12B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 12b.
(32)	Licensed to Issue Qualified Health Plans	13A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 13a.
(33)	Aggregate Amount of Reserves to Maintain	13B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13b.
(34)	Aggregate Amount of Reserves on Hand	13C \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13c.
(35)	Receive Payments for Indoor Tanning	14A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14a.
(36)	Filed Form 720 to Report Payments	14B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14b.

**Exhibit 3.24.12-39 (01-01-2023)**  
**Form 990 - Section 06 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "06".
(2)	Voting Members of Governing Body	PG6L1A	<ENTER>	Enter the number shown on Part VI, Section A, Line 1a.
(3)	Independent Voting Members	L1B	<ENTER>	Enter the number shown on Part VI, Section A, Line 1b.
(4)	Officer, Director, Trustee Family/ Relationship	L2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 2.
(5)	Delegate Control Over Management	L3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 3.
(6)	Make Significant Changes	L4	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 4.
(7)	Become Aware of Material Diversion	L5	<ENTER>	Enter a yes or no from the yes/box from Part VI, Section A, Line 5.
(8)	Members of Stockholders	L6	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 6.
(9)	Members, Stockholders, Other Persons	7A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7a.
(10)	Members Subject to Approval	7B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7b.

**Exhibit 3.24.12-39 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Determining Compensation for CEO, Exec Director	15A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section B, Line 15a.
(12)	Total Reportable Compensation from Organization	PG8L1D(D) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column D.
(13)	Total Reportable Compensation from Related Organization	1D(E) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column E.
(14)	Total Compensation from Organization & Related Organizations	1D(F) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column F.
(15)	Total Individuals who Received > \$100,000	SECTAL2	<ENTER>	Enter the number shown on Part VII, Section A, Line 2.
(16)	Total Independent Contractors Received > \$100,000	SECTBL2	<ENTER>	Enter the number shown on Part VII, Section B, Line 2.

**Exhibit 3.24.12-40 (01-01-2023)**  
**Form 990 - Section 07 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "07".
(2)	Total Contributions/ Gifts/Grants	PG9L1H \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 1h, Column (A).
(3)	Program Service Business Code 2A	2ACODE	<ENTER>	Enter the number shown on Part VIII, Line 2a.
(4)	2a Program Service Revenue Col. A	2A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2a, Column (A).
(5)	Program Service Business Code 2B	2BCODE	<ENTER>	Enter the number shown on Part VIII, Line 2b.
(6)	2b Program Service Revenue Col. A	2B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2b, Column (A).
(7)	Program Service Business Code 2C	2CCODE	<ENTER>	Enter the number shown on Part VIII, Line 2c.
(8)	2c Program Service Revenue Col. A	2C(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2c, Column (A).
(9)	Program Service Business Code 2D	2DCODE	<ENTER>	Enter the number shown on Part VIII, Line 2d.
(10)	2d Program Service Revenue Col. A	2D(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2d, Column (A).
(11)	Program Service Business Code 2E	2ECODE	<ENTER>	Enter the number shown on Part VIII, Line 2e.
(12)	2e Program Service Revenue Col. A	2E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2e, Column (A).

**Exhibit 3.24.12-40 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	2f Program Service Revenue Col. A	2F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2f, Column (A).
(14)	2g Program Service Revenue Total Col. A	2GTOT \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 2g, Column (A).
(15)	Investment Income Col. A	3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 3, Column (A).
(16)	Tax-Exempt Bond Proceeds Col. A	4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 4, Column (A).
(17)	Royalties Col. A	5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 5, Column (A).
(18)	Gross Rents Real	6(A)I \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (i).
(19)	Gross Rents Personal	6(A)II \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (ii).
(20)	Rental Expenses Real	6(B)(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (i).
(21)	Rental Expenses Personal	6(B)(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (ii).
(22)	Rental Income/Loss Real	6C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (i).
(23)	Rental Income/Loss Personal	6C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (ii).
(24)	Net Rental Income/Loss Col. A	6D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6d, Column (A).

**Exhibit 3.24.12-41 (01-01-2023)**  
**Form 990 - Section 08 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08".
(2)	Gross Amount from Sales of Assets - Securities	PG9L7A(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (i).
(3)	Gross Amount from Sales of Assets - Other	7A(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (ii).
(4)	Cost or Other Basis/ Sales - Securities	7B(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (i).
(5)	Cost or Other Basis/ Sales - Other	7B(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (ii).
(6)	Gain/Loss - Securities	7C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (i).
(7)	Gain/Loss - Other	7C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (ii).
(8)	Net Gain/Loss Col. A	7D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7d, Column (A).
(9)	Gross Income from Fundraising	8A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8a.
(10)	Less Direct Expenses 8b	8B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8b.
(11)	Net Income/Loss from Fundraising Col. A	8C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8c, Column (A).
(12)	Gross Income from Gaming	9A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9a.
(13)	Less Direct Expenses 9b	9B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9b.



**Exhibit 3.24.12-41 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Net Income/Loss from Gaming	9C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9c, Column (A).
(15)	Gross Sales of Inventory	10A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10a.
(16)	Less Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10b.
(17)	Net Income/Loss from Sales Col. A	10C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10c, Column (A).
(18)	Misc. Revenue Business Code 11a	11ACODE	<ENTER>	Enter the number shown on Part VIII, Line 11a.
(19)	Misc. Revenue Total (A) Col. A	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11a, Column (A).
(20)	Misc. Revenue Business Code 11b	11BCODE	<ENTER>	Enter the number shown on Part VIII, Line 11b.
(21)	Misc. Revenue Total 11B(A) Col. A	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11b, Column (A).
(22)	Misc. Revenue Business Code 11c	11CCODE	<ENTER>	Enter the number shown on Part VIII, Line 11c.
(23)	Misc. Revenue Total 11C(A) Col. A	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11c, Column (A).
(24)	Misc. Revenue Total 11D(A) Col. A	11D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11d, Column (A).
(25)	Misc. Revenue Total 11E Col. A	11ETOT \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11e, Column (A).
(26)	Total Revenue 12(A) Col. A	12(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 12, Column (A).

**Exhibit 3.24.12-42 (01-01-2023)**  
**Form 990 - Section 09 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09".
(2)	Gross to Government / Organizations in U.S.	PG10L1(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1, Column (A).
(3)	Grants / Other Assistance in U.S.	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 2, Column (A).
(4)	Grants / Other Assistance Outside U.S.	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 3, Column (A).
(5)	Benefits Paid to / for Members	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 4, Column (A).
(6)	Compensation of Current Officers / Directors	L5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5, Column (A).
(7)	Compensation to Disqualified Persons	L6(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6, Column (A).
(8)	Other Salaries / Wages	L7(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 7, Column (A).
(9)	Pension Plan Contributions	L8(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 8, Column (A).
(10)	Other Employee Benefits	L9(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 9, Column (A).
(11)	Payroll Taxes	10(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 10, Column (A).
(12)	Fees for Services / Management	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11a, Column (A).
(13)	Fees for Services / Legal	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11b, Column (A).

**Exhibit 3.24.12-42 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Fees for Services / Accounting	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11c, Column (A).
(15)	Fees for Services / Lobbyists	11D(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11d, Column (A).
(16)	Fees for Services / Professional Fund-raising	11E(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11e, Column(A).
(17)	Fees for Services / Investment Management	11F(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11f, Column (A).
(18)	Fees for Services / Other	11G(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from shown on Part IX, Line 11g, Column (A).
(19)	Advertising / Promotion	12(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 12, Column (A).
(20)	Office Expenses	13(A) \$	<ENTER> MINUS (-)	Enter the amount from on Part IX, Line 13, Column (A).
(21)	Information Technology	14(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 14, Column (A).
(22)	Royalties	15(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 15, Column (A).
(23)	Occupancy	16(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 16, Column (A).
(24)	Travel	17(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 17, Column (A).
(25)	Payments of Travel / Entertainment	18(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 18, Column (A).
(26)	Conferences, Conventions / Meetings	19(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 19, Column (A).

**Exhibit 3.24.12-42 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 09 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Interest	20(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 20, Column (A).
(28)	Payments to Affiliates	21(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 21, Column (A).
(29)	Depreciation / Depletion	22(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 22, Column (A).
(30)	Insurance	23(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 23, Column (A).
(31)	Other Expenses a	24A(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 24a, Column (A).
(32)	Other Expenses b	24B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24b, Column (A).
(33)	Other Expenses c	24C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24c, Column (A).
(34)	Other Expenses d	24D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24d, Column (A).
(35)	Other Expenses e	24E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24e, Column (A).
(36)	NA	24F\$	<ENTER>	Enter only.
(37)	Total Functional Expenses	25(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 25, Column (A).

**Exhibit 3.24.12-43 (01-01-2023)****Form 990 - Section 10 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10".
(2)	Cash EOY	PG11L1(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 1, Column (B).
(3)	Savings / Temporary Investments EOY	L2(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 2, Column (B).
(4)	Pledges / Grants Receivable EOY	L3(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 3, Column (B).
(5)	Accounts Receivable EOY	L4(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 4, Column (B).
(6)	Receivables from Current / Former EOY	L5(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 5, Column (B).
(7)	Receivables from Disqualified Persons EOY	L6(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 6, Column (B).
(8)	Notes / Loans Receivable EOY	L7(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7, Column (B).
(9)	Inventories for Sale EOY	L8(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 8, Column (B).
(10)	Prepaid Expenses EOY	L9(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 9, Column (B).
(11)	Land / Buildings Less Accumulated EOY	10C(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 10c, Column (B).
(12)	Investments Publicly Traded Securities EOY	11(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 11, Column (B).
(13)	Investments Other Securities EOY	12(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 12, Column (B).

**Exhibit 3.24.12-43 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 10 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Investments Program Related EOY	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 13, Column (B).
(15)	Intangible Assets EOY	14(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 14, Column (B).
(16)	Other Assets EOY	15(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 15, Column(B).
(17)	Total Assets BOY	16(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 16, Column (A).
(18)	Total Assets EOY	16(B) \$	<ENTER> MINUS (-)	Enter the amount from shown on Part X, Line 16, Column (B).
(19)	Accounts Payable EOY	17(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 17, Column (B).
(20)	Grants Payable EOY	18(B) \$	<ENTER> MINUS (-)	Enter the amount from on Part X, Line 18, Column (B).
(21)	Deferred Revenue EOY	19(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 19, Column (B).
(22)	Tax-Exempt Bond Liabilities EOY	20(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 20, Column (B).
(23)	Escrow Liability EOY	21(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 21, Column (B).
(24)	Payable to Current / Former Officers EOY	22(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 22, Column (B).
(25)	Secured Mortgages / Notes EOY	23(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 23, Column (B).
(26)	Unsecured Notes / Loans EOY	24(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 24, Column (B).

**Exhibit 3.24.12-43 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 10 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Other Liabilities EOY	25(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 25, Column (B).
(28)	Total Liabilities BOY	26(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 26, Column (A).
(29)	Total Liabilities EOY	26(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 26, Column (B).
(30)	Unrestricted Net Assets EOY	27(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 27, Column (B).
(31)	Temporarily Restricted Net Assets EOY	28(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 28, Column (B).
(32)	Permanently Restricted Net Assets EOY	29(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 29, Column (B).
(33)	Capital Stock / Trust EOY	30(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 30, Column (B).
(34)	Paid-In / Capital Surplus EOY	31(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 31, Column (B).
(35)	Retained Earnings, Endowment EOY	32(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 32, Column (B).
(36)	Total Net Assets or Fund Balances BOY	33(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 33, Column (A).
(37)	Total Net Assets or Fund Balances EOY	33(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 33, Column (B).
(38)	Total Liabilities / Net Assets Fund Balances EOY	34(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 34, Column (B).

**Exhibit 3.24.12-44 (01-01-2023)****Form 990 - Section 11, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter one of the following from Line 12: 1 = Type I, 2 = Type II, 3 = Type III – Functionally integrated 4 = Type III – Non-functionally integrated Blank <ENTER>. If more than one box is checked, enter the corresponding number for the first box checked.
(4)	Type I, II or III Supporting Organization	11E	<ENTER>	Enter a "1" if the box is checked on Schedule A, Part I, Line 12e.
(5)	Number of Supported Organizations	11F	<ENTER>	Enter the number from Line 12f.
(6)	EIN A	12G(II)A	<ENTER>	Enter the EIN in Part I, Line 11g, Row A, Column (ii).
(7)	Type of Org A	12G(III)A	<ENTER>	<ul style="list-style-type: none"> <li>Enter the type of organization in Part I, Line 11g, Row A, Column (iii).</li> <li>If more than one digit, enter the first digit only.</li> </ul>



**Exhibit 3.24.12-44 (Cont. 1) (01-01-2023)****Form 990 - Section 11, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	Listed in Governing Doc A	12G(IV)A	<ENTER>	Enter "1" for yes and "2" for no from checkbox in Part I, Line 12g, Row A, Column (iv).
(9)	Amount of Support A	12G(V) A\$	<ENTER>	Enter the amount on Part I, Line 12g, Row A, Column (v).
(10)	EIN B	12G(II)B	<ENTER>	Enter the EIN in Part I, Line 12g, Row B, Column (ii).
(11)	Type of Org B	12G(III)B	<ENTER>	Enter the type of organization in Part I, Line 12g, Row B, Column (iii).
(12)	Listed in Governing Doc B	12G(IV)B	<ENTER>	Enter "1" for yes and "2" for no from checkbox in Part I, Line 12g, Row B, Column (iv).
(13)	Amount of Support B	12G(V)B \$	<ENTER>	Enter the amount Part I, Line 12g, Row B, Column (v).
(14)	EIN C	12G(II)C	<ENTER>	Enter the EIN in Part I, Line 12g, Row C, Column (ii).
(15)	Type of Org C	12G(III)C	<ENTER>	Enter the type of organization in Part I, Line 12g, Row C, Column (iii).
(16)	Listed in Governing Doc C	12G(IV)C	<ENTER>	Enter "1" for yes and "2" for no from checkbox in Part I, Line 12g, Row C, Column (iv).
(17)	Amount of Support C	12G(V)C \$	<ENTER>	Enter the amount on Part I, Line 12g, Row C, Column (v).
(18)	EIN D	12G(II)D	<ENTER>	Enter the EIN in Part I, Line 12g, Row D, Column (ii).

**Exhibit 3.24.12-44 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Type of Org D	12G(III)D	<ENTER>	Enter the type of organization in Part I, Line 12g, Row D, Column (iii).
(20)	Listed in Governing Doc D	12G(IV)D	<ENTER>	Enter "1" for yes and "2" for no from checkbox in Part I, Line 12g, Row D, Column (iv).
(21)	Amount of Support D	12G(V)D \$	<ENTER>	Enter the amount on Part I, Line 12g, Row D, Column (v).
(22)	EIN E	12G(II)E	<ENTER>	Enter the EIN in Part I, Line 12g, Row E, Column (ii).
(23)	Type of Org E	12G(III)E	<ENTER>	Enter the type of organization in Part I, Line 12g, Row E, Column (iii).
(24)	Listed in Governing Doc E	12G(IV)E	<ENTER>	Enter "1" for yes and "2" for no from checkbox in Part I, Line 12g, Row E, Column (iv).
(25)	Amount of Support E	12G(V)E \$	<ENTER>	Enter the amount on Part I, Line 12g, Row E, Column (v).
(26)	Filling Field	N/A	<ENTER>	Blank field generated on output.
(27)	Total Number of Organizations	12G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 12h, Column (i), Total Line.
(28)	Total Amount of Support	GVTOT \$	<ENTER>	Enter the amount on Part I, Line 12g, Total, Column (v).
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).

**Exhibit 3.24.12-44 (Cont. 3) (01-01-2023)****Form 990 - Section 11, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).

**Exhibit 3.24.12-44 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-45 (01-01-2023)****Form 990 - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).

**Exhibit 3.24.12-45 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19a is checked.

**Exhibit 3.24.12-45 (Cont. 2) (01-01-2023)****Form 990 - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 20 is checked.
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a "1" if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a "1" if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a "1" if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a "1" if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a "1" if data is present in Part IV, Section E.
(28)	Filling Field	N/A	<ENTER>	Generates a blank field on output.
(29)	Excess Distributions C	PTVE3C \$	<ENTER>	Enter the amount from Part V, Section E, Line 3c.
(30)	Excess Distributions D	PTVE3D \$	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(31)	Excess Distributions E	PTVE3E \$	<ENTER>	Enter the amount from Part V, Section E, Line 3e.
(32)	Excess Distributions Breakdown B	PTVE8B	<ENTER>	Enter the amount from Part V, Section E, Line 3b.
(33)	Excess Distributions Breakdown C	PTVE8C	<ENTER>	Enter the amount from Part V, Section E, Line 3c.

**Exhibit 3.24.12-45 (Cont. 3) (01-01-2023)****Form 990 - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(34)	Excess Distributions Breakdown D	PTVE8D	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(35)	Excess Distributions Breakdown E	PTVE8E	<ENTER>	Enter the amount from Part V, Section E, Line 3e.



**Exhibit 3.24.12-46 (01-01-2023)****Form 990 - Section 13, Schedules C & D (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHIAL2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Total Number at EOY	SCHDL1(A)	<ENTER>	Enter the number shown on Schedule D, Part I, Line 1, Column (a).
(4)	Contributions To	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 2, Column (a).
(5)	Grants From	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 3, Column (a).
(6)	Aggregate Value	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 4, Column (a).
(7)	Inform All Donors Checkbox	L5	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 5.
(8)	Inform All Grantees Checkbox	L6	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 6.

**Exhibit 3.24.12-47 (01-01-2023)****Form 990 - Section 31, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
(2)	Financial Assistance	L1A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1a: 1 = yes 2 = no.
(3)	Written Policy	L1B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1b: 1 = yes 2 = no.
(4)	Best Describes	L2	<ENTER>	Enter the following: 1 = Applied Uniformly to all. 2 = Applied Uniformly to most. 3 = Generally tailored.
(5)	FPG Used	L3A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3a: 1 = yes 2 = no.
(6)	FPG%	L3A%	<ENTER>	Enter the following from Schedule H, Part I, Line 3a percent: 1 = 100% 2 = 150% 3 = 200% 4 = Other.
(7)	FPG Discounted Care	L3B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3b: 1 = yes 2 = no.

**Exhibit 3.24.12-47 (Cont. 1) (01-01-2023)****Form 990 - Section 31, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	FPG Discounted Care %	L3B%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3b percent: 1 = 200% 2 = 250% 3 = 300% 4 = 350% 5 = 400% 6 = Other If more than one box is checked, enter the number for the largest percent..
(9)	Applied to Largest Number of Patients	L4	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 4: 1 = yes 2 = no.
(10)	Budget Amounts for Free or Discounted	L5A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5a: 1 = yes 2 = no.
(11)	Exceed Budget Amount	L5B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5b: 1 = yes 2 = no.
(12)	Unable to Provide Free or Discounted Care	L5C	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5c: 1 = yes 2 = no.
(13)	Prepare A Community Benefit Report	L6A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6a: 1 = yes 2 = no.

**Exhibit 3.24.12-47 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Available to Public	L6B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6b: 1 = yes 2 = no.
(15)	Financial Assistance C	L7AC \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (c).
(16)	Financial D	L7AD \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (d).
(17)	Financial Assistance at Cost Net Community	SCHH 7A(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7a, Column (e).
(18)	Financial Assistance at Cost Percent	7A(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7a, Column (f).
(19)	Medicaid C	L7BC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (c).
(20)	Medicaid D	L7BD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (d).
(21)	Unreimbursed Medicaid Net Community	7B(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (e).
(22)	Unreimbursed Medicaid Percent	7B(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7b, Column (f).
(23)	Cost of Other Means Tested C	L7CC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (c).

**Exhibit 3.24.12-47 (Cont. 3) (01-01-2023)****Form 990 - Section 31, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(24)	Cost of Other Means Tested D	L7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (d).
(25)	Unreimbursed Costs - Other Net Community	7C(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (e).
(26)	Unreimbursed Costs - Other Percent	7C(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7c, Column (f).
(27)	Financial Assistance Total C	7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (c).
(28)	Financial Assistance Total D	7DD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (d).
(29)	Total Financial Assistance Net Community	7D(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (e).
(30)	Total Financial Assistance Percent	7D(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7d, Column (f).

**Exhibit 3.24.12-48 (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "32".
(2)	Community Health Improvement C	7EC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (c).
(3)	Community Health Improvement D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (d).
(4)	Community Health Improvement E	7EE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (e).
(5)	Community Health Improvement Percent	7EF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7e, Column (f).
(6)	Health Professions C	7FC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (c).
(7)	Health Professions D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (d).
(8)	Health Professions E	7FE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (e).
(9)	Health Professions Percent	7FF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7f, Column (f).
(10)	Subsidized Health Services C	7GC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (c).

**Exhibit 3.24.12-48 (Cont. 1) (01-01-2023)****Form 990 - Section 32, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Subsidized Health Services D	7GD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (d).
(12)	Subsidized Health Services E	7GE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (e).
(13)	Subsidized Health Services Percent	7GF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7g, Column (f).
(14)	Research C	7HC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (c).
(15)	Research D	7HD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (d).
(16)	Research E	7HE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (e).
(17)	Research F Percent	7HF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7h, Column (f).
(18)	Cash & Contributions C	7IC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (c).
(19)	Cash & Contributions D	7ID \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (d).
(20)	Cash & Contributions E	7IE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (e).

**Exhibit 3.24.12-48 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Cash & Contributions %	7IF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7i, Column (f).
(22)	Total Other Benefits C	7JC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (c).
(23)	Total Other Benefits D	7JD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (d).
(24)	Total Other Benefits E	7JE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (e).
(25)	Total Other Benefits Percent	7JF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7j, Column (f).
(26)	Total C	7KC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (c).
(27)	Total D	7KD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (d).
(28)	Total E	7KE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (e).
(29)	Total Percent	7KF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7k, Column (f).



**Exhibit 3.24.12-49 (01-01-2023)****Form 990 - Section 33, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "16".
(2)	Total Net Community	PIII0E \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part II, Line 10, Column (e).
(3)	Total Percent of Expense	10F%	<ENTER>	Enter the percent from Schedule H, Part II, Line 10 Column (f).
(4)	Report Bad Debt Expense	PT3L1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part III, Line 1.
(5)	Bad Debt Expense Amount	L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 2.
(6)	Estimated Bad Debt Expense Amount	L3 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 3.
(7)	Revenue from Medicare	L5 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 5.
(8)	Medicare Allowable Costs	L6 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 6.
(9)	Medicare Surplus or Shortfall	L7 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 7.
(10)	Costing Methodology or Source Code	L8CD	<ENTER>	Enter the edited code from the right of the boxes from Schedule H, Part III, Line 8.
(11)	Written Debt Collection Policy	L9A	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9a.

**Exhibit 3.24.12-49 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 33, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	Collection Policy Contain Provision	L9B	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9b.
(13)	Part IV Code	PIVCD	<ENTER>	Enter the edited digit from Schedule H, Part IV, right margin.
(14)	Part V How Many Hospital Facilities Did Organization Operate	SECATOP	<ENTER>	Enter the number shown in the Hospital Facilities area in the top left portion of Schedule H, Part V, Section A.
(15)	Part V Section C Indicator Code	SEC CRM	<ENTER>	Enter the indicator code from Schedule H, Part V, Section C, right margin.
(16)	Part V How Many Non-Hospital Facilities Did Organization Operate	SECCTOP	<ENTER>	Enter the number from the non-hospital health care benefits line.
(17)	Part V Section D Indicator Code	SECTDRM	<ENTER>	Enter the edited code from Schedule H, Part V, Section D, right margin.

**Exhibit 3.24.12-50 (01-01-2023)****Form 990 - Section 34, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-50 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-50 (Cont. 2) (01-01-2023)****Form 990 - Section 34, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementa- tion Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-50 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-50 (Cont. 4) (01-01-2023)****Form 990 - Section 34, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-51 (01-01-2023)****Form 990 - Section 35, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.



**Exhibit 3.24.12-51 (Cont. 1) (01-01-2023)****Form 990 - Section 35, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-51 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 35, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-52 (01-01-2023)****Form 990 - Section 36, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.

**Exhibit 3.24.12-52 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 36, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.

**Exhibit 3.24.12-52 (Cont. 2) (01-01-2023)****Form 990 - Section 36, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-53 (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-53 (Cont. 1) (01-01-2023)****Form 990 - Section 37, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-53 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.



**Exhibit 3.24.12-53 (Cont. 3) (01-01-2023)****Form 990 - Section 37, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-53 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-54 (01-01-2023)****Form 990 - Section 38, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-54 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 38, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-54 (Cont. 2) (01-01-2023)****Form 990 - Section 38, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.

**Exhibit 3.24.12-55 (01-01-2023)****Form 990 - Section 39, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-55 (Cont. 1) (01-01-2023)****Form 990 - Section 39, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-55 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 39, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.



**Exhibit 3.24.12-56 (01-01-2023)****Form 990 - Section 40, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-56 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-56 (Cont. 2) (01-01-2023)****Form 990 - Section 40, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-56 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-56 (Cont. 4) (01-01-2023)****Form 990 - Section 40, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-57 (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-57 (Cont. 1) (01-01-2023)****Form 990 - Section 41, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-57 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.



**Exhibit 3.24.12-58 (01-01-2023)****Form 990 - Section 42, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-58 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 42, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-58 (Cont. 2) (01-01-2023)****Form 990 - Section 42, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-59 (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.

**Exhibit 3.24.12-59 (Cont. 1) (01-01-2023)****Form 990 - Section 43, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.

**Exhibit 3.24.12-59 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.

**Exhibit 3.24.12-59 (Cont. 3) (01-01-2023)****Form 990 - Section 43, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.

**Exhibit 3.24.12-59 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.



**Exhibit 3.24.12-60 (01-01-2023)****Form 990 - Section 44, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.

**Exhibit 3.24.12-60 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 44, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.

**Exhibit 3.24.12-60 (Cont. 2) (01-01-2023)****Form 990 - Section 44, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-61 (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-61 (Cont. 1) (01-01-2023)****Form 990 - Section 45, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-61 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-62 (01-01-2023)****Form 990 - Section 46, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-62 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.



**Exhibit 3.24.12-62 (Cont. 2) (01-01-2023)****Form 990 - Section 46, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-62 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-62 (Cont. 4) (01-01-2023)****Form 990 - Section 46, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-63 (01-01-2023)****Form 990 - Section 47, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.

**Exhibit 3.24.12-63 (Cont. 1) (01-01-2023)****Form 990 - Section 47, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.

**Exhibit 3.24.12-63 (Cont. 2) (01-01-2023)****Form 990 - Section 47, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-64 (01-01-2023)****Form 990 - Section 48, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.

**Exhibit 3.24.12-64 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 48, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.



**Exhibit 3.24.12-64 (Cont. 2) (01-01-2023)****Form 990 - Section 48, Schedule H (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-65 (01-01-2023)****Form 990 - Section 49, Schedules L and R (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "49".
(2)	Excess Benefit Transactions	PT1RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part 1.
(3)	Approved by Board or Committee	PT2RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.
(4)	Interest, Annuities, Royalties, Yes/No Box	SCHRPT51A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule R, Part V, Line 1a.

**Exhibit 3.24.12-66 (01-01-2023)**  
**Form 990 - Section 01 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section <b>01</b> always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generated the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5 for procedures.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5 for procedures.
(5)	E.I.N.	EIN	<ENTER> ★★★★★	Enter the E.I. Number as shown on the pre-printed label or in the E.I. Number block. (a) For a CP 425–431 & 259A-259H, underlined to the right of the <b>Employer ID Number</b> . (b) See standard rules in IRM 3.24.38. (c) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter <b>Y</b> or <b>N</b> as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.

**Exhibit 3.24.12-66 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 01 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYYYMM format the Tax Period edited or underlined under <b>title of form</b> . (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions. (c) For a CP 425–431 & 259A-259H, edited in the area around the Tax Period.
(10)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in-care-of name, if shown. <b>Note:</b> Downstream processing generates the (%) sign.
(11)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.
(12)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a <b>G</b> Condition Code is present, do <b>NOT</b> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.

**Exhibit 3.24.12-66 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 01 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country code.
(14)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(15)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.
(16)	Group Code H(b)	BOXHB	<ENTER>	Enter a <b>1</b> or <b>2</b> from the yes/no box from the entity area of the return, Line H(b). For a CP425-431 & 259A-259H, press <ENTER> only.
(17)	Tax Exempt Status	BOXI	<ENTER>	Enter the edited two digit code from the blank space of Box I.
(18)	Type of Organization	BOXK RT	<ENTER>	Enter the edited code from the blank space of Box K. For a CP 425-431 & 259A-259H always enter a <b>9</b> .
(19)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters as shown on dotted portion of Lines 2-7b. For a 420-431 & 259A-259H, enter the edited characters as shown in the center of the return. If a Condition Code is illegible, enter a # in its place.

**Exhibit 3.24.12-66 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 01 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(20)	Return Processing Code	RPC	<ENTER>	Enter the edited codes on Page 1, in the right margin next to line 1.
(21)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If a <b>G</b> Condition Code is present and the return is <b>non-remittance</b> , end the document after this element. (c) If a CP 425–431 & 259A-259H, end the document after this element.
(22)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(23)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(24)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.
(25)	Preparer Telephone #	TEL#	<ENTER>	Enter the preparer phone number. (a) If the Type of Organization is a <b>9</b> , and the <b>"9" is underlined, don't end the document.</b> Continue transcribing the return. (b) If Type of Organization is a <b>9</b> , and the <b>9</b> is <b>NOT</b> underlined, press <F6> and end the document unless an ERS Action Code is present. If present, continue to that element and follow the instructions there.

Exhibit 3.24.12-66 (Cont. 4) (01-01-2023)  
Form 990 - Section 01 (2018)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(26)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from Bottom Left Margin of the return.</p> <p>(a) If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b>, end the document after this element.</p> <p>(b) If the ERS Action Code is in the <b>600</b> series and the return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</p> <p>(c) If a <b>G</b> Condition Code is present and the return is a <b>remittance</b>, Press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</p> <p>(d) If the Type of Organization is <b>9</b> from Section 01 E-10 and the “<b>9</b>” is <b>underlined</b>, do <b>NOT</b> end the document. Continue processing the return.</p> <p>(e) If the Type of Organization is <b>9</b>, and the <b>9</b> is <b>NOT</b> underlined, press &lt;F6&gt; and end the document after this element.</p>

**Exhibit 3.24.12-67 (01-01-2023)**  
**Form 990 - Section 02 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "02".
(2)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(3)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(4)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(5)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, 5800, in MMDDYY format. (a) For special instructions, see IRM 3.24.38.
(6)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.



**Exhibit 3.24.12-68 (01-01-2023)**  
**Form 990 - Section 03 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "03".
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return, ONLY if underlined in green.
(3)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(4)	Undertake New Activities Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2.
(5)	Make Significant Changes Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3.
(6)	Exempt Purpose Code 1	L4A	<ENTER>	Press Enter only. Don't transcribe a code.
(7)	Exempt Purpose Code 2	L4B	<ENTER>	Press Enter only. Don't transcribe a code.
(8)	Exempt Purpose Code 3	L4C	<ENTER>	Press Enter only. Don't transcribe a code.

**Exhibit 3.24.12-68 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3. <b>Note:</b> If a "D1" is edited and underlined, pick up as an alpha "D" and numeric "1". Don't confuse with an alpha "D" and alpha "I".
(10)	501(c)(3) or 4947(a)(1) Y/N	L1	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 1.
(11)	Required to Complete Sch B Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 2.
(12)	Engage in Direct or Indirect Political Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 3.
(13)	Engage in Lobbying Activities Y/N	L4	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 4.
(14)	Subject to Sec 6033(c) Notice	L5	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 5.
(15)	Maintain Donor Advised Y/N	L6	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 6.
(16)	Receive or Hold Conservation Y/N	L7	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 7.
(17)	Maintain Collections of Works of Art Y/N	L8	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 8.
(18)	Provide Credit Counseling Y/N	L9	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 9.

**Exhibit 3.24.12-68 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Hold Assets in Term/ Permanent Y/N	L10	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 10.
(20)	Land, Buildings, Equipment	11A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11a.
(21)	Investments Other Securities	11B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11b.
(22)	Investments Program Related	11C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11c.
(23)	Other Assets	11D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11d.
(24)	Other Liabilities	11E	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11e.
(25)	Separate or Consoli- dated Financial Statements	11F	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11f.
(26)	Separate Indepen- dent Audited Financial	12A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12a.
(27)	Consolidated Inde- pendent Financial	12B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12b.
(28)	School Described in 170(b)(1)(A)(ii)	L13	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 13.

**Exhibit 3.24.12-68 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 03 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(29)	Maintain an Office, etc Outside U.S.	14A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14a.
(30)	Have Aggregate Revenues/Expenses	14B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14b.
(31)	Report > \$5000 on Part IX Organizations	L15	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 15.
(32)	Report > \$5000 on Part IX Individuals	L16	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 16.
(33)	Report > \$15,000 on Part IX, Line 11e	L17	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 17.
(34)	Report > \$15,000 on Part VIII, Line 1c/8a	L18	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 18.
(35)	Report > \$15,000 on Part VIII, Line 9a	L19	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 19.
(36)	Operate Hospitals	20A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20a.
(37)	Attach Audited Financial Statements	20B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20b.

**Exhibit 3.24.12-69 (01-01-2023)**  
**Form 990 - Section 04 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "04".
(2)	Report > \$5000 on Part IX, Line 1	L21	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 21.
(3)	Report > \$5000 on Part IX, Line 2	L22	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 22.
(4)	Answer Yes to Questions 3, 4, 5	L23	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 23.
(5)	Any Tax-Exempt Bond with Outstanding Principal	24A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24a.
(6)	Invest Any Proceeds	24B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24b.
(7)	Maintain an Escrow Account	24C	<ENTER>	Enter a yes or no from the yes/box from Part IV, Line 24c.
(8)	Act as <b>On Behalf Of</b> Issuer	24D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24d.
(9)	501(c)(3) / 501(c)(4) Organizations	25A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25a.
(10)	Become Aware it Engaged in Excess	25B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25b.

**Exhibit 3.24.12-69 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Loan to/by Current/ Former Officer	L26	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 26.
(12)	Provide Grant or Other Assistance	L27	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 27.
(13)	Business Transaction with Current or Former Officer	28A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28a.
(14)	Business Transaction with Family Member	28B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28b.
(15)	Business Transaction with Entity of Current/ Former Officer	28C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28c.
(16)	Receive or Accrue > \$25,000 in Non-Cash	L29	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 29.
(17)	Receive or Accrue Contributions of Art	L30	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 30.
(18)	Liquidate, Terminate, Dissolve	L31	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 31.
(19)	Sell, Exchange, Dispose	L32	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 32.
(20)	Own 100% of an Entity	L33	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 33.

**Exhibit 3.24.12-69 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 04 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Related to Tax-Exempt / Taxable Entity	L34	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 34.
(22)	Controlled Entity Within 512(b)(13)	L35A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35a.
23	Receive Payment or Engage Transaction Within	35B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35b.
(24)	Make Any Transfers	L36	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 36.
(25)	Conduct More than 5%	L37	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 37.
(26)	Complete Schedule O	L38	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 38.

**Exhibit 3.24.12-70 (01-01-2023)**  
**Form 990 - Section 05 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "05".
(2)	Part V Number of Forms/1096	PTVL1A	<ENTER>	Enter the number shown on Part V, Line 1a.
(3)	Number of Forms W-2G	L1B	<ENTER>	Enter the number shown on Part V, Line 1b.
(4)	Comply with Backup Withholding Rules	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 1c.
(5)	Number of Employees / W-3	L2A	<ENTER>	Enter the number shown on Part V, Line 2a.
(6)	File All Required Federal Employment Returns	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 2b.
(7)	Unrelated Business Income > \$1000	L3A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3a.
(8)	If Yes, Has Filed a 990-T	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3b.
(9)	Interest in or a Signature	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 4a.
(10)	Party to a Prohibited Tax Shelter	L5A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5a.
(11)	Taxable Party Notify Organization	L5B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5b.
(12)	If Yes, Did Organization File 8886-T	L5C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5c.



**Exhibit 3.24.12-70 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Annual Gross Receipts Normally >\$100,000	L6A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6a.
(14)	If Yes, Did Organization Include	L6B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6b.
(15)	>\$75 Partly Contribution/Goods/Services	L7A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7a.
(16)	If Yes, Did Organization Notify Donor	L7B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7b.
(17)	Sell, Exchange, Otherwise Dispose	L7C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7c.
(18)	Number of Forms 8282	L7D	<ENTER>	Enter the number shown on Part V, Line 7d.
(19)	Receive Any Funds	L7E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7e.
(20)	Pay Premiums	L7F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7f.
(21)	Contributions of Qualified Intellectual Property	L7G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7g.
(22)	Contributions of Cars, Boats, Airplanes	L7H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7h.
(23)	Sponsoring Orgs, 509(a)(3) Excess Business Holdings	L8	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 8.
(24)	Make Taxable Distributions Under 4966	L9A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9a.
(25)	Make Distribution to Donor	L9B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9b.

**Exhibit 3.24.12-70 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 05 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Initiation Fees/ Capital Contributions	10A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10a.
(27)	Gross Receipts for Public Use of Facili- ties	10B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10b.
(28)	Gross Income/ Members/ Shareholders	11A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11a.
(29)	Gross Income from Other Sources	11B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11b.
(30)	4947(a)(1) Filing 990 in Lieu of 1041	12A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 12a.
(31)	Amount of Tax Exempt Interest	12B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 12b.
(32)	Licensed to Issue Qualified Health Plans	13A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 13a.
(33)	Aggregate Amount of Reserves to Maintain	13B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13b.
(34)	Aggregate Amount of Reserves on Hand	13C \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13c.
(35)	Receive Payments for Indoor Tanning	14A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14a.
(36)	Filed Form 720 to Report Payments	14B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14b.

**Exhibit 3.24.12-71 (01-01-2023)**  
**Form 990 - Section 06 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "06".
(2)	Voting Members of Governing Body	PG6L1A	<ENTER>	Enter the number shown on Part VI, Section A, Line 1a.
(3)	Independent Voting Members	L1B	<ENTER>	Enter the number shown on Part VI, Section A, Line 1b.
(4)	Officer, Director, Trustee Family/Relationship	L2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 2.
(5)	Delegate Control Over Management	L3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 3.
(6)	Make Significant Changes	L4	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 4.
(7)	Become Aware of Material Diversion	L5	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 5.
(8)	Members of Stockholders	L6	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 6.
(9)	Members, Stockholders, Other Persons	7A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7a.
(10)	Members Subject to Approval	7B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7b.

**Exhibit 3.24.12-71 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Determining Compensation for CEO, Exec Director	15A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section B, Line 15a.
(12)	Total Reportable Compensation from Organization	PG8L1D(D) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column D.
(13)	Total Reportable Compensation from Related Organization	1D(E) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column E.
(14)	Total Compensation from Organization & Related Organizations	1D(F) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column F.
(15)	Total Individuals who Received > \$100,000	SECTAL2	<ENTER>	Enter the number shown on Part VII, Section A, Line 2.
(16)	Total Independent Contractors Received > \$100,000	SECTBL2	<ENTER>	Enter the number shown on Part VII, Section B, Line 2.

**Exhibit 3.24.12-72 (01-01-2023)**  
**Form 990 - Section 07 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "07".
(2)	Total Contributions/ Gifts/Grants	PG9L1H \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 1h, Column (A).
(3)	Program Service Business Code 2A	2ACODE	<ENTER>	Enter the number shown on Part VIII, Line 2a.
(4)	2a Program Service Revenue Col. A	2A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2a, Column (A).
(5)	Program Service Business Code 2B	2BCODE	<ENTER>	Enter the number shown on Part VIII, Line 2b.
(6)	2b Program Service Revenue Col. A	2B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2b, Column (A).
(7)	Program Service Business Code 2C	2CCODE	<ENTER>	Enter the number shown on Part VIII, Line 2c.
(8)	2c Program Service Revenue Col. A	2C(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2c, Column (A).
(9)	Program Service Business Code 2D	2DCODE	<ENTER>	Enter the number shown on Part VIII, Line 2d.
(10)	2d Program Service Revenue Col. A	2D(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2d, Column (A).
(11)	Program Service Business Code 2E	2ECODE	<ENTER>	Enter the number shown on Part VIII, Line 2e.
(12)	2e Program Service Revenue Col. A	2E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2e, Column (A).

**Exhibit 3.24.12-72 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	2f Program Service Revenue Col. A	2F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2f, Column (A).
(14)	2g Program Service Revenue Total Col. A	2GTOT \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 2g, Column (A).
(15)	Investment Income Col. A	3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 3, Column (A).
(16)	Tax-Exempt Bond Proceeds Col. A	4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 4, Column (A).
(17)	Royalties Col. A	5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 5, Column (A).
(18)	Gross Rents Real	6(A)I \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (i).
(19)	Gross Rents Personal	6(A)II \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (ii).
(20)	Rental Expenses Real	6(B)(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (i).
(21)	Rental Expenses Personal	6(B)(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (ii).
(22)	Rental Income/Loss Real	6C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (i).
(23)	Rental Income/Loss Personal	6C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (ii).
(24)	Net Rental Income/Loss Col. A	6D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6d, Column (A).

**Exhibit 3.24.12-73 (01-01-2023)**  
**Form 990 - Section 08 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08"..
(2)	Gross Amount from Sales of Assets - Securities	PG9L7A(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (i).
(3)	Gross Amount from Sales of Assets - Other	7A(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (ii).
(4)	Cost or Other Basis/ Sales - Securities	7B(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (i).
(5)	Cost or Other Basis/ Sales - Other	7B(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (ii).
(6)	Gain/Loss - Securities	7C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (i).
(7)	Gain/Loss - Other	7C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (ii).
(8)	Net Gain/Loss Col. A	7D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7d, Column (A).
(9)	Gross Income from Fundraising	8A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8a.
(10)	Less Direct Expenses 8b	8B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8b.
(11)	Net Income/Loss from Fundraising Col. A	8C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8c, Column (A).
(12)	Gross Income from Gaming	9A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9a.

**Exhibit 3.24.12-73 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Less Direct Expenses 9b	9B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9b.
(14)	Net Income/Loss from Gaming	9C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9c, Column (A).
(15)	Gross Sales of Inventory	10A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10a.
(16)	Less Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10b.
(17)	Net Income/Loss from Sales Col. A	10C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10c, Column (A).
(18)	Misc. Revenue Business Code 11a	11ACODE	<ENTER>	Enter the number shown on Part VIII, Line 11a.
(19)	Misc. Revenue Total (A) Col. A	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11a, Column (A).
(20)	Misc. Revenue Business Code 11b	11BCODE	<ENTER>	Enter the number shown on Part VIII, Line 11b.
(21)	Misc. Revenue Total 11B(A) Col. A	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11b, Column (A).
(22)	Misc. Revenue Business Code 11c	11CCODE	<ENTER>	Enter the number shown on Part VIII, Line 11c.
(23)	Misc. Revenue Total 11C(A) Col. A	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11c, Column (A).
(24)	Misc. Revenue Total 11D(A) Col. A	11D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11d, Column (A).
(25)	Misc. Revenue Total 11E Col. A	11ETOT \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11e, Column (A).



**Exhibit 3.24.12-73 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 08 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Total Revenue 12(A) Col. A	12(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 12, Column (A).

**Exhibit 3.24.12-74 (01-01-2023)**  
**Form 990 - Section 09 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09"..
(2)	Gross to Government / Organizations in U.S.	PG10L1(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1, Column (A).
(3)	Grants / Other Assistance in U.S.	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 2, Column (A).
(4)	Grants / Other Assistance Outside U.S.	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 3, Column (A).
(5)	Benefits Paid to / for Members	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 4, Column (A).
(6)	Compensation of Current Officers / Directors	L5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5, Column (A).
(7)	Compensation to Disqualified Persons	L6(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6, Column (A).
(8)	Other Salaries / Wages	L7(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 7, Column (A).
(9)	Pension Plan Contributions	L8(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 8, Column (A).
(10)	Other Employee Benefits	L9(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 9, Column (A).
(11)	Payroll Taxes	10(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 10, Column (A).
(12)	Fees for Services / Management	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11a, Column (A).
(13)	Fees for Services / Legal	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11b, Column (A).

**Exhibit 3.24.12-74 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Fees for Services / Accounting	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11c, Column (A).
(15)	Fees for Services / Lobbyists	11D(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11d, Column (A).
(16)	Fees for Services / Professional Fund-raising	11E(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11e, Column(A).
(17)	Fees for Services / Investment Management	11F(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11f, Column (A).
(18)	Fees for Services / Other	11G(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from shown on Part IX, Line 11g, Column (A).
(19)	Advertising / Promotion	12(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 12, Column (A).
(20)	Office Expenses	13(A) \$	<ENTER> MINUS (-)	Enter the amount from on Part IX, Line 13, Column (A).
(21)	Information Technology	14(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 14, Column (A).
(22)	Royalties	15(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 15, Column (A).
(23)	Occupancy	16(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 16, Column (A).
(24)	Travel	17(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 17, Column (A).
(25)	Payments of Travel / Entertainment	18(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 18, Column (A).
(26)	Conferences, Conventions / Meetings	19(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 19, Column (A).

**Exhibit 3.24.12-74 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 09 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Interest	20(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 20, Column (A).
(28)	Payments to Affiliates	21(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 21, Column (A).
(29)	Depreciation / Depletion	22(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 22, Column (A).
(30)	Insurance	23(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 23, Column (A).
(31)	Other Expenses a	24A(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 24a, Column (A).
(32)	Other Expenses b	24B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24b, Column (A).
(33)	Other Expenses c	24C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24c, Column (A).
(34)	Other Expenses d	24D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24d, Column (A).
(35)	Other Expenses e	24E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24e, Column (A).
(36)	NA	24F(A) \$	<ENTER>	Enter only.
(37)	Total Functional Expenses	25(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 25, Column (A).

**Exhibit 3.24.12-75 (01-01-2023)**  
**Form 990 - Section 10 (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10".
(2)	Cash EOY	PG11L1(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 1, Column (B).
(3)	Savings / Temporary Investments EOY	L2(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 2, Column (B).
(4)	Pledges / Grants Receivable EOY	L3(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 3, Column (B).
(5)	Accounts Receivable EOY	L4(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 4, Column (B).
(6)	Receivables from Current / Former EOY	L5(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 5, Column (B).
(7)	Receivables from Disqualified Persons EOY	L6(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 6, Column (B).
(8)	Notes / Loans Receivable EOY	L7(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7, Column (B).
(9)	Inventories for Sale EOY	L8(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 8, Column (B).
(10)	Prepaid Expenses EOY	L9(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 9, Column (B).
(11)	Land / Buildings Less Accumulated EOY	10C(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 10c, Column (B).
(12)	Investments Publicly Traded Securities EOY	11(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 11, Column (B).
(13)	Investments Other Securities EOY	12(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 12, Column (B).

**Exhibit 3.24.12-75 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 10 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Investments Program Related EOY	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 13, Column (B).
(15)	Intangible Assets EOY	14(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 14, Column (B).
(16)	Other Assets EOY	15(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 15, Column(B).
(17)	Total Assets BOY	16(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 16, Column (A).
(18)	Total Assets EOY	16(B) \$	<ENTER> MINUS (-)	Enter the amount from shown on Part X, Line 16, Column (B).
(19)	Accounts Payable EOY	17(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 17, Column (B).
(20)	Grants Payable EOY	18(B) \$	<ENTER> MINUS (-)	Enter the amount from on Part X, Line 18, Column (B).
(21)	Deferred Revenue EOY	19(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 19, Column (B).
(22)	Tax-Exempt Bond Liabilities EOY	20(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 20, Column (B).
(23)	Escrow Liability EOY	21(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 21, Column (B).
(24)	Payable to Current / Former Officers EOY	22(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 22, Column (B).
(25)	Secured Mortgages / Notes EOY	23(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 23, Column (B).
(26)	Unsecured Notes / Loans EOY	24(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 24, Column (B).

**Exhibit 3.24.12-75 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 10 (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Other Liabilities EOY	25(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 25, Column (B).
(28)	Total Liabilities BOY	26(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 26, Column (A).
(29)	Total Liabilities EOY	26(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 26, Column (B).
(30)	Unrestricted Net Assets EOY	27(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 27, Column (B).
(31)	Temporarily Restricted Net Assets EOY	28(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 28, Column (B).
(32)	Permanently Restricted Net Assets EOY	29(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 29, Column (B).
(33)	Capital Stock / Trust EOY	30(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 30, Column (B).
(34)	Paid-In / Capital Surplus EOY	31(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 31, Column (B).
(35)	Retained Earnings, Endowment EOY	32(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 32, Column (B).
(36)	Total Net Assets or Fund Balances BOY	33(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 33, Column (A).
(37)	Total Net Assets or Fund Balances EOY	33(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 33, Column (B).
(38)	Total Liabilities / Net Assets Fund Balances EOY	34(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 34, Column (B).

**Exhibit 3.24.12-76 (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter one of the following from Line 12: 1 = Type I, 2 = Type II, 3 = Type III – Functionally integrated 4 = Type III – Non-functionally integrated Blank <ENTER>. If more than one box is checked, enter the corresponding number for the first box checked.
(4)	Type I, II or III Supporting Organization	11E	<ENTER>	Enter a <b>1</b> if the box is checked on Schedule A, Part I, Line 12e.
(5)	Number of Supported Organizations	11F	<ENTER>	Enter the number from Line 12f.
(6)	EIN A	12G(II)A	<ENTER>	Enter the EIN in Part I, Line 12g, Row A, Column (ii).
(7)	Type of Org A	12G(III)A	<ENTER>	Enter the type of organization in Part I, Line 12g, Row A, Column (iii).
(8)	Listed in Governing Doc A	12G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row A, Column (iv).



**Exhibit 3.24.12-76 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Amount of Support A	12G(V) A \$	<ENTER>	Enter the amount on Part I, Line 12g, Row A, Column (v).
(10)	EIN B	12G(II)B	<ENTER>	Enter the EIN in Part I, Line 12g, Row B, Column (ii).
(11)	Type of Org B	12G(III)B	<ENTER>	Enter the type of organization in Part I, Line 12g, Row B, Column (iii).
(12)	Listed in Governing Doc B	12G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row B, Column (iv).
(13)	Amount of Support B	12G(V)B \$	<ENTER>	Enter the amount Part I, Line 12g, Row B, Column (v).
(14)	EIN C	12G(II)C	<ENTER>	Enter the EIN in Part I, Line 12g, Row C, Column (ii).
(15)	Type of Org C	12G(III)C	<ENTER>	Enter the type of organization in Part I, Line 12g, Row C, Column (iii).
(16)	Listed in Governing Doc C	12G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row C, Column (iv).
(17)	Amount of Support C	12G(V)C \$	<ENTER>	Enter the amount on Part I, Line 12g, Row C, Column (v).
(18)	EIN D	12G(II)D	<ENTER>	Enter the EIN in Part I, Line 12g, Row D, Column (ii).
(19)	Type of Org D	12G(III)D	<ENTER>	Enter the type of organization in Part I, Line 12g, Row D, Column (iii).
(20)	Listed in Governing Doc D	12G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row D, Column (iv).

**Exhibit 3.24.12-76 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Amount of Support D	12G(V)D \$	<ENTER>	Enter the amount on Part I, Line 12g, Row D, Column (v).
(22)	EIN E	12G(II)E	<ENTER>	Enter the EIN in Part I, Line 12g, Row E, Column (ii).
(23)	Type of Org E	12G(III)E	<ENTER>	Enter the type of organization in Part I, Line 12g, Row E, Column (iii).
(24)	Listed in Governing Doc E	12G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row E, Column (iv).
(25)	Amount of Support E	12G(V)E \$	<ENTER>	Enter the amount on Part I, Line 12g, Row E, Column (v).
(26)	Filling Field	N/A	<ENTER>	Blank field generated on output.
(27)	Total Number of Organizations	12G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 12g, Column (i), Total Line.
(28)	Total Amount of Support	GVTOT \$	<ENTER>	Enter the amount on Part I, Line 12g, Total, Column (v).
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).

**Exhibit 3.24.12-76 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 13 is checked.

**Exhibit 3.24.12-76 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-77 (01-01-2023)****Form 990 - Section 12, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).

**Exhibit 3.24.12-77 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19a is checked.

**Exhibit 3.24.12-77 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 20 is checked.
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a <b>1</b> if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a <b>1</b> if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a <b>1</b> if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a <b>1</b> if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a <b>1</b> if data is present in Part IV, Section E.
(28)	Filling Field	N/A	<ENTER>	Generates a blank field on output.
(29)	Excess Distributions C	PTVE3C \$	<ENTER>	Enter the amount from Part V, Section E, Line 3c.
(30)	Excess Distributions D	PTVE3D \$	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(31)	Excess Distributions E	PTVE3E \$	<ENTER>	Enter the amount from Part V, Section E, Line 3e.
(32)	Excess Distributions Breakdown B	PTVE8B \$	<ENTER>	Enter the amount from Part V, Section E, Line 8b.
(33)	Excess Distributions Breakdown C	PTVE8C \$	<ENTER>	Enter the amount from Part V, Section E, Line 8c.

**Exhibit 3.24.12-77 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(34)	Excess Distributions Breakdown D	PTVE8D \$	<ENTER>	Enter the amount from Part V, Section E, Line 8d.
(35)	Excess Distributions Breakdown E	PTVE8E \$	<ENTER>	Enter the amount from Part V, Section E, Line 8e.



**Exhibit 3.24.12-78 (01-01-2023)****Form 990 - Section 13, Schedules C & D (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHIAL2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Total Number at EOY	SCHDL1(A)	<ENTER>	Enter the number shown on Schedule D, Part I, Line 1, Column (a).
(4)	Contributions To	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 2, Column (a).
(5)	Grants From	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 3, Column (a).
(6)	Aggregate Value	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 4, Column (a).
(7)	Inform All Donors Checkbox	L5	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 5.
(8)	Inform All Grantees Checkbox	L6	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 6.

**Exhibit 3.24.12-79 (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
(2)	Financial Assistance	L1A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1a: 1 = yes 2 = no.
(3)	Written Policy	L1B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1b: 1 = yes 2 = no.
(4)	Best Describes	L2	<ENTER>	Enter the following: 1 = Applied Uniformly to all. 2 = Applied Uniformly to most. 3 = Generally tailored.
(5)	FPG Used	L3A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3a: 1 = yes 2 = no.
(6)	FPG%	L3A%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3a percent: 1 = 100% 2 = 150% 3 = 200% 4 = Other.
(7)	FPG Discounted Care	L3B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3b: 1 = yes 2 = no.

**Exhibit 3.24.12-79 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	FPG Discounted Care %	L3B%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3b percent: 1 = 200% 2 = 250% 3 = 300% 4 = 350% 5 = 400% 6 = Other If more than one box is checked, enter the number for the largest percent..
(9)	Applied to Largest Number of Patients	L4	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 4: 1 = yes 2 = no.
(10)	Budget Amounts for Free or Discounted	L5A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5a: 1 = yes 2 = no.
(11)	Exceed Budget Amount	L5B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5b: 1 = yes 2 = no.
(12)	Unable to Provide Free or Discounted Care	L5C	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5c: 1 = yes 2 = no.
(13)	Prepare A Community Benefit Report	L6A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6a: 1 = yes 2 = no.

**Exhibit 3.24.12-79 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Available to Public	L6B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6b: 1 = yes 2 = no.
(15)	Financial Assistance C	L7AC \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (c).
(16)	Financial D	L7AD \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (d).
(17)	Financial Assistance at Cost Net Community	SCHH 7A(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7a, Column (e).
(18)	Financial Assistance at Cost Percent	7A(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7a, Column (f).
(19)	Medicaid C	L7BC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (c).
(20)	Medicaid D	L7BD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (d).
(21)	Unreimbursed Medicaid Net Community	7B(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (e).
(22)	Unreimbursed Medicaid Percent	7B(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7b, Column (f).
(23)	Cost of Other Means Tested C	L7CC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (c).

**Exhibit 3.24.12-79 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(24)	Cost of Other Means Tested D	L7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (d).
(25)	Unreimbursed Costs - Other Net Community	7C(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (e).
(26)	Unreimbursed Costs - Other Percent	7C(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7c, Column (f).
(27)	Financial Assistance Total C	7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (c).
(28)	Financial Assistance Total D	7DD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (d).
(29)	Total Financial Assistance Net Community	7D(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (e).
(30)	Total Financial Assistance Percent	7D(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7d, Column (f).

**Exhibit 3.24.12-80 (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "32".
(2)	Community Health Improvement C	7EC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (c).
(3)	Community Health Improvement D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (d).
(4)	Community Health Improvement E	7EE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (e).
(5)	Community Health Improvement Percent	7EF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7e, Column (f).
(6)	Health Professions C	7FC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (c).
(7)	Health Professions D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (d).
(8)	Health Professions E	7FE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (e).
(9)	Health Professions Percent	7FF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7f, Column (f).
(10)	Subsidized Health Services C	7GC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (c).

**Exhibit 3.24.12-80 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Subsidized Health Services D	7GD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (d).
(12)	Subsidized Health Services E	7GE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (e).
(13)	Subsidized Health Services Percent	7GF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7g, Column (f).
(14)	Research C	7HC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (c).
(15)	Research D	7HD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (d).
(16)	Research E	7HE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (e).
(17)	Research F Percent	7HF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7h, Column (f).
(18)	Cash & Contributions C	7IC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (c).
(19)	Cash & Contributions D	7ID \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (d).
(20)	Cash & Contributions E	7IE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (e).

**Exhibit 3.24.12-80 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 32, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Cash & Contributions %	7IF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7i, Column (f).
(22)	Total Other Benefits C	7JC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (c).
(23)	Total Other Benefits D	7JD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (d).
(24)	Total Other Benefits E	7JE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (e).
(25)	Total Other Benefits Percent	7JF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7j, Column (f).
(26)	Total C	7KC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (c).
(27)	Total D	7KD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (d).
(28)	Total E	7KE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (e).
(29)	Total Percent	7KF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7k, Column (f).



**Exhibit 3.24.12-81 (01-01-2023)****Form 990 - Section 33, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "16".
(2)	Total Net Community	PIII0E \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part II, Line 10, Column (e).
(3)	Total Percent of Expense	10F%	<ENTER>	Enter the percent from Schedule H, Part II, Line 10 Column (f).
(4)	Report Bad Debt Expense	PT3L1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part III, Line 1.
(5)	Bad Debt Expense Amount	L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 2.
(6)	Estimated Bad Debt Expense Amount	L3 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 3.
(7)	Revenue from Medicare	L5 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 5.
(8)	Medicare Allowable Costs	L6 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 6.
(9)	Medicare Surplus or Shortfall	L7 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 7.
(10)	Costing Methodology or Source Code	L8CD	<ENTER>	Enter the edited code from the right of the boxes from Schedule H, Part III, Line 8.
(11)	Written Debt Collection Policy	L9A	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9a.

**Exhibit 3.24.12-81 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 33, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	Collection Policy Contain Provision	L9B	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9b.
(13)	Part IV Code	PIVCD	<ENTER>	Enter the edited digit from Schedule H, Part IV, right margin.
(14)	Part V How Many Hospital Facilities Did Organization Operate	SECATOP	<ENTER>	Enter the number shown in the Hospital Facilities area in the top left portion of Schedule H, Part V, Section A.
(15)	Part V Section C Indicator Code	SECCRM	<ENTER>	Enter the indicator code from Schedule H, Part V, Section C, right margin.
(16)	Part V How Many Non-Hospital Facilities Did Organization Operate	SECCTOP	<ENTER>	Enter the number from the non-hospital health care benefits line.
(17)	Part V Section D Indicator Code	SECTDRM	<ENTER>	Enter the edited code from Schedule H, Part V, Section D, right margin.

**Exhibit 3.24.12-82 (01-01-2023)****Form 990 - Section 34, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-82 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-82 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-82 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-82 (Cont. 4) (01-01-2023)****Form 990 - Section 34, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-83 (01-01-2023)**  
**Form 990 - Section 35, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.



**Exhibit 3.24.12-83 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 35, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-83 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 35, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-84 (01-01-2023)****Form 990 - Section 36, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19d is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-84 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 36, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-84 (Cont. 2) (01-01-2023)****Form 990 - Section 36, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-85 (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.

**Exhibit 3.24.12-85 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.

**Exhibit 3.24.12-85 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.



**Exhibit 3.24.12-85 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.

**Exhibit 3.24.12-85 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 37, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-86 (01-01-2023)****Form 990 - Section 38, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-86 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 38, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-86 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 38, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(25)	Other Similar Actions	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(26)	None of These Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.

**Exhibit 3.24.12-87 (01-01-2023)**  
**Form 990 - Section 39, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.

**Exhibit 3.24.12-87 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 39, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.

**Exhibit 3.24.12-87 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 39, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.



**Exhibit 3.24.12-88 (01-01-2023)****Form 990 - Section 40, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.

**Exhibit 3.24.12-88 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.

**Exhibit 3.24.12-88 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.

**Exhibit 3.24.12-88 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.

**Exhibit 3.24.12-88 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-89 (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-89 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-89 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 41, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.



**Exhibit 3.24.12-90 (01-01-2023)****Form 990 - Section 42, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-90 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 42, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-90 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 42, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-91 (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-91 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-91 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-91 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-91 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 43, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.



**Exhibit 3.24.12-92 (01-01-2023)****Form 990 - Section 44, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-92 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 44, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-92 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 44, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-93 (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-93 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-93 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 45, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-94 (01-01-2023)****Form 990 - Section 46, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- essment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-94 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.



**Exhibit 3.24.12-94 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-94 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-94 (Cont. 4) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-95 (01-01-2023)**  
**Form 990 - Section 47, Schedule H (2018)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-95 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 47, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-95 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 47, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-96 (01-01-2023)****Form 990 - Section 48, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-96 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 48, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.



**Exhibit 3.24.12-96 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 48, Schedule H (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-97 (01-01-2023)**  
**Form 990 - Section 49, Schedules L and R (2018)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "49".
(2)	Excess Benefit Transactions	PT1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part 1.
(3)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.
(4)	Interest, Annuities, Royalties, Yes/No Box	SCHR PT51A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule R, Part V, Line 1a.

**Exhibit 3.24.12-98 (01-01-2024)****Form 990 - Section 01 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section <b>01</b> always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generated the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5 for procedures.
(3a)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5 for procedures.
(4)	E.I.N.	EIN	<ENTER> ★★★★★	Enter the E.I. Number as shown on the pre-printed label or in the E.I. Number block. (a) For a CP 425–431 & 259A-259H, underlined to the right of the <b>Employer ID Number</b> . (b) See standard rules in IRM 3.24.38. (c) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(5)	Address Check	ADDRESS CHECK?	<ENTER>	Enter <b>Y</b> or <b>N</b> as appropriate.
(6)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38

**Exhibit 3.24.12-98 (Cont. 1) (01-01-2024)**  
**Form 990 - Section 01 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(7)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38
(8)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under <b>title of form</b> . (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions. (c) For a CP 425–431 & 259A-259H, edited in the area around the Tax Period.
(9)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in-care-of name, if shown. <b>Note:</b> Downstream processing generates the (%) sign.
(10)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.
(11)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a <b>G</b> Condition Code is present, do <b>NOT</b> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.

**Exhibit 3.24.12-98 (Cont. 2) (01-01-2024)**  
**Form 990 - Section 01 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country code.
(13)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(14)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.
(15)	Group Code H(b)	BOXHB	<ENTER>	Enter a <b>1</b> or <b>2</b> from the yes/no box from the entity area of the return, Line H(b). For a CP425-431 & 259A-259H, press <ENTER> only.
(16)	Tax Exempt Status	BOXI	<ENTER>	Enter the edited two digit code from the blank space of Box I.
(17)	Type of Organization	BOXK RT	<ENTER>	Enter the edited code from the blank space of Box K. For a CP 425-431 & 259A-259H always enter a <b>9</b> .

**Exhibit 3.24.12-98 (Cont. 3) (01-01-2024)**  
**Form 990 - Section 01 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters as shown on dotted portion of Lines 2–7b. For a 420–431 & 259A-259H, enter the edited characters as shown in the center of the return. If a Condition Code is illegible, enter a # in its place.
(19)	Return Processing Code	01RPC	<ENTER>	Enter the edited codes on Page 1, in the right margin next to line 1.
(20)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If a <b>G</b> Condition Code is present and the return is <b>non-remittance</b> , end the document after this element. (c) If a CP 425–431 & 259A-259H, end the document after this element.
(21)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(22)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(23)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.

## Exhibit 3.24.12-98 (Cont. 4) (01-01-2024)

## Form 990 - Section 01 (2019 and Subsequent)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(24)	Preparer Telephone #	TEL#	<ENTER>	Enter the preparer phone number. (a) If the Type of Organization is a <u>9</u> , and the “9” is underlined, <b>don’t end the document</b> . Continue transcribing the return. (b) If Type of Organization is a 9, and the 9 is <b>NOT</b> underlined, press <F6> and end the document unless an ERS Action Code is present. If present, continue to that element and follow the instructions there.

**Exhibit 3.24.12-98 (Cont. 5) (01-01-2024)**  
**Form 990 - Section 01 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(25)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from Bottom Left Margin of the return.</p> <p>(a) If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b>, end the document after this element.</p> <p>(b) If the ERS Action Code is in the <b>600</b> series and the return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</p> <p>(c) If a <b>G</b> Condition Code is present and the return is a <b>remittance</b>, Press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</p> <p>(d) If the Type of Organization is <b>9</b> from Section 01 E-10 and the “<b>9</b>” is <b>underlined, do NOT end the document.</b> Continue processing the return.</p> <p>(e) If the Type of Organization is <b>9</b>, and the <b>9</b> is <b>NOT underlined</b>, press &lt;F6&gt; and end the document after this element.</p>



**Exhibit 3.24.12-99 (01-01-2023)****Form 990 - Section 02 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "02".
(2)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(3)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(4)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(5)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800, in MMDDYY format. (a) For special instructions, see IRM 3.24.38.
(6)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-100 (01-01-2023)****Form 990 - Section 03 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "03".
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return, ONLY if underlined in green.
(3)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(4)	Undertake New Activities Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2.
(5)	Make Significant Changes Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3.
(6)	Exempt Purpose Code 1	L4A	<ENTER>	Press Enter only. Don't transcribe a code.
(7)	Exempt Purpose Code 2	L4B	<ENTER>	Press Enter only. Don't transcribe a code.
(8)	Exempt Purpose Code 3	L4C	<ENTER>	Press Enter only. Don't transcribe a code.

**Exhibit 3.24.12-100 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3. <b>Note:</b> If a "D1" is edited and underlined, pick up as an <u>alpha "D"</u> and <u>numeric "1"</u> . Don't confuse with an alpha "D" and alpha "I".
(10)	501(c)(3) or 4947(a)(1) Y/N	L1	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 1.
(11)	Required to Complete Sch B Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 2.
(12)	Engage in Direct or Indirect Political Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 3.
(13)	Engage in Lobbying Activities Y/N	L4	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 4.
(14)	Subject to Sec 6033(c) Notice	L5	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 5.
(15)	Maintain Donor Advised Y/N	L6	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 6.
(16)	Receive or Hold Conservation Y/N	L7	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 7.
(17)	Maintain Collections of Works of Art Y/N	L8	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 8.
(18)	Provide Credit Counseling Y/N	L9	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 9.

**Exhibit 3.24.12-100 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Hold Assets in Term/ Permanent Y/N	L10	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 10.
(20)	Land, Buildings, Equipment	11A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11a.
(21)	Investments Other Securities	11B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11b.
(22)	Investments Program Related	11C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11c.
(23)	Other Assets	11D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11d.
(24)	Other Liabilities	11E	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11e.
(25)	Separate or Consoli- dated Financial Statements	11F	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11f.
(26)	Separate Indepen- dent Audited Financial	12A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12a.
(27)	Consolidated Inde- pendent Financial	12B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12b.
(28)	School Described in 170(b)(1)(A)(ii)	L13	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 13.
(29)	Maintain an Office, etc Outside U.S.	14A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14a.

**Exhibit 3.24.12-100 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 03 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(30)	Have Aggregate Revenues/Expenses	14B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14b.
(31)	Report > \$5000 on Part IX Organizations	L15	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 15.
(32)	Report > \$5000 on Part IX Individuals	L16	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 16.
(33)	Report > \$15,000 on Part IX, Line 11e	L17	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 17.
(34)	Report > \$15,000 on Part VIII, Line 1c/8a	L18	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 18.
(35)	Report > \$15,000 on Part VIII, Line 9a	L19	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 19.
(36)	Operate Hospitals	20A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20a.
(37)	Attach Audited Financial Statements	20B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20b.

**Exhibit 3.24.12-101 (01-01-2023)****Form 990 - Section 04 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "04".
(2)	Report > \$5000 on Part IX, Line 1	L21	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 21.
(3)	Report > \$5000 on Part IX, Line 2	L22	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 22.
(4)	Answer Yes to Questions 3, 4, 5	L23	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 23.
(5)	Any Tax-Exempt Bond with Outstanding Principal	24A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24a.
(6)	Invest Any Proceeds	24B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24b.
(7)	Maintain an Escrow Account	24C	<ENTER>	Enter a yes or no from the yes/box from Part IV, Line 24c.
(8)	Act as <b>On Behalf Of</b> Issuer	24D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24d.
(9)	501(c)(3) / 501(c)(4) Organizations	25A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25a.
(10)	Become Aware it Engaged in Excess	25B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25b.
(11)	Loan to/by Current/ Former Officer	L26	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 26.

**Exhibit 3.24.12-101 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	Provide Grant or Other Assistance	L27	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 27.
(13)	Business Transaction with Current or Former Officer	28A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28a.
(14)	Business Transaction with Family Member	28B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28b.
(15)	Business Transaction with Entity of Current/ Former Officer	28C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28c.
(16)	Receive or Accrue > \$25,000 in Non-Cash	L29	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 29.
(17)	Receive or Accrue Contributions of Art	L30	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 30.
(18)	Liquidate, Terminate, Dissolve	L31	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 31.
(19)	Sell, Exchange, Dispose	L32	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 32.
(20)	Own 100% of an Entity	L33	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 33.
(21)	Related to Tax-Exempt / Taxable Entity	L34	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 34.
(22)	Controlled Entity Within 512(b)(13)	L35A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35a.
23	Receive Payment or Engage Transaction Within	35B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35b.

**Exhibit 3.24.12-101 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 04 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(24)	Make Any Transfers	L36	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 36.
(25)	Conduct More than 5%	L37	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 37.
(26)	Complete Schedule O	L38	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 38.



**Exhibit 3.24.12-102 (01-01-2023)****Form 990 - Section 05 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "05".
(2)	Part V Number of Forms/1096	PTVL1A	<ENTER>	Enter the number shown on Part V, Line 1a.
(3)	Number of Forms W-2G	L1B	<ENTER>	Enter the number shown on Part V, Line 1b.
(4)	Comply with Backup Withholding Rules	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 1c.
(5)	Number of Employees / W-3	L2A	<ENTER>	Enter the number shown on Part V, Line 2a.
(6)	File All Required Federal Employment Returns	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 2b.
(7)	Unrelated Business Income > \$1000	L3A	<ENTER>	Enter a yes or no from the yes/box from Part V, Line 3a.
(8)	If Yes, Has Filed a 990-T	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3b.
(9)	Interest in or a Signature	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 4a.
(10)	Party to a Prohibited Tax Shelter	L5A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5a.
(11)	Taxable Party Notify Organization	L5B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5b.
(12)	If Yes, Did Organization File 8886-T	L5C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5c.

**Exhibit 3.24.12-102 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	Annual Gross Receipts Normally >\$100,000	L6A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6a.
(14)	If Yes, Did Organization Include	L6B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6b.
(15)	>\$75 Partly Contribution/Goods/ Services	L7A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7a.
(16)	If Yes, Did Organization Notify Donor	L7B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7b.
(17)	Sell, Exchange, Otherwise Dispose	L7C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7c.
(18)	Number of Forms 8282	L7D	<ENTER>	Enter the number shown on Part V, Line 7d.
(19)	Receive Any Funds	L7E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7e.
(20)	Pay Premiums	L7F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7f.
(21)	Contributions of Qualified Intellectual Property	L7G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7g.
(22)	Contributions of Cars, Boats, Airplanes	L7H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7h.
(23)	Sponsoring Orgs, 509(a)(3) Excess Business Holdings	L8	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 8.
(24)	Make Taxable Distributions Under 4966	L9A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9a.
(25)	Make Distribution to Donor	L9B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9b.
(26)	Initiation Fees/ Capital Contributions	10A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10a.

**Exhibit 3.24.12-102 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 05 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Gross Receipts for Public Use of Facilities	10B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10b.
(28)	Gross Income/ Members/ Shareholders	11A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11a.
(29)	Gross Income from Other Sources	11B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11b.
(30)	4947(a)(1) Filing 990 in Lieu of 1041	12A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 12a.
(31)	Amount of Tax Exempt Interest	12B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 12b.
(32)	Licensed to Issue Qualified Health Plans	13A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 13a.
(33)	Aggregate Amount of Reserves to Maintain	13B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13b.
(34)	Aggregate Amount of Reserves on Hand	13C \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13c.
(35)	Receive Payments for Indoor Tanning	14A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14a.
(36)	Filed Form 720 to Report Payments	14B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14b.
(37)	Subject to Section 4960 Tax on Payments of More Than \$1,000,000	15	<ENTER>	Enter 1 for yes and 2 for no Part V, Line 15.
(38)	Education Institution Subject to 4968 Excise Tax	16	<ENTER>	Enter 1 for yes and 2 for no Part V, Line 16.

**Exhibit 3.24.12-103 (01-01-2023)****Form 990 - Section 06 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "06".
(2)	Voting Members of Governing Body	PG6L1A	<ENTER>	Enter the number shown on Part VI, Section A, Line 1a.
(3)	Independent Voting Members	L1B	<ENTER>	Enter the number shown on Part VI, Section A, Line 1b.
(4)	Officer, Director, Trustee Family/ Relationship	L2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 2.
(5)	Delegate Control Over Management	L3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 3.
(6)	Make Significant Changes	L4	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 4.
(7)	Become Aware of Material Diversion	L5	<ENTER>	Enter a yes or no from the yes/box from Part VI, Section A, Line 5.
(8)	Members of Stockholders	L6	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 6.
(9)	Members, Stockholders, Other Persons	7A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7a.
(10)	Members Subject to Approval	7B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7b.

**Exhibit 3.24.12-103 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Determining Compensation for CEO, Exec Director	15A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section B, Line 15a.
(12)	Reportable Compensation from the Organization 1	PTVII1D \$	<ENTER>	Enter the amount from Part VII Section A, Line 1, Column (d).
(13)	Reportable Compensation from Related Organizations 1	PTVII1E \$	<ENTER>	Enter the amount from Part VII Section A, Line 1, Column (e).
(14)	Estimated Amount of Other Compensation 1	PTVII1F \$	<ENTER>	Enter the amount from Part VII Section A, Line 1, Column (f).
(15)	Reportable Compensation from the Organization 2	PTVII2D \$	<ENTER>	Enter the amount from Part VII Section A, Line 2, Column (d).
(16)	Reportable Compensation from Related Organizations 2	PTVII2E \$	<ENTER>	Enter the amount from Part VII Section A, Line 2, Column (e).
(17)	Estimated Amount of Other Compensation 2	PTVII2F \$	<ENTER>	Enter the amount from Part VII Section A, Line 2, Column (f).
(18)	Reportable Compensation from the Organization 3	PTVII3D \$	<ENTER>	Enter the amount from Part VII Section A, Line 3, Column (d).
(19)	Reportable Compensation from Related Organizations 3	PTVII3E \$	<ENTER>	Enter the amount from Part VII Section A, Line 3, Column (e).
(20)	Estimated Amount of Other Compensation 3	PTVII3F \$	<ENTER>	Enter the amount from Part VII Section A, Line 3, Column (f).

**Exhibit 3.24.12-103 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 06 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Reportable Compensation from the Organization 4	PTVII4D \$	<ENTER>	Enter the amount from Part VII Section A, Line 4, Column (d).
(22)	Reportable Compensation from Related Organizations 4	PTVII4E \$	<ENTER>	Enter the amount from Part VII Section A, Line 4, Column (e).
(23)	Estimated Amount of Other Compensation 4	PTVII4F \$	<ENTER>	Enter the amount from Part VII Section A, Line 4, Column (f).
(24)	Reportable Compensation from the Organization 5	PTVII5D \$	<ENTER>	Enter the amount from Part VII Section A, Line 5, Column (d).
(25)	Reportable Compensation from Related Organizations 5	PTVII5E \$	<ENTER>	Enter the amount from Part VII Section A, Line 5, Column (e).
(26)	Estimated Amount of Other Compensation 5	PTVII5F \$	<ENTER>	Enter the amount from Part VII Section A, Line 5, Column (f).
(27)	Total Reportable Compensation from Organization	PG8L1D(D) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column D.
(28)	Total Reportable Compensation from Related Organization	1D(E) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column E.
(29)	Total Compensation from Organization & Related Organizations	1D(F) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column F.
(30)	Total Individuals who Received > \$100,000	SECTAL2	<ENTER>	Enter the number shown on Part VII, Section A, Line 2.
(31)	Total Independent Contractors Received > \$100,000	SECTBL2	<ENTER>	Enter the number shown on Part VII, Section B, Line 2.

**Exhibit 3.24.12-104 (01-01-2023)****Form 990 - Section 07 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise always enter "07".
(2)	Total Contributions/ Gifts/Grants	PG9L1H \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 1h, Column (A).
(3)	Program Service Business Code 2A	2ACODE	<ENTER>	Enter the number shown on Part VIII, Line 2a.
(4)	2a Program Service Revenue Col. A	2A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2a, Column (A).
(5)	Program Service Business Code 2B	2BCODE	<ENTER>	Enter the number shown on Part VIII, Line 2b.
(6)	2b Program Service Revenue Col. A	2B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2b, Column (A).
(7)	Program Service Business Code 2C	2CCODE	<ENTER>	Enter the number shown on Part VIII, Line 2c.
(8)	2c Program Service Revenue Col. A	2C(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2c, Column (A).
(9)	Program Service Business Code 2D	2DCODE	<ENTER>	Enter the number shown on Part VIII, Line 2d.
(10)	2d Program Service Revenue Col. A	2D(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2d, Column (A).
(11)	Program Service Business Code 2E	2ECODE	<ENTER>	Enter the number shown on Part VIII, Line 2e.
(27)	2e Program Service Revenue Col. A	2E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2e, Column (A).

**Exhibit 3.24.12-104 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(28)	2f Program Service Revenue Col. A	2F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2f, Column (A).
(29)	2g Program Service Revenue Total Col. A	2GTOT \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 2g, Column (A).
(15)	Investment Income Col. A	3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 3, Column (A).
(16)	Tax-Exempt Bond Proceeds Col. A	4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 4, Column (A).
(17)	Royalties Col. A	5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 5, Column (A).
(18)	Gross Rents Real	6(A)I \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (i).
(19)	Gross Rents Personal	6(A)II \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (ii).
(20)	Rental Expenses Real	6(B)(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (i).
(21)	Rental Expenses Personal	6(B)(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (ii).
(22)	Rental Income/Loss Real	6C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (i).
(23)	Rental Income/Loss Personal	6C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (ii).
(24)	Net Rental Income/Loss Col. A	6D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6d, Column (A).



**Exhibit 3.24.12-105 (01-01-2023)****Form 990 - Section 08 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08".
(2)	Gross Amount from Sales of Assets - Securities	PG9L7A(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (i).
(3)	Gross Amount from Sales of Assets - Other	7A(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (ii).
(4)	Cost or Other Basis/ Sales - Securities	7B(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (i).
(5)	Cost or Other Basis/ Sales - Other	7B(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (ii).
(6)	Gain/Loss - Securities	7C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (i).
(7)	Gain/Loss - Other	7C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (ii).
(8)	Net Gain/Loss Col. A	7D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7d, Column (A).
(9)	Gross Income from Fundraising	8A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8a.
(10)	Less Direct Expenses 8b	8B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8b.
(11)	Net Income/Loss from Fundraising Col. A	8C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8c, Column (A).
(12)	Gross Income from Gaming	9A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9a.
(13)	Less Direct Expenses 9b	9B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9b.

**Exhibit 3.24.12-105 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Net Income/Loss from Gaming	9C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9c, Column (A).
(15)	Gross Sales of Inventory	10A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10a.
(16)	Less Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10b.
(17)	Net Income/Loss from Sales Col. A	10C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10c, Column (A).
(18)	Misc. Revenue Business Code 11a	11ACODE	<ENTER>	Enter the number shown on Part VIII, Line 11a.
(19)	Misc. Revenue Total (A) Col. A	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11a, Column (A).
(20)	Misc. Revenue Business Code 11b	11BCODE	<ENTER>	Enter the number shown on Part VIII, Line 11b.
(21)	Misc. Revenue Total 11B(A) Col. A	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11b, Column (A).
(22)	Misc. Revenue Business Code 11c	11CCODE	<ENTER>	Enter the number shown on Part VIII, Line 11c.
(23)	Misc. Revenue Total 11C(A) Col. A	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11c, Column (A).
(24)	Misc. Revenue Total 11D(A) Col. A	11D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11d, Column (A).
(25)	Misc. Revenue Total 11E Col. A	11ETOT \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11e, Column (A).
(26)	Total Revenue 12(A) Col. A	12(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 12, Column (A).

**Exhibit 3.24.12-106 (01-01-2023)****Form 990 - Section 09 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09".
(2)	Gross to Government / Organizations in U.S.	PG10L1(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1, Column (A).
(3)	Grants / Other Assistance in U.S.	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 2, Column (A).
(4)	Grants / Other Assistance Outside U.S.	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 3, Column (A).
(5)	Benefits Paid to / for Members	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 4, Column (A).
(6)	Compensation of Current Officers / Directors	L5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5, Column (A).
(7)	Compensation to Disqualified Persons	L6(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6, Column (A).
(8)	Other Salaries / Wages	L7(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 7, Column (A).
(9)	Pension Plan Contributions	L8(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 8, Column (A).
(10)	Other Employee Benefits	L9(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 9, Column (A).
(11)	Payroll Taxes	10(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 10, Column (A).
(12)	Fees for Services / Management	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11a, Column (A).
(13)	Fees for Services / Legal	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11b, Column (A).

**Exhibit 3.24.12-106 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Fees for Services / Accounting	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11c, Column (A).
(15)	Fees for Services / Lobbyists	11D(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11d, Column (A).
(16)	Fees for Services / Professional Fund-raising	11E(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11e, Column(A).
(17)	Fees for Services / Investment Management	11F(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11f, Column (A).
(18)	Fees for Services / Other	11G(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from shown on Part IX, Line 11g, Column (A).
(19)	Advertising / Promotion	12(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 12, Column (A).
(20)	Office Expenses	13(A) \$	<ENTER> MINUS (-)	Enter the amount from on Part IX, Line 13, Column (A).
(21)	Information Technology	14(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 14, Column (A).
(22)	Royalties	15(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 15, Column (A).
(23)	Occupancy	16(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 16, Column (A).
(24)	Travel	17(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 17, Column (A).
(25)	Payments of Travel / Entertainment	18(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 18, Column (A).
(26)	Conferences, Conventions / Meetings	19(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 19, Column (A).

**Exhibit 3.24.12-106 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 09 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Interest	20(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 20, Column (A).
(28)	Payments to Affiliates	21(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 21, Column (A).
(29)	Depreciation / Depletion	22(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 22, Column (A).
(30)	Insurance	23(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 23, Column (A).
(31)	Other Expenses a	24A(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 24a, Column (A).
(32)	Other Expenses b	24B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24b, Column (A).
(33)	Other Expenses c	24C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24c, Column (A).
(34)	Other Expenses d	24D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24d, Column (A).
(35)	Other Expenses e	24E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24e, Column (A).
(36)	NA	24F(A) \$	<ENTER>	Enter only.
(37)	Total Functional Expenses	25(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 25, Column (A).

**Exhibit 3.24.12-107 (01-01-2025)****Form 990 - Section 10 (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10".
(2)	Cash EOY	PG11L1(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 1, Column (B).
(3)	Savings / Temporary Investments EOY	L2(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 2, Column (B).
(4)	Pledges / Grants Receivable EOY	L3(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 3, Column (B).
(5)	Accounts Receivable EOY	L4(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 4, Column (B).
(6)	Receivables from Current / Former EOY	L5(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 5, Column (B).
(7)	Receivables from Disqualified Persons EOY	L6(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 6, Column (B).
(8)	Notes / Loans Receivable EOY	L7(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7, Column (B).
(9)	Inventories for Sale EOY	L8(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 8, Column (B).
(10)	Prepaid Expenses EOY	L9(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 9, Column (B).
(11)	Land / Buildings Less Accumulated EOY	10C(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 10c, Column (B).
(12)	Investments Publicly Traded Securities EOY	11(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 11, Column (B).
(13)	Investments Other Securities EOY	12(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 12, Column (B).

**Exhibit 3.24.12-107 (Cont. 1) (01-01-2025)**  
**Form 990 - Section 10 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Investments Program Related EOY	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 13, Column (B).
(15)	Intangible Assets EOY	14(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 14, Column (B).
(16)	Other Assets EOY	15(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 15, Column(B).
(17)	Total Assets BOY	16(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 16, Column (A).
(18)	Total Assets EOY	16(B) \$	<ENTER> MINUS (-)	Enter the amount from shown on Part X, Line 16, Column (B).
(19)	Accounts Payable EOY	17(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 17, Column (B).
(20)	Grants Payable EOY	18(B) \$	<ENTER> MINUS (-)	Enter the amount from on Part X, Line 18, Column (B).
(21)	Deferred Revenue EOY	19(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 19, Column (B).
(22)	Tax-Exempt Bond Liabilities EOY	20(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 20, Column (B).
(23)	Escrow Liability EOY	21(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 21, Column (B).
(24)	Payable to Current / Former Officers EOY	22(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 22, Column (B).
(25)	Secured Mortgages / Notes EOY	23(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 23, Column (B).
(26)	Unsecured Notes / Loans EOY	24(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 24, Column (B).

**Exhibit 3.24.12-107 (Cont. 2) (01-01-2025)**  
**Form 990 - Section 10 (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Other Liabilities EOY	25(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 25, Column (B).
(28)	Total Liabilities BOY	26(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 26, Column (A).
(29)	Total Liabilities EOY	26(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 26, Column (B).
(30)	Net Assets Without Restrictions	27(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 27, Column (B).
(31)	Net assets with donor restrictions	28(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 28, Column (B).
(33)	Capital Stock / Trust EOY	29(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 29, Column (B).
(34)	Paid-In / Capital Surplus EOY	30(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 30, Column (B).
(35)	Retained Earnings, Endowment EOY	31(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 31, Column (B).
(36)	Total Net Assets or Fund Balances BOY	32(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 32, Column (A).
(37)	Total Net Assets or Fund Balances EOY	32(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 32, Column (B).
(38)	N/A	33(B) \$	N/A	Press enter only.



**Exhibit 3.24.12-108 (01-01-2023)****Form 990 - Section 11, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter one of the following from Line 12: 1 = Type I, 2 = Type II, 3 = Type III – Functionally integrated 4 = Type III – Non-functionally integrated Blank <ENTER>. If more than one box is checked, enter the corresponding number for the first box checked.
(4)	Type I, II or III Supporting Organization	11E	<ENTER>	Enter a 1 if the box is checked on Schedule A, Part I, Line 12e.
(5)	Number of Supported Organizations	11F	<ENTER>	Enter the number from Line 12f.
(6)	EIN A	12G(II)A	<ENTER>	Enter the EIN in Part I, Line 12g, Row A, Column (ii).
(7)	Type of Org A	12G(III)A	<ENTER>	Enter the type of organization in Part I, Line 12g, Row A, Column (iii).
(8)	Listed in Governing Doc A	12G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row A, Column (iv).
(9)	Amount of Support A	12G(V) A \$	<ENTER>	Enter the amount on Part I, Line 12g, Row A, Column (v).

**Exhibit 3.24.12-108 (Cont. 1) (01-01-2023)****Form 990 - Section 11, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	EIN B	12G(II)B	<ENTER>	Enter the EIN in Part I, Line 12g, Row B, Column (ii).
(11)	Type of Org B	12G(III)B	<ENTER>	Enter the type of organization in Part I, Line 12g, Row B, Column (iii).
(12)	Listed in Governing Doc B	12G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row B, Column (iv).
(13)	Amount of Support B	12G(V)B \$	<ENTER>	Enter the amount Part I, Line 12g, Row B, Column (v).
(14)	EIN C	12G(II)C	<ENTER>	Enter the EIN in Part I, Line 12g, Row C, Column (ii).
(15)	Type of Org C	12G(III)C	<ENTER>	Enter the type of organization in Part I, Line 12g, Row C, Column (iii).
(16)	Listed in Governing Doc C	12G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row C, Column (iv).
(17)	Amount of Support C	12G(V)C \$	<ENTER>	Enter the amount on Part I, Line 12g, Row C, Column (v).
(18)	EIN D	12G(II)D	<ENTER>	Enter the EIN in Part I, Line 12g, Row D, Column (ii).
(19)	Type of Org D	12G(III)D	<ENTER>	Enter the type of organization in Part I, Line 12g, Row D, Column (iii).
(20)	Listed in Governing Doc D	12G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row D, Column (iv).
(21)	Amount of Support D	12G(V)D \$	<ENTER>	Enter the amount on Part I, Line 12g, Row D, Column (v).

**Exhibit 3.24.12-108 (Cont. 2) (01-01-2023)****Form 990 - Section 11, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(22)	EIN E	12G(II)E	<ENTER>	Enter the EIN in Part I, Line 12g, Row E, Column (ii).
(23)	Type of Org E	12G(III)E	<ENTER>	Enter the type of organization in Part I, Line 12g, Row E, Column (iii).
(24)	Listed in Governing Doc E	12G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row E, Column (iv).
(25)	Amount of Support E	12G(V)E \$	<ENTER>	Enter the amount on Part I, Line 12g, Row E, Column (v).
(26)	Filling Field	N/A	<ENTER>	Blank field generated on output.
(27)	Total Number of Organizations	12G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 12g, Column (i), Total Line.
(28)	Total Amount of Support	GVTOT \$	<ENTER>	Enter the amount on Part I, Line 12g, Total, Column (v).
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).

**Exhibit 3.24.12-108 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16a is checked.

**Exhibit 3.24.12-108 (Cont. 4) (01-01-2023)****Form 990 - Section 11, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-109 (01-01-2023)****Form 990 - Section 12, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Dis-qualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).

**Exhibit 3.24.12-109 (Cont. 1) (01-01-2023)****Form 990 - Section 12, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 20 is checked.

**Exhibit 3.24.12-109 (Cont. 2) (01-01-2023)****Form 990 - Section 12, Schedule A (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a 1 if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a 1 if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a 1 if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a 1 if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a 1 if data is present in Part IV, Section E.
(28)	Filling Field	N/A	<ENTER>	Generates a blank field on output.
(29)	Excess Distributions C	PTVE3C \$	<ENTER>	Enter the amount from Part V, Section E, Line 3c.
(30)	Excess Distributions D	PTVE3D \$	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(31)	Excess Distributions E	PTVE3E \$	<ENTER>	Enter the amount from Part V, Section E, Line 3e.
(32)	Excess Distributions Breakdown B	PTVE8B \$	<ENTER>	Enter the amount from Part V, Section E, Line 8b.
(33)	Excess Distributions Breakdown C	PTVE8C \$	<ENTER>	Enter the amount from Part V, Section E, Line 8c.
(34)	Excess Distributions Breakdown D	PTVE8D \$	<ENTER>	Enter the amount from Part V, Section E, Line 8d.
(35)	Excess Distributions Breakdown E	PTVE8E \$	<ENTER>	Enter the amount from Part V, Section E, Line 8e.



**Exhibit 3.24.12-110 (01-01-2023)****Form 990 - Section 13, Schedules C & D (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHIAL2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Total Number at EOY	SCHDL1(A)	<ENTER>	Enter the number shown on Schedule D, Part I, Line 1, Column (a).
(4)	Contributions To	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 2, Column (a).
(5)	Grants From	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 3, Column (a).
(6)	Aggregate Value	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 4, Column (a).
(7)	Inform All Donors Checkbox	L5	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 5.
(8)	Inform All Grantees Checkbox	L6	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 6.

**Exhibit 3.24.12-111 (01-01-2023)****Form 990 - Section 31, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
(2)	Financial Assistance	L1A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1a: 1 = yes 2 = no.
(3)	Written Policy	L1B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 1b: 1 = yes 2 = no.
(4)	Best Describes	L2	<ENTER>	Enter the following: 1 = Applied Uniformly to all. 2 = Applied Uniformly to most. 3 = Generally tailored.
(5)	FPG Used	L3A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3a: 1 = yes 2 = no.
(6)	FPG%	L3A%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3a percent: 1 = 100% 2 = 150% 3 = 200% 4 = Other.
(7)	FPG Discounted Care	L3B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 3b: 1 = yes 2 = no.

**Exhibit 3.24.12-111 (Cont. 1) (01-01-2023)****Form 990 - Section 31, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(8)	FPG Discounted Care %	L3B%	<ENTER>	Enter the percent that is next to the marked box from Schedule H, Part I, Line 3b percent: 1 = 200% 2 = 250% 3 = 300% 4 = 350% 5 = 400% 6 = Other If more than one box is checked, enter the number for the largest percent..
(9)	Applied to Largest Number of Patients	L4	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 4: 1 = yes 2 = no.
(10)	Budget Amounts for Free or Discounted	L5A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5a: 1 = yes 2 = no.
(11)	Exceed Budget Amount	L5B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5b: 1 = yes 2 = no.
(12)	Unable to Provide Free or Discounted Care	L5C	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 5c: 1 = yes 2 = no.
(13)	Prepare A Community Benefit Report	L6A	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6a: 1 = yes 2 = no.
(14)	Available to Public	L6B	<ENTER>	Enter the following from the checkbox Schedule H, Part I, Line 6b: 1 = yes 2 = no.

**Exhibit 3.24.12-111 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 31, Schedule H (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(15)	Financial Assistance C	L7AC \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (c).
(16)	Financial D	L7AD \$	<ENTER>	Enter the amount from Schedule H, Part I, Line 7a, Column (d).
(17)	Financial Assistance at Cost Net Community	SCHH 7A(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7a, Column (e).
(18)	Financial Assistance at Cost Percent	7A(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7a, Column (f).
(19)	Medicaid C	L7BC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (c).
(20)	Medicaid D	L7BD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (d).
(21)	Unreimbursed Medicaid Net Community	7B(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (e).
(22)	Unreimbursed Medicaid Percent	7B(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7b, Column (f).
(23)	Cost of Other Means Tested C	L7CC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (c).
(24)	Cost of Other Means Tested D	L7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (d).
(25)	Unreimbursed Costs - Other Net Community	7C(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (e).

**Exhibit 3.24.12-111 (Cont. 3) (01-01-2023)****Form 990 - Section 31, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Unreimbursed Costs - Other Percent	7C(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7c, Column (f).
(27)	Financial Assistance Total C	7DC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (c).
(28)	Financial Assistance Total D	7DD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (d).
(29)	Total Financial Assistance Net Community	7D(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (e).
(30)	Total Financial Assistance Percent	7D(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7d, Column (f).

**Exhibit 3.24.12-112 (01-01-2023)****Form 990 - Section 32, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "32".
(2)	Community Health Improvement C	7EC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (c).
(3)	Community Health Improvement D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (d).
(4)	Community Health Improvement E	7EE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7e, Column (e).
(5)	Community Health Improvement Percent	7EF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7e, Column (f).
(6)	Health Professions C	7FC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (c).
(7)	Health Professions D	7ED \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (d).
(8)	Health Professions E	7FE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7f, Column (e).
(9)	Health Professions Percent	7FF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7f, Column (f).
(10)	Subsidized Health Services C	7GC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (c).
(11)	Subsidized Health Services D	7GD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (d).

**Exhibit 3.24.12-112 (Cont. 1) (01-01-2023)****Form 990 - Section 32, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	Subsidized Health Services E	7GE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7g, Column (e).
(13)	Subsidized Health Services Percent	7GF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7g, Column (f).
(14)	Research C	7HC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (c).
(15)	Research D	7HD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (d).
(16)	Research E	7HE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7h, Column (e).
(17)	Research F Percent	7HF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7h, Column (f).
(18)	Cash & Contributions C	7IC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (c).
(19)	Cash & Contributions D	7ID \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (d).
(20)	Cash & Contributions E	7IE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7i, Column (e).
(21)	Cash & Contributions %	7IF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7i, Column (f).
(22)	Total Other Benefits C	7JC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (c).
(23)	Total Other Benefits D	7JD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (d).

**Exhibit 3.24.12-112 (Cont. 2) (01-01-2023)****Form 990 - Section 32, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(24)	Total Other Benefits E	7JE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (e).
(25)	Total Other Benefits Percent	7JF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7j, Column (f).
(26)	Total C	7KC \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (c).
(27)	Total D	7KD \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (d).
(28)	Total E	7KE \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (e).
(29)	Total Percent	7KF%	<ENTER>	Enter the percent from Schedule H, Part I, Line 7k, Column (f).



**Exhibit 3.24.12-113 (01-01-2023)****Form 990 - Section 33, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "16".
(2)	Total Net Community	PIII0E \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part II, Line 10, Column (e).
(3)	Total Percent of Expense	10F%	<ENTER>	Enter the percent from Schedule H, Part II, Line 10 Column (f).
(4)	Report Bad Debt Expense	PT3L1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part III, Line 1.
(5)	Bad Debt Expense Amount	L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 2.
(6)	Estimated Bad Debt Expense Amount	L3 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 3.
(7)	Revenue from Medicare	L5 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 5.
(8)	Medicare Allowable Costs	L6 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 6.
(9)	Medicare Surplus or Shortfall	L7 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 7.
(10)	Costing Methodology or Source Code	L8CD	<ENTER>	Enter the edited code from the right of the boxes from Schedule H, Part III, Line 8.
(11)	Written Debt Collection Policy	L9A	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9a.

**Exhibit 3.24.12-113 (Cont. 1) (01-01-2023)****Form 990 - Section 33, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(12)	Collection Policy Contain Provision	L9B	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9b.
(13)	Part IV Code	PIVCD	<ENTER>	Enter the edited digit from Schedule H, Part IV, right margin.
(14)	Part V How Many Hospital Facilities Did Organization Operate	SECATOP	<ENTER>	Enter the number shown in the Hospital Facilities area in the top left portion of Schedule H, Part V, Section A.
(15)	Part V Section C Indicator Code	SECCRM	<ENTER>	Enter the indicator code from Schedule H, Part V, Section C, right margin.
(16)	Part V How Many Non-Hospital Facilities Did Organization Operate	SECCTOP	<ENTER>	Enter the number from the non-hospital health care benefits line.
(17)	Part V Section D Indicator Code	SECTDRM	<ENTER>	Enter the edited code from Schedule H, Part V, Section D, right margin.

**Exhibit 3.24.12-114 (01-01-2023)****Form 990 - Section 34, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-114 (Cont. 1) (01-01-2023)****Form 990 - Section 34, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-114 (Cont. 2) (01-01-2023)****Form 990 - Section 34, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementa- tion Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-114 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 34, Schedule H (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-114 (Cont. 4) (01-01-2023)****Form 990 - Section 34, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-115 (01-01-2023)****Form 990 - Section 35, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.



**Exhibit 3.24.12-115 (Cont. 1) (01-01-2023)****Form 990 - Section 35, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.

**Exhibit 3.24.12-115 (Cont. 2) (01-01-2023)****Form 990 - Section 35, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-116 (01-01-2023)****Form 990 - Section 36, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19d is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-116 (Cont. 1) (01-01-2023)****Form 990 - Section 36, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-116 (Cont. 2) (01-01-2023)****Form 990 - Section 36, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-117 (01-01-2023)****Form 990 - Section 37, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-117 (Cont. 1) (01-01-2023)****Form 990 - Section 37, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-117 (Cont. 2) (01-01-2023)****Form 990 - Section 37, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementa- tion Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.



**Exhibit 3.24.12-117 (Cont. 3) (01-01-2023)****Form 990 - Section 37, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-117 (Cont. 4) (01-01-2023)****Form 990 - Section 37, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-118 (01-01-2023)****Form 990 - Section 38, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.

**Exhibit 3.24.12-118 (Cont. 1) (01-01-2023)****Form 990 - Section 38, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.

**Exhibit 3.24.12-118 (Cont. 2) (01-01-2023)****Form 990 - Section 38, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-119 (01-01-2023)****Form 990 - Section 39, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-119 (Cont. 1) (01-01-2023)****Form 990 - Section 39, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-119 (Cont. 2) (01-01-2023)****Form 990 - Section 39, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.



**Exhibit 3.24.12-120 (01-01-2023)****Form 990 - Section 40, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-120 (Cont. 1) (01-01-2023)****Form 990 - Section 40, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-120 (Cont. 2) (01-01-2023)****Form 990 - Section 40, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-120 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 40, Schedule H (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-120 (Cont. 4) (01-01-2023)****Form 990 - Section 40, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-121 (01-01-2023)****Form 990 - Section 41, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-121 (Cont. 1) (01-01-2023)****Form 990 - Section 41, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-121 (Cont. 2) (01-01-2023)****Form 990 - Section 41, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.



**Exhibit 3.24.12-122 (01-01-2023)****Form 990 - Section 42, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-122 (Cont. 1) (01-01-2023)****Form 990 - Section 42, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-122 (Cont. 2) (01-01-2023)****Form 990 - Section 42, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-123 (01-01-2023)****Form 990 - Section 43, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-123 (Cont. 1) (01-01-2023)****Form 990 - Section 43, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.

**Exhibit 3.24.12-123 (Cont. 2) (01-01-2023)****Form 990 - Section 43, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-123 (Cont. 3) (01-01-2023)****Form 990 - Section 43, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-123 (Cont. 4) (01-01-2023)****Form 990 - Section 43, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.



**Exhibit 3.24.12-124 (01-01-2023)****Form 990 - Section 44, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-124 (Cont. 1) (01-01-2023)****Form 990 - Section 44, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-124 (Cont. 2) (01-01-2023)****Form 990 - Section 44, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-125 (01-01-2023)****Form 990 - Section 45, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-125 (Cont. 1) (01-01-2023)****Form 990 - Section 45, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.

**Exhibit 3.24.12-125 (Cont. 2) (01-01-2023)****Form 990 - Section 45, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-126 (01-01-2023)****Form 990 - Section 46, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "34".
(2)	Name of Facility Section B	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Licensed Registered State Y/N	PVL1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 1.
(5)	Hospital Acquired in Current Year Y/N	P2VL	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 2.
(6)	Conduct Community Health Needs As- sessment	L3	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part V, Section B Line 3.
(7)	Definition of Community Served	L3A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3a is checked.
(8)	Demographics of a Community	L3B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3b is checked.
(9)	Existing Health Care and Resources	L3C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3c is checked.
(10)	How Data Was Obtained	L3D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3d is checked.

**Exhibit 3.24.12-126 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Health Needs of a Community	L3E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3e is checked.
(12)	Primary and Chronic Disease Needs	L3F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3f is checked.
(13)	Identifying and Prioritizing Health Needs	L3G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3g is checked.
(14)	Consulting With Persons Representing	L3H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3h is checked.
(15)	Information Gaps That Limit	L3I	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3i is checked.
(16)	Other	L3J	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 3j is checked.
(17)	Tax Year CHNA Conducted	L4	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 4.
(18)	Hospital Facility Take Into Account Input	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(19)	Conducted With One or More Other Hospitals Facilities	L6A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6a.
(20)	CHNA Conducted With One or More Organizations Other Than Hospital Facilities	L6B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 6b.



**Exhibit 3.24.12-126 (Cont. 2) (01-01-2023)****Form 990 - Section 46, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Widely Available to Public	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(22)	Hospital Website	L7A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7a is checked.
(23)	Other Website	L7B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7b is checked.
(24)	Paper Copy Available Without Charge	L7C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7c is checked.
(25)	Other	L7D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 7d is checked.
(26)	Adopt Implementation Strategy	L8	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8.
(27)	Tax Year Strategy Implemented	L9	<ENTER>	Enter the year from Schedule H, Part V, Section B, Line 9.
(28)	Strategy Posted on Website	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(29)	URL Present	L10A	<ENTER>	Enter a 1 if a url is present on Schedule H, Part V, Section B, Line 10a.
(30)	Strategy Attached	L10B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10b.

**Exhibit 3.24.12-126 (Cont. 3) (01-01-2023)**  
**Form 990 - Section 46, Schedule H (2019 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(31)	Excise Tax Under 4959	L12A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12a.
(32)	Did Organization File 4720	L12B	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 12b.
(33)	4959 Tax Reported	L12C \$	<ENTER> MINUS (-)	Enter the amount on Schedule H, Part V, Section B, Line 12c.
(34)	Explained Eligibility Requirement	L13	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 13.
(35)	Uses Federal Poverty Guidelines Free Care	L13A	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13a is checked.
(36)	Free Care %	13A1%	<ENTER>	Enter the first percent on Schedule H, Part V, Section B, Line 13a.
(37)	Discounted Care %	13A2%	<ENTER>	Enter the second percent on Schedule H, Part V, Section B, Line 13a.
(38)	Income Level Other Than FPG	L13B	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13b is checked.
(39)	Asset Level	L13C	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13c is checked.
(40)	Medical Indigency	13D	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13d is checked.

**Exhibit 3.24.12-126 (Cont. 4) (01-01-2023)****Form 990 - Section 46, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(41)	Insurance Status	13E	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13e is checked.
(42)	Underinsurance Status	13F	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13f is checked.
(43)	Residency	13G	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13g is checked.
(44)	Other	13H	<ENTER>	Enter a 1 if the box on Schedule H, Part V, Section B, Line 13h is checked.

**Exhibit 3.24.12-127 (01-01-2023)****Form 990 - Section 47, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
(2)	Calculating Amounts Charged to Patients	14	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(3)	Explained the Method for Applying Financial Assistance	15	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(4)	Information Hospital Required on Application	15A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15a is checked.
(5)	Supporting Information Required on Application	15B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15b is checked.
(6)	Contact Information	15C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15c is checked.
(7)	Contact Information Sources of Financial Assistance	15D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15d is checked.
(8)	Other	15E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 15e is checked.
(9)	Publicize the Policy	16	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 16.

**Exhibit 3.24.12-127 (Cont. 1) (01-01-2023)****Form 990 - Section 47, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	FAP Available on Website	16A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16a is checked.
(11)	FAP Application on Website	16B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16b is checked.
(12)	Plain Language Summary	16C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16c is checked.
(13)	FAP Available on Request	16D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16d is checked.
(14)	FAP Application Form Available Upon Request	16E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16e is checked.
(15)	Plain Language FAP Available	16F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16f is checked.
(16)	FAP Conspicuously Displayed	16G	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16g is checked.
(17)	Notified Customers	16H	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16h is checked.
(18)	FAP Translated into Primary Language of LEP	16I	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16i is checked.
(19)	Other	16J	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 16j is checked.

**Exhibit 3.24.12-127 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 47, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Separate Billing and Collections Billing	17	<ENTER>	Enter a a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(21)	Reporting to Credit Agency	18A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18a is checked.
(22)	Selling an Individuals Debt	18B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18b is checked.
(23)	Deferring, Denying or Requesting a Payment	18C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18c is checked.
(24)	Actions That Require Legal or Judicial Process	18D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18d is checked.
(25)	Other Similar Actions	18E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18e is checked.
(26)	None of These Actions	18F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 18f is checked.

**Exhibit 3.24.12-128 (01-01-2023)****Form 990 - Section 48, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "36".
(2)	Individuals Availability Under Facilities FAP	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.
(3)	Reporting to Credit Agency	19A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19a is checked.
(4)	Selling an Individuals Debt	19B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19b is checked.
(5)	Deferring, Denying or Requesting a Payment	19C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19c is checked.
(6)	Actions That Require Legal or Judicial Process	19D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19dc is checked.
(7)	Other Similar Actions	19E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 19e is checked.
(8)	Provided a Written Notice	20A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20a is checked.
(9)	Reasonable Effort to Orally Notify	20B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20b is checked.
(10)	Processed Complete and Incomplete FAP	20C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20c is checked.

**Exhibit 3.24.12-128 (Cont. 1) (01-01-2023)****Form 990 - Section 48, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Made Presumptive Eligibility Determinations	20D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20d is checked.
(12)	Other	20E	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20e is checked.
(13)	None of These Efforts	20F	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 20f is checked.
(14)	Written Policy to Emergency Medical Dare Policy	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(15)	Did Not Provide Care for Emergency Medical Conditions	21A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21a is checked.
(16)	Did Not Have Policy Relating to Emergency Medical Care	21B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21b is checked.
(17)	Limited Who Was Eligible	21C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21c is checked.
(18)	Other	21D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 21d is checked.
(19)	Look Back Method Allowed by a Medicare Fee	22A	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22a is checked.
(20)	Look Back Method Allowed by a Medicare Fee and Private Insurance	22B	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22b is checked.



**Exhibit 3.24.12-128 (Cont. 2) (01-01-2023)****Form 990 - Section 48, Schedule H (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Look Back Method Allowed by Medicaid Either Alone or Combination of Medicare	22C	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22c is checked.
(22)	Prospective Medicaid or Medicare Method	22D	<ENTER>	Enter a <b>1</b> if the box on Schedule H, Part V, Section B, Line 22d is checked.
(23)	Charge Any of Its Patients	23	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 23.
(24)	Amount Equal to the Gross Charge	24	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 24.

**Exhibit 3.24.12-129 (01-01-2023)****Form 990 - Section 49 Schedules L and R (2019 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "49".
(2)	Excess Benefit Transactions	PT1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part 1.
(3)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.
(4)	Interest, Annuities, Royalties, Yes/No Box	SCHR PT51A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule R, Part V, Line 1a.

**Exhibit 3.24.12-130 (01-01-2023)****Form 990 - Section 01 (2008 - 2013) CP 425-431 & 259A-259H**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ★★★★★	Enter the E.I. Number as shown on the preprinted label or in the E.I. Number block. (a) For a CP 425-431 & 259A-259H, underlined to the right of the "Employer ID Number". (b) See standard rules in IRM 3.24.38. (c) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYYY format the Tax Period edited or underlined under "title of form". (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions. (c) For a CP 425-431 & 259A-259H, edited in the area around the Tax Period.

**Exhibit 3.24.12-130 (Cont. 1) (01-01-2023)****Form 990 - Section 01 (2008 - 2013) CP 425–431 & 259A-259H**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in-care-of name, if shown. <b>Note:</b> Downstream processing generates the (%) sign.
(11)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.
(12)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a “G” Condition Code is present, do <u>NOT</u> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(13)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country code.
(14)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(15)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.
(16)	Group Code H(b)	BOXHB	<ENTER>	Enter a “1” or “2” from the yes/no box from the entity area of the return, Line H(b). For a CP425–431 & 259A-259H, press <ENTER> only.
(17)	Tax Exempt Status	BOXI	<ENTER>	Enter the edited two digit code from the blank space of Box I.

## Exhibit 3.24.12-130 (Cont. 2) (01-01-2023)

## Form 990 - Section 01 (2008 - 2013) CP 425-431 &amp; 259A-259H

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Type of Organization	BOXK RT	<ENTER>	Enter the edited code from the blank space of Box K. For a CP 425-431 & 259A-259H enter a "9".
(19)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters as shown on dotted portion of Lines 2-7b. For a 420-431 & 259A-259H, enter the edited characters as shown in the center of the return. If a Condition Code is illegible, enter a "#" in its place.
(20)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If a "G" Condition Code is present and the return is <u>non-remittance</u> , end the document after this element. (c) If a CP 425-431 & 259A-259H, end the document after this element.
(21)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(22)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(23)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.
(24)	Preparer Telephone #	TEL#	<ENTER>	Enter the preparer phone number. (a) If the Type of Organization is a "9", and the "9" is underlined, <b>don't end the document.</b> Continue transcribing the return. (b) If Type of Organization is a "9", and the "9" is <u>NOT</u> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there.

**Exhibit 3.24.12-130 (Cont. 3) (01-01-2023)****Form 990 - Section 01 (2008 - 2013) CP 425–431 & 259A-259H**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(25)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from Bottom Left Margin of the return.</p> <p>(a) If the ERS Action Code is in the “600” series and the return is a <u>non-remittance</u>, end the document after this element.</p> <p>(b) If the ERS Action Code is in the “600” series and the return is a <u>remittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</p> <p>(c) If a “G” Condition Code is present and the return is a <u>remittance</u>, Press &lt;ENTER&gt; followed by &lt;F6&gt; after E–3, then proceed to Section 03.</p> <p>(d) If the Type of Organization is “9” from Section 01 E–10 and the “9” is <u>underlined</u>, <b>do NOT end the document.</b> Continue processing the return.</p> <p>(e) If the Type of Organization is “9”, and the “9” is <u>NOT</u> underlined, press &lt;F6&gt; and end the document after this element.</p>

**Exhibit 3.24.12-131 (01-01-2023)****Form 990 - Section 02, Form 5800 - Edit Sheet (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(3)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(4)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(5)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800, in MMDDYY format. (a) For special instructions, see IRM 3.24.38.
(6)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <u>exactly</u> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-132 (01-01-2023)**  
**Form 990 - Section 03 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03".
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. <ul style="list-style-type: none"> <li>Enter the RPS amount printed on the upper right corner of the return, ONLY if underlined in green.</li> </ul>
(3)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(4)	Undertake New Activities Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2.
(5)	Make Significant Changes Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3.
(6)	Exempt Purpose Code 1	L4A	<ENTER>	Press Enter only. Don't transcribe a code.
(7)	Exempt Purpose Code 2	L4B	<ENTER>	Press Enter only. Don't transcribe a code.
(8)	Exempt Purpose Code 3	L4C	<ENTER>	Press Enter only. Don't transcribe a code.
(9)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3. <b>Note:</b> If a "D1" is edited and underlined, pick up as an alpha "D" and numeric "1". Don't confuse with an alpha "D" and alpha "I".
(10)	501(c)(3) or 4947(a)(1) Y/N	L1	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 1.
(11)	Required to Complete Sch B Y/N	L2	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 2.
(12)	Engage in Direct or Indirect Political Y/N	L3	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 3.
(13)	Engage in Lobbying Activities Y/N	L4	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 4.
(14)	Subject to Sec 6033(c) Notice	L5	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 5.



**Exhibit 3.24.12-132 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Maintain Donor Advised Y/N	L6	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 6.
(16)	Receive or Hold Conser- vation Y/N	L7	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 7.
(17)	Maintain Collections of Works of Art Y/N	L8	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 8.
(18)	Provide Credit Counsel- ing Y/N	L9	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 9.
(19)	Hold Assets in Term/ Permanent Y/N	L10	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 10.
(20)	Land, Buildings, Equipment	11A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11a.
(21)	Investments Other Secu- rities	11B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11b.
(22)	Investments Program Related	11C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11c.
(23)	Other Assets	11D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11d.
(24)	Other Liabilities	11E	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11e.
(25)	Separate or Consolidated Financial Statements	11F	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 11f.
(26)	Separate Independent Audited Financial	12A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12a.
(27)	Consolidated Indepen- dent Financial	12B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 12b.
(28)	School Described in 170(b)(1)(A)(ii)	L13	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 13.
(29)	Maintain an Office, etc Outside U.S.	14A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14a.
(30)	Have Aggregate Revenues/Expenses	14B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 14b.
(31)	Report > \$5000 on Part IX Organizations	L15	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 15.
(32)	Report > \$5000 on Part IX Individuals	L16	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 16.
(33)	Report > \$15,000 on Part IX, Line 11e	L17	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 17.

**Exhibit 3.24.12-132 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(34)	Report > \$15,000 on Part VIII, Line 1c/8a	L18	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 18.
(35)	Report > \$15,000 on Part VIII, Line 9a	L19	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 19.
(36)	Operate Hospitals	20A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20a.
(37)	Attach Audited Financial Statements	20B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 20b.

**Exhibit 3.24.12-133 (01-01-2023)**  
**Form 990 - Section 04 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "04".
(2)	Report > \$5000 on Part IX, Line 1	L21	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 21.
(3)	Report > \$5000 on Part IX, Line 2	L22	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 22.
(4)	Answer Yes to Questions 3, 4, 5	L23	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 23.
(5)	Any Tax-Exempt Bond with Outstanding Principal	24A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24a.
(6)	Invest Any Proceeds	24B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24b.
(7)	Maintain an Escrow Account	24C	<ENTER>	Enter a yes or no from the yes/box from Part IV, Line 24c.
(8)	Act as "On Behalf Of" Issuer	24D	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 24d.
(9)	501(c)(3) / 501(c)(4) Organizations	25A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25a.
(10)	Become Aware it Engaged in Excess	25B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 25b.
(11)	Loan to/by Current/Former Officer	L26	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 26.
(12)	Provide Grant or Other Assistance	L27	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 27.
(13)	Business Transaction with Current or Former Officer	28A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28a.
(14)	Business Transaction with Family Member	28B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28b.
(15)	Business Transaction with Entity of Current/Former Officer	28C	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 28c.
(16)	Receive or Accrue > \$25,000 in Non-Cash	L29	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 29.
(17)	Receive or Accrue Contributions of Art	L30	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 30.

**Exhibit 3.24.12-133 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Liquidate, Terminate, Dissolve	L31	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 31.
(19)	Sell, Exchange, Dispose	L32	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 32.
(20)	Own 100% of an Entity	L33	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 33.
(21)	Related to Tax-Exempt / Taxable Entity	L34	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 34.
(22)	Controlled Entity Within 512(b)(13)	L35A	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35a.
23	Receive Payment or Engage Transaction Within	L35B	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 35b.
(24)	Make Any Transfers	L36	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 36.
(25)	Conduct More than 5%	L37	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 37.
(26)	Complete Schedule O	L38	<ENTER>	Enter a yes or no from the yes/no box from Part IV, Line 38.

**Exhibit 3.24.12-134 (01-01-2023)**  
**Form 990 - Section 05 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Part V Number of Forms/ 1096	PTVL1A	<ENTER>	Enter the number shown on Part V, Line 1a.
(3)	Number of Forms W-2G	L1B	<ENTER>	Enter the number shown on Part V, Line 1b.
(4)	Comply with Backup Withholding Rules	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 1c.
(5)	Number of Employees / W-3	L2A	<ENTER>	Enter the number shown on Part V, Line 2a.
(6)	File All Required Federal Employment Returns	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 2b.
(7)	Unrelated Business Income > \$1000	L3A	<ENTER>	Enter a yes or no from the yes/box from Part V, Line 3a.
(8)	If Yes, Has Filed a 990-T	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 3b.
(9)	Interest in or a Signature	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 4a.
(10)	Party to a Prohibited Tax Shelter	L5A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5a.
(11)	Taxable Party Notify Organization	L5B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5b.
(12)	If Yes, Did Organization File 8886-T	L5C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 5c.
(13)	Annual Gross Receipts Normally >\$100,000	L6A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6a.
(14)	If Yes, Did Organization Include	L6B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 6b.
(15)	>\$75 Partly Contribution/ Goods/Services	L7A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7a.
(16)	If Yes, Did Organization Notify Donor	L7B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7b.
(17)	Sell, Exchange, Otherwise Dispose	L7C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7c.
(18)	Number of Forms 8282	L7D	<ENTER>	Enter the number shown on Part V, Line 7d.

**Exhibit 3.24.12-134 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Receive Any Funds	L7E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7e.
(20)	Pay Premiums	L7F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7f.
(21)	Contributions of Qualified Intellectual Property	L7G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7g.
(22)	Contributions of Cars, Boats, Airplanes	L7H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 7h.
(23)	Sponsoring Orgs, 509(a)(3) Excess Business Holdings	L8	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 8.
(24)	Make Taxable Distributions Under 4966	L9A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9a.
(25)	Make Distribution to Donor	L9B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 9b.
(26)	Initiation Fees/Capital Contributions	10A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10a.
(27)	Gross Receipts for Public Use of Facilities	10B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 10b.
(28)	Gross Income/Members/Shareholders	11A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11a.
(29)	Gross Income from Other Sources	11B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 11b.
(30)	4947(a)(1) Filing 990 in Lieu of 1041	12A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 12a.
(31)	Amount of Tax Exempt Interest	12B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 12b.
(32)	Licensed to Issue Qualified Health Plans	13A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 13a.
(33)	Aggregate Amount of Reserves to Maintain	13B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13b.
(34)	Aggregate Amount of Reserves on Hand	13C \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 13c.
(35)	Receive Payments for Indoor Tanning	14A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14a.
(36)	Filed Form 720 to Report Payments	14B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 14b.

**Exhibit 3.24.12-135 (01-01-2023)**  
**Form 990 - Section 06 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Voting Members of Governing Body	PG6L1A	<ENTER>	Enter the number shown on Part VI, Section A, Line 1a.
(3)	Independent Voting Members	L1B	<ENTER>	Enter the number shown on Part VI, Section A, Line 1b.
(4)	Officer, Director, Trustee Family/Relationship	L2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 2.
(5)	Delegate Control Over Management	L3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 3.
(6)	Make Significant Changes	L4	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 4.
(7)	Become Aware of Material Diversion	L5	<ENTER>	Enter a yes or no from the yes/box from Part VI, Section A, Line 5.
(8)	Members of Stockholders	L6	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 6.
(9)	Members, Stockholders, Other Persons	7A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7a.
(10)	Members Subject to Approval	7B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section A, Line 7b.
(11)	Determining Compensation for CEO, Exec Director	15A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Section B, Line 15a
(12)	Total Reportable Compensation from Organization	PG8L1D(D) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column D.
(13)	Total Reportable Compensation from Related Organization	1D(E) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column E.
(14)	Total Compensation from Organization & Related Organizations	1D(F) \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Section A, Line 1d, Column F.

**Exhibit 3.24.12-135 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Total Individuals who Received > \$100,000	SECTAL2	<ENTER>	Enter the number shown on Part VII, Section A, Line 2.
(16)	Total Independent Contractors Received > \$100,000	SECTBL2	<ENTER>	Enter the number shown on Part VII, Section B, Line 2.



**Exhibit 3.24.12-136 (01-01-2023)**  
**Form 990 - Section 07 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07".
(2)	Total Contributions/Gifts/Grants	PG9L1H \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 1h, Column (A).
(3)	Program Service Business Code 2A	2ACODE	<ENTER>	Enter the number shown on Part VIII, Line 2a.
(4)	2a Program Service Revenue Col. A	2A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2a, Column (A).
(5)	Program Service Business Code 2B	2BCODE	<ENTER>	Enter the number shown on Part VIII, Line 2b.
(6)	2b Program Service Revenue Col. A	2B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2b, Column (A).
(7)	Program Service Business Code 2C	2CCODE	<ENTER>	Enter the number shown on Part VIII, Line 2c.
(8)	2c Program Service Revenue Col. A	2C(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2c, Column (A).
(9)	Program Service Business Code 2D	2DCODE	<ENTER>	Enter the number shown on Part VIII, Line 2d.
(10)	2d Program Service Revenue Col. A	2D(A) \$	<ENTER> MINUS (-)	Enter amount shown on Part VIII, Line 2d, Column (A).
(11)	Program Service Business Code 2E	2ECODE	<ENTER>	Enter the number shown on Part VIII, Line 2e.
(12)	2e Program Service Revenue Col. A	2E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2e, Column (A).
(13)	2f Program Service Revenue Col. A	2F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 2f, Column (A).
(14)	2g Program Service Revenue Total Col. A	2GTOT \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 2g, Column (A).
(15)	Investment Income Col. A	3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 3, Column (A).
(16)	Tax-Exempt Bond Proceeds Col. A	4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 4, Column (A).
(17)	Royalties Col. A	5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 5, Column (A).

**Exhibit 3.24.12-136 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Gross Rents Real	6(A)I \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (i).
(19)	Gross Rents Personal	6(A)II \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6a, Column (ii).
(20)	Rental Expenses Real	6(B)(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (i).
(21)	Rental Expenses Personal	6(B)(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6b, Column (ii).
(22)	Rental Income/Loss Real	6C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (i).
(23)	Rental Income/Loss Personal	6C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6c, Column (ii).
(24)	Net Rental Income/Loss Col. A	6D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 6d, Column (A).

**Exhibit 3.24.12-137 (01-01-2023)**  
**Form 990 - Section 08 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08".
(2)	Gross Amount from Sales of Assets - Securities	PG9L7A(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (i).
(3)	Gross Amount from Sales of Assets - Other	7A(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7a, Column (ii).
(4)	Cost or Other Basis/ Sales - Securities	7B(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (i).
(5)	Cost or Other Basis/ Sales - Other	7B(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7b, Column (ii).
(6)	Gain/Loss - Securities	7C(I) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (i).
(7)	Gain/Loss - Other	7C(II) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7c, Column (ii).
(8)	Net Gain/Loss Col. A	7D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 7d, Column (A).
(9)	Gross Income from Fundraising	8A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8a.
(10)	Less Direct Expenses 8b	8B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8b.
(11)	Net Income/Loss from Fundraising Col. A	8C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 8c, Column (A).
(12)	Gross Income from Gaming	9A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9a.
(13)	Less Direct Expenses 9b	9B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9b.
(14)	Net Income/Loss from Gaming	9C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 9c, Column (A).
(15)	Gross Sales of Inventory	10A \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10a.
(16)	Less Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10b.
(17)	Net Income/Loss from Sales Col. A	10C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 10c, Column (A).

**Exhibit 3.24.12-137 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Misc. Revenue Business Code 11a	11ACODE	<ENTER>	Enter the number shown on Part VIII, Line 11a.
(19)	Misc. Revenue Total (A) Col. A	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11a, Column (A).
(20)	Misc. Revenue Business Code 11b	11BCODE	<ENTER>	Enter the number shown on Part VIII, Line 11b.
(21)	Misc. Revenue Total 11B(A) Col. A	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11b, Column (A).
(22)	Misc. Revenue Business Code 11c	11CCODE	<ENTER>	Enter the number shown on Part VIII, Line 11c.
(23)	Misc. Revenue Total 11C(A) Col. A	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11c, Column (A).
(24)	Misc. Revenue Total 11D(A) Col. A	11D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11d, Column (A).
(25)	Misc. Revenue Total 11E Col. A	11ETOT \$	<ENTER> MINUS (-)	Enter the amount from Part VIII, Line 11e, Column (A).
(26)	Total Revenue 12(A) Col. A	12(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part VIII, Line 12, Column (A).

**Exhibit 3.24.12-138 (01-01-2023)**  
**Form 990 - Section 09 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09".
(2)	Gross to Government / Organizations in U.S.	PG10L1(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1, Column (A).
(3)	Grants / Other Assistance in U.S.	L2(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 2, Column (A).
(4)	Grants / Other Assistance Outside U.S.	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 3, Column (A).
(5)	Benefits Paid to / for Members	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 4, Column (A).
(6)	Compensation of Current Officers / Directors	L5(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5, Column (A).
(7)	Compensation to Disqualified Persons	L6(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6, Column (A).
(8)	Other Salaries / Wages	L7(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 7, Column (A).
(9)	Pension Plan Contributions	L8(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 8, Column (A).
(10)	Other Employee Benefits	L9(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 9, Column (A).
(11)	Payroll Taxes	10(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 10, Column (A).
(12)	Fees for Services / Management	11A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11a, Column (A).
(13)	Fees for Services / Legal	11B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11b, Column (A).
(14)	Fees for Services / Accounting	11C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 11c, Column (A).
(15)	Fees for Services / Lobbyists	11D(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11d, Column (A).
(16)	Fees for Services / Professional Fundraising	11E(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11e, Column(A).
(17)	Fees for Services / Investment Management	11F(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 11f, Column (A).

**Exhibit 3.24.12-138 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Fees for Services / Other	11G(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from shown on Part IX, Line 11g, Column (A).
(19)	Advertising / Promotion	12(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 12, Column (A).
(20)	Office Expenses	13(A) \$	<ENTER> MINUS (-)	Enter the amount from on Part IX, Line 13, Column (A).
(21)	Information Technology	14(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 14, Column (A).
(22)	Royalties	15(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 15, Column (A).
(23)	Occupancy	16(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 16, Column (A).
(24)	Travel	17(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 17, Column (A).
(25)	Payments of Travel / Entertainment	18(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 18, Column (A).
(26)	Conferences, Conventions / Meetings	19(A) \$	<ENTER> MINUS(-)	Enter the amount from Part IX, Line 19, Column (A).
(27)	Interest	20(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 20, Column (A).
(28)	Payments to Affiliates	21(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 21, Column (A).
(29)	Depreciation / Depletion	22(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 22, Column (A).
(30)	Insurance	23(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 23, Column (A).
(31)	Other Expenses a	24A(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24a, Column (A).
(32)	Other Expenses b	24B(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24b, Column (A).
(33)	Other Expenses c	24C(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24c, Column (A).
(34)	Other Expenses d	24D(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24d, Column (A).
(35)	Other Expenses e	24E(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24e, Column (A).

**Exhibit 3.24.12-138 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 09 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(36)	Other Expenses f	24F(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 24f, Column (A).
(37)	Total Functional Expenses	25(A) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part IX, Line 25, Column (A).

**Exhibit 3.24.12-139 (01-01-2023)**  
**Form 990 - Section 10 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10".
(2)	Cash EOY	PG11L1(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 1, Column (B).
(3)	Savings / Temporary Investments EOY	L2(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 2, Column (B).
(4)	Pledges / Grants Receivable EOY	L3(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 3, Column (B).
(5)	Accounts Receivable EOY	L4(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 4, Column (B).
(6)	Receivables from Current / Former EOY	L5(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 5, Column (B).
(7)	Receivables from Disqualified Persons EOY	L6(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 6, Column (B).
(8)	Notes / Loans Receivable EOY	L7(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7, Column (B).
(9)	Inventories for Sale EOY	L8(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 8, Column (B).
(10)	Prepaid Expenses EOY	L9(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 9, Column (B).
(11)	Land / Buildings Less Accumulated EOY	10C(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 10c, Column (B).
(12)	Investments Publicly Traded Securities EOY	11(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 11, Column (B).
(13)	Investments Other Securities EOY	12(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 12, Column (B).
(14)	Investments Program Related EOY	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 13, Column (B).
(15)	Intangible Assets EOY	14(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 14, Column (B).
(16)	Other Assets EOY	15(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 15, Column(B).
(17)	Total Assets BOY	16(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 16, Column (A).



**Exhibit 3.24.12-139 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 10 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Total Assets EOY	16(B) \$	<ENTER> MINUS (-)	Enter the amount from shown on Part X, Line 16, Column (B).
(19)	Accounts Payable EOY	17(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 17, Column (B).
(20)	Grants Payable EOY	18(B) \$	<ENTER> MINUS (-)	Enter the amount from on Part X, Line 18, Column (B).
(21)	Deferred Revenue EOY	19(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 19, Column (B).
(22)	Tax-Exempt Bond Liabilities EOY	20(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 20, Column (B).
(23)	Escrow Liability EOY	21(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 21, Column (B).
(24)	Payable to Current / Former Officers EOY	22(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 22, Column (B).
(25)	Secured Mortgages / Notes EOY	23(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 23, Column (B).
(26)	Unsecured Notes / Loans EOY	24(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 24, Column (B).
(27)	Other Liabilities EOY	25(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 25, Column (B).
(28)	Total Liabilities BOY	26(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 26, Column (A).
(29)	Total Liabilities EOY	26(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 26, Column (B).
(30)	Unrestricted Net Assets EOY	27(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 27, Column (B).
(31)	Temporarily Restricted Net Assets EOY	28(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 28, Column (B).
(32)	Permanently Restricted Net Assets EOY	29(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 29, Column (B).
(33)	Capital Stock / Trust EOY	30(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 30, Column (B).
(34)	Paid-In / Capital Surplus EOY	31(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 31, Column (B).
(35)	Retained Earnings, Endowment EOY	32(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 32, Column (B).

**Exhibit 3.24.12-139 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 10 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(36)	Total Net Assets or Fund Balances BOY	33(A) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Part X, Line 33, Column (A).
(37)	Total Net Assets or Fund Balances EOY	33(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 33, Column (B).
(38)	Total Liabilities / Net Assets Fund Balances EOY	34(B) \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 34, Column (B).

**Exhibit 3.24.12-140 (01-01-2023)****Form 990 - Section 11, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Total Number of Organizations	11H(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 11h, Column (i), Total Line.
(4)	Total Amount of Support	HVIITOT \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 11h, Column (vii), Total Line.
(5)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).
(6)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(7)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(8)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(9)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(10)	Public Support	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(11)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(12)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(13)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(14)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(15)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(16)	Receipts from Related Activities	L12 \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 12.
(17)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 13 is checked.

**Exhibit 3.24.12-140 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 11, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16a is checked.
(19)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16b is checked.
(20)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17a is checked.
(21)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17b is checked.
(22)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-141 (01-01-2023)****Form 990 - Section 12, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 13, Column (f).

**Exhibit 3.24.12-141 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 12, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 20 is checked.

**Exhibit 3.24.12-142 (01-01-2023)****Form 990 - Section 13, Schedules C & D (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHIAL2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Total Number at EOY	SCHDL1(A)	<ENTER>	Enter the number shown on Schedule D, Part I, Line 1, Column (a).
(4)	Contributions To	L2(A)\$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 2, Column (a).
(5)	Grants From	L3(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 3, Column (a).
(6)	Aggregate Value	L4(A) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part I, Line 4, Column (a).
(7)	Inform All Donors Checkbox	L5	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 5.
(8)	Inform All Grantees Checkbox	L6	<ENTER>	Enter a yes or no from the yes/no box from Schedule D, Part I, Line 6.

**Exhibit 3.24.12-143 (01-01-2023)****Form 990 - Section 14, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "14".
(2)	Financial Assistance at Cost Net Community	SCHH 7A(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7a, Column (e).
(3)	Financial Assistance at Cost Percent	7A(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7a, Column (f).
(4)	Unreimbursed Medicaid Net Community	7B(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7b, Column (e).
(5)	Unreimbursed Medicaid Percent	7B(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7b, Column (f).
(6)	Unreimbursed Costs - Other Net Community	7C(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7c, Column (e).
(7)	Unreimbursed Costs - Other Percent	7C(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7c, Column (f).
(8)	Total Financial Assistance Net Community	7D(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7d, Column (e).
(9)	Total Financial Assistance	7D(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7d, Column (f).
(10)	Total Other Benefits Net Community	7J(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7j, Column (e).
(11)	Total Other Benefits Percent	7J(F)	<ENTER>	Enter the percent from Schedule H, Part I, Line 7j, Column (f).
(12)	Total Financial Assistance and Other Benefits Net Community	7K(E) \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part I, Line 7k, Column (e).
(13)	Total Financial Assistance and Other Benefits Percent	7K(F) \$	<ENTER>	Enter the percent from Schedule H, Part I, Line 7k, Column (f).
(14)	Report Bad Debt Expense	PT3 L1	<ENTER>	Enter a yes or no from the yes/no box on Sch H, Part III, Line 1.
(15)	Bad Debt Expense Amount	L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 2.
(16)	Estimated Bad Debt Expense Amount	L3 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 3.
(17)	Revenue from Medicare	L5 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 5.



**Exhibit 3.24.12-143 (Cont. 1) (01-01-2023)****Form 990 - Section 14, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Medicare Allowable Costs	L6 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 6.
(19)	Medicare Surplus or Shortfall	L7 \$	<ENTER> MINUS (-)	Enter the amount from Schedule H, Part III, Line 7.
(20)	Costing Methodology or Source Code	L8CD	<ENTER>	Enter the edited code from the right of the boxes from Schedule H, Part III, Line 8.
(21)	Written Debt Collection Policy	L9A	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9a.
(22)	Collection Policy Contain Provisions	L9B	<ENTER>	Enter a yes or no from the yes/no box on Schedule H, Part III, Line 9b.

**Exhibit 3.24.12-144 (01-01-2023)****Form 990 - Section 15, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "15".
(2)	How Many Hospital Facilities Did Organization Operate	SECATOP	<ENTER>	Enter the number shown in the Hospital Facilities area in the top left portion of Schedule H, Part V, Section A.
(3)	How Many Non-Hospital Facilities Did Organization Operate	SECCTOP	<ENTER>	Enter the number shown in the Other Facilities area in the top portion of Schedule H, Part V, Section C.
(4)	Name of Facility	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(5)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(6)	Facility Line Number	LN#HOSP	<ENTER>	Enter the number shown on the Line Number of Hospital Facility area on the top portion of Schedule H, Part V, Section B.
(7)	Conduct Community Health Needs Assessment	L1	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 1.
(8)	Definition of Community Served	L1A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(9)	Demographics of Community	L1B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1b is checked.
(10)	Existing Health Care Facilities and Resources	L1C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1c is checked.
(11)	How Data was Obtained	L1D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1d is checked.
(12)	Health Needs of Community	L1E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1e is checked.

**Exhibit 3.24.12-144 (Cont. 1) (01-01-2023)****Form 990 - Section 15, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Primary and Chronic Disease Needs	L1F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1f is checked.
(14)	Identifying and Prioritizing Health Needs	L1G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1g is checked.
(15)	Consulting with Persons Representing	L1H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1h is checked.
(16)	Information Gaps the Limit	L1I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1i is checked.
(17)	Other	L1J	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1j is checked.
(18)	Needs Assessment: 20XX	L2	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 2.
(19)	Hospital Facility Take Into Account Input	L3	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 3.
(20)	Conducted with one or More Other Hospital	L4	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 4.
(21)	Widely Available to Public	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(22)	Hospital Website	L5A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5a is checked.
(23)	Available Upon Request	L5B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5b is checked.
(24)	Other	L5C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5c is checked.
(25)	Adoption of Implementation Strategy	L6A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6a is checked.

**Exhibit 3.24.12-144 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 15, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(26)	Execution of Implementation Strategy	L6B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6b is checked.
(27)	Development of Community-Wide Community Benefit Plan	L6C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6c is checked.
(28)	Execution of Community-Wide Community Benefit Plan	L6D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6d is checked.
(29)	Inclusion of Community Benefit Section	L6E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6e is checked.
(30)	Adoption of Budget for Provision of Services	L6F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6f is checked.
(31)	Prioritization of Health Needs	L6G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6g is checked.
(32)	Prioritization of Services	L6H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6h is checked.
(33)	Other	L6I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6i is checked.
(34)	Hospital Facility Address All Needs Identified	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(35)	Excise Tax under Section 4959	L8A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8a.
36	Did Organization File Form 4720	L8B	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8b.
37	4959 Tax Reported	L8C	ENTER	Enter the amount from Part V, Section B, Line 8c.
38	Eligibility Criteria for Financial Assistance	L9	Enter	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 9.
(39)	Uses Federal Policy Guidelines (FPG) Free Care	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.

**Exhibit 3.24.12-144 (Cont. 3) (01-01-2023)****Form 990 - Section 15, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(40)	Free Care Percent	10%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 10, percent line.

**Exhibit 3.24.12-145 (01-01-2023)****Form 990 - Section 16, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "16".
(2)	FPG Discounted Care	SCHH PTV SECB11	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 11.
(3)	Discounted Care Percent	11%	<ENTER>	Enter the 3-digit percent from Sch H, Part V, Section B, Line 11.
(4)	Basis for Calculating Amounts Charged	12	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 12.
(5)	Income Level	12A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12a is checked.
(6)	Asset Level	12B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12b is checked.
(7)	Medical Indigency	12C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12c is checked.
(8)	Insurance Status	12D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12d is checked.
(9)	Uninsured Discount	12E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12e is checked.
(10)	Medicaid/medicare	12F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12f is checked.
(11)	State Regulation	12G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12g is checked.
(12)	Other	12H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12h is checked.
(13)	Method for Applying for Financial Assistance	13	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 13.

**Exhibit 3.24.12-145 (Cont. 1) (01-01-2023)****Form 990 - Section 16, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Measures to Publicize the Policy	14	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(15)	Policy Posted on Hospital Web Site	14A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14a is checked.
(16)	Policy Attached to Billing Invoices	14B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14b is checked.
(17)	Policy Posted in Emergency or Waiting Rooms	14C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14c is checked.
(18)	Policy Posted in Admissions Office	14D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14d is checked.
(19)	Policy Provided in Writing Upon Admission	14E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14e is checked.
(20)	Policy Available Upon Request	14F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14f is checked.
(21)	Other	14G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14g is checked.
(22)	Separate Billing and Collections Policy	15	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(23)	Actions Against Patient Reporting to Credit Agency	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(24)	Patient Lawsuits	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(25)	Patient Liens on Residences	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(26)	Patient Body Attachments	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-145 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 16, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Patient Other	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.



**Exhibit 3.24.12-146 (01-01-2023)****Form 990 - Section 17, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "17".
(2)	Third Party Collection Actions	17	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(3)	Third Party Reporting to Credit Agency	17A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17a is checked.
(4)	Third Party Lawsuits	17B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17b is checked.
(5)	Third Party Liens on Residences	17C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17c is checked.
(6)	Third Party Body Attachments	17D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17d is checked.
(7)	Third Party Other	17E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17e is checked.
(8)	Notified Financial Assistance Upon Admission	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(9)	Notified Financial Assistance Prior to Discharge	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(10)	Notified Financial Assistance in Bills	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(11)	Documented its Determination	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(12)	Other	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.
(13)	Written Policy to Emergency Medical Dare Policy	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.

**Exhibit 3.24.12-146 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 17, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Did Not Provide Care for Emergency Medical Conditions	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(15)	Did Not Have Policy Relating to Emergency Medical Care	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(16)	Limited Who Was Eligible	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(17)	Other	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(18)	Negotiated Commercial Insurance Rate	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(19)	Average of the Three Lowest Negotiated Commercial Insurance Rates	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(20)	Medicare Rate	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(21)	Other	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(22)	Charge Any of Its Patients	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(23)	Amount Equal to the Gross Charge	22	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 22.

**Exhibit 3.24.12-147 (01-01-2023)****Form 990 - Section 18, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "18".
(2)	Name of Facility	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Facility Line Number	LN#HOSP	<ENTER>	Enter the number shown on the Line Number of Hospital Facility area on the top portion of Schedule H, Part V, Section B.
(5)	Conduct Community Health Needs Assessment	L1	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 1.
(6)	Definition of Community Served	L1A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(7)	Demographics of Community	L1B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1b is checked.
(8)	Existing Health Care Facilities and Resources	L1C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1c is checked.
(9)	How Data was Obtained	L1D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1d is checked.
(10)	Health Needs of Community	L1E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1e is checked.
(11)	Primary and Chronic Disease Needs	L1F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1f is checked.
(12)	Identifying and Prioritizing Health Needs	L1G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1g is checked.
(13)	Consulting with Persons Representing	L1H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1h is checked.

**Exhibit 3.24.12-147 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 18, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Information Gaps the Limit	L1I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1i is checked.
(15)	Other	L1J	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(16)	Needs Assessment: 20XX	L2	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 2.
(17)	Hospital Facility Take Into Account Input	L3	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 3.
(18)	Conducted with one or More Other Hospital	L4	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 4.
(19)	Widely Available to Public	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(20)	Hospital Website	L5A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5a is checked.
(21)	Available Upon Request	L5B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5b is checked.
(22)	Other	L5C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5c is checked.
(23)	Adoption of Implementation Strategy	L6A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6a is checked.
(24)	Execution of Implementation Strategy	L6B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6b is checked.
(25)	Development of Community-Wide Community Benefit Plan	L6C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6c is checked.
(26)	Execution of Community-Wide Community Benefit Plan	L6D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6d is checked.

**Exhibit 3.24.12-147 (Cont. 2) (01-01-2023)****Form 990 - Section 18, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Inclusion of Community Benefit Section	L6E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6e is checked.
(28)	Adoption of Budget for Provision of Services	L6F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6f is checked.
(29)	Prioritization of Health Needs	L6G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6g is checked.
(30)	Prioritization of Services	L6H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6h is checked.
(31)	Other	L6I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6i is checked.
(32)	Hospital Facility Address All Needs Identified	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
33	Excise Tax Under Section 4959	L8A	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8a.
34	Did Organization File Form 4720	L8B	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8b.
35	4959 Tax Reported	L8C	ENTER	Enter the amount from Schedule H, Part V, Section B, Line 8c.
(36)	Eligibility Criteria for Financial Assistance	L9	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 9.
(37)	Uses Federal Policy Guidelines (FPG) Free Care	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(38)	Free Care Percent	10%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 10, percent line.

**Exhibit 3.24.12-148 (01-01-2023)****Form 990 - Section 19, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "19".
(2)	FPG Discounted Care	SCHH PTV SECB11	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 11.
(3)	Discounted Care Percent	11%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 11.
(4)	Basis for Calculating Amounts Charged	12	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 12.
(5)	Income Level	12A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12a is checked.
(6)	Asset Level	12B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12b is checked.
(7)	Medical Indigency	12C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12c is checked.
(8)	Insurance Status	12D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12d is checked.
(9)	Uninsured Discount	12E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12e is checked.
(10)	Medicaid/medicare	12F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12f is checked.
(11)	State Regulation	12G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12g is checked.
(12)	Other	12H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12h is checked.
(13)	Method for Applying for Financial Assistance	13	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 13.

**Exhibit 3.24.12-148 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 19, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Measures to Publicize the Policy	14	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(15)	Policy Posted on Hospital Web Site	14A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14a is checked.
(16)	Policy Attached to Billing Invoices	14B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14b is checked.
(17)	Policy Posted in Emergency or Waiting Rooms	14C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14c is checked.
(18)	Policy Posted in Admissions Office	14D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14d is checked.
(19)	Policy Provided in Writing Upon Admission	14E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14e is checked.
(20)	Policy Available Upon Request	14F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14f is checked.
(21)	Other	14G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14g is checked.
(22)	Separate Billing and Collections Policy	15	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(23)	Actions Against Patient Reporting to Credit Agency	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(24)	Patient Lawsuits	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(25)	Patient Liens on Residences	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(26)	Patient Body Attachments	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-148 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 19, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Patient Other	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.



**Exhibit 3.24.12-149 (01-01-2023)****Form 990 - Section 20, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "20".
(2)	Third Party Collection Actions	17	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(3)	Third Party Reporting to Credit Agency	17A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17a is checked.
(4)	Third Party Lawsuits	17B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17b is checked.
(5)	Third Party Liens on Residences	17C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17c is checked.
(6)	Third Party Body Attachments	17D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17d is checked.
(7)	Third Party Other	17E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17e is checked.
(8)	Notified Financial Assistance Upon Admission	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(9)	Notified Financial Assistance Prior to Discharge	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(10)	Notified Financial Assistance in Bills	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(11)	Documented its Determination	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(12)	Other	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.
(13)	Written Policy to Emergency Medical Dare Policy	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.

**Exhibit 3.24.12-149 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 20, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Did Not Provide Care for Emergency Medical Conditions	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(15)	Did Not Have Policy Relating to Emergency Medical Care	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(16)	Limited Who Was Eligible	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(17)	Other	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(18)	Negotiated Commercial Insurance Rate	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(19)	Average of the Three Lowest Negotiated Commercial Insurance Rates	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(20)	Medicare Rate	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(21)	Other	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(22)	Charge Any of Its Patients	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(23)	Amount Equal to the Gross Charge	22	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 22.

**Exhibit 3.24.12-150 (01-01-2023)****Form 990 - Section 21, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "21".
(2)	Name of Facility	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Sec B.
(4)	Facility Line Number	LN#HOSP	<ENTER>	Enter the number shown on the Line Number of Hospital Facility area on the top portion of Schedule H, Part V, Section B.
(5)	Conduct Community Health Needs Assessment	L1	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 1.
(6)	Definition of Community Served	L1A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(7)	Demographics of Community	L1B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1b is checked.
(8)	Existing Health Care Facilities and Resources	L1C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1c is checked.
(9)	How Data was Obtained	L1D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1d is checked.
(10)	Health Needs of Community	L1E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1e is checked.
(11)	Primary and Chronic Disease Needs	L1F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1f is checked.
(12)	Identifying and Prioritizing Health Needs	L1G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1g is checked.
(13)	Consulting with Persons Representing	L1H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1h is checked.

**Exhibit 3.24.12-150 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 21, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Information Gaps the Limit	L1I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1i is checked.
(15)	Other	L1J	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(16)	Needs Assessment: 20XX	L2	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 2.
(17)	Hospital Facility Take Into Account Input	L3	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 3.
(18)	Conducted with one or More Other Hospital	L4	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 4.
(19)	Widely Available to Public	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(20)	Hospital Website	L5A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5a is checked.
(21)	Available Upon Request	L5B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5b is checked.
(22)	Other	L5C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5c is checked.
(23)	Adoption of Implementation Strategy	L6A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6a is checked.
(24)	Execution of Implementation Strategy	L6B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6b is checked.
(25)	Development of Community-Wide Community Benefit Plan	L6C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6c is checked.
(26)	Execution of Community-Wide Community Benefit Plan	L6D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6d is checked.

**Exhibit 3.24.12-150 (Cont. 2) (01-01-2023)****Form 990 - Section 21, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Inclusion of Community Benefit Section	L6E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6e is checked.
(28)	Adoption of Budget for Provision of Services	L6F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6f is checked.
(29)	Prioritization of Health Needs	L6G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6g is checked.
(30)	Prioritization of Services	L6H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6h is checked.
(31)	Other	L6I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6i is checked.
(32)	Hospital Facility Address All Needs Identified	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
33	Excise Tax Under Section 4959	L8A	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8a.
34	Did Organization File Form 4720	L8B	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8b.
35	4959 Tax Reported	L8C	ENTER	Enter the amount from Schedule H, Part V, Section B, Line 8c.
(36)	Eligibility Criteria for Financial Assistance	L9	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 9.
(37)	Uses Federal Policy Guidelines (FPG) Free Care	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(38)	Free Care Percent	10%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 10, percent line.

**Exhibit 3.24.12-151 (01-01-2023)****Form 990 - Section 22, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "22".
(2)	FPG Discounted Care	SCHH PTV SECB11	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 11.
(3)	Discounted Care Percent	11%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 11.
(4)	Basis for Calculating Amounts Charged	12	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 12.
(5)	Income Level	12A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12a is checked.
(6)	Asset Level	12B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12b is checked.
(7)	Medical Indigency	12C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12c is checked.
(8)	Insurance Status	12D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12d is checked.
(9)	Uninsured Discount	12E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12e is checked.
(10)	Medicaid/medicare	12F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12f is checked.
(11)	State Regulation	12G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12g is checked.
(12)	Other	12H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12h is checked.
(13)	Method for Applying for Financial Assistance	13	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 13.

**Exhibit 3.24.12-151 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 22, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Measures to Publicize the Policy	14	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(15)	Policy Posted on Hospital Web Site	14A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14a is checked.
(16)	Policy Attached to Billing Invoices	14B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14b is checked.
(17)	Policy Posted in Emergency or Waiting Rooms	14C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14c is checked.
(18)	Policy Posted in Admissions Office	14D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14d is checked.
(19)	Policy Provided in Writing Upon Admission	14E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14e is checked.
(20)	Policy Available Upon Request	14F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14f is checked.
(21)	Other	14G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14g is checked.
(22)	Separate Billing and Collections Policy	15	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(23)	Actions Against Patient Reporting to Credit Agency	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(24)	Patient Lawsuits	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(25)	Patient Liens on Residences	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(26)	Patient Body Attachments	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-151 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 22, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Patient Other	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.



**Exhibit 3.24.12-152 (01-01-2023)****Form 990 - Section 23, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "23".
(2)	Third Party Collection Actions	17	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(3)	Third Party Reporting to Credit Agency	17A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17a is checked.
(4)	Third Party Lawsuits	17B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17b is checked.
(5)	Third Party Liens on Residences	17C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17c is checked.
(6)	Third Party Body Attachments	17D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17d is checked.
(7)	Third Party Other	17E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17e is checked.
(8)	Notified Financial Assistance Upon Admission	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(9)	Notified Financial Assistance Prior to Discharge	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(10)	Notified Financial Assistance in Bills	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(11)	Documented its Determination	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(12)	Other	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.
(13)	Written Policy to Emergency Medical Dare Policy	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.

**Exhibit 3.24.12-152 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 23, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Did Not Provide Care for Emergency Medical Conditions	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(15)	Did Not Have Policy Relating to Emergency Medical Care	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(16)	Limited Who Was Eligible	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(17)	Other	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(18)	Negotiated Commercial Insurance Rate	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(19)	Average of the Three Lowest Negotiated Commercial Insurance Rates	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(20)	Medicare Rate	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(21)	Other	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(22)	Charge Any of Its Patients	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(23)	Amount Equal to the Gross Charge	22	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 22.

**Exhibit 3.24.12-153 (01-01-2023)****Form 990 - Section 24, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "24".
(2)	Name of Facility	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Facility Line Number	LN#HOSP	<ENTER>	Enter the number shown on the Line Number of Hospital Facility area on the top portion of Schedule H, Part V, Section B.
(5)	Conduct Community Health Needs Assessment	L1	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 1.
(6)	Definition of Community Served	L1A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(7)	Demographics of Community	L1B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1b is checked.
(8)	Existing Health Care Facilities and Resources	L1C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1c is checked.
(9)	How Data was Obtained	L1D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1d is checked.
(10)	Health Needs of Community	L1E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1e is checked.
(11)	Primary and Chronic Disease Needs	L1F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1f is checked.
(12)	Identifying and Prioritizing Health Needs	L1G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1g is checked.
(13)	Consulting with Persons Representing	L1H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1h is checked.

**Exhibit 3.24.12-153 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 24, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Information Gaps the Limit	L1I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1i is checked.
(15)	Other	L1J	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(16)	Needs Assessment: 20XX	L2	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 2.
(17)	Hospital Facility Take Into Account Input	L3	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 3.
(18)	Conducted with one or More Other Hospital	L4	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 4.
(19)	Widely Available to Public	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(20)	Hospital Website	L5A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5a is checked.
(21)	Available Upon Request	L5B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5b is checked.
(22)	Other	L5C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5c is checked.
(23)	Adoption of Implementation Strategy	L6A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6a is checked.
(24)	Execution of Implementation Strategy	L6B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6b is checked.
(25)	Development of Community-Wide Community Benefit Plan	L6C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6c is checked.
(26)	Execution of Community-Wide Community Benefit Plan	L6D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6d is checked.

**Exhibit 3.24.12-153 (Cont. 2) (01-01-2023)****Form 990 - Section 24, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(27)	Inclusion of Community Benefit Section	L6E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6e is checked.
(28)	Adoption of Budget for Provision of Services	L6F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6f is checked.
(29)	Prioritization of Health Needs	L6G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6g is checked.
(30)	Prioritization of Services	L6H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6h is checked.
(31)	Other	L6I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6i is checked.
(32)	Hospital Facility Address All Needs Identified	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
(33)	Excise Tax Under Section 4959	L8A	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8a.
(34)	Did Organization File Form 4720	L8B	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8b.
(35)	4959 Tax Reported	L8C	ENTER	Enter the amount from Schedule H, Part V, Section B, Line 8c.
(36)	Eligibility Criteria for Financial Assistance	L9	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 9.
(37)	Uses Federal Policy Guidelines (FPG) Free Care	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(38)	Free Care Percent	10%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 10, percent line.

**Exhibit 3.24.12-154 (01-01-2023)****Form 990 - Section 25, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "25".
(2)	FPG Discounted Care	SCHH PTV SECB11	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 11.
(3)	Discounted Care Percent	11%	<ENTER>	Enter the 3-digit percent from Sch H, Part V, Section B, Line 11.
(4)	Basis for Calculating Amounts Charged	12	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 12.
(5)	Income Level	12A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12a is checked.
(6)	Asset Level	12B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12b is checked.
(7)	Medical Indigency	12C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12c is checked.
(8)	Insurance Status	12D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12d is checked.
(9)	Uninsured Discount	12E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12e is checked.
(10)	Medicaid/medicare	12F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12f is checked.
(11)	State Regulation	12G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12g is checked.
(12)	Other	12H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12h is checked.
(13)	Method for Applying for Financial Assistance	13	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 13.

**Exhibit 3.24.12-154 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 25, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Measures to Publicize the Policy	14	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(15)	Policy Posted on Hospital Web Site	14A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14a is checked.
(16)	Policy Attached to Billing Invoices	14B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14b is checked.
(17)	Policy Posted in Emergency or Waiting Rooms	14C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14c is checked.
(18)	Policy Posted in Admissions Office	14D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14d is checked.
(19)	Policy Provided in Writing Upon Admission	14E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14e is checked.
(20)	Policy Available Upon Request	14F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14f is checked.
(21)	Other	14G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14g is checked.
(22)	Separate Billing and Collections Policy	15	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(23)	Actions Against Patient Reporting to Credit Agency	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(24)	Patient Lawsuits	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(25)	Patient Liens on Residences	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(26)	Patient Body Attachments	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

**Exhibit 3.24.12-154 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 25, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Patient Other	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.



**Exhibit 3.24.12-155 (01-01-2023)****Form 990 - Section 26, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "26".
(2)	Third Party Collection Actions	17	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(3)	Third Party Reporting to Credit Agency	17A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17a is checked.
(4)	Third Party Lawsuits	17B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17b is checked.
(5)	Third Party Liens on Residences	17C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17c is checked.
(6)	Third Party Body Attachments	17D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17d is checked.
(7)	Third Party Other	17E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17e is checked.
(8)	Notified Financial Assistance Upon Admission	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(9)	Notified Financial Assistance Prior to Discharge	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(10)	Notified Financial Assistance in Bills	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(11)	Documented its Determination	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(12)	Other	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.
(13)	Written Policy to Emergency Medical Dare Policy	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.

**Exhibit 3.24.12-155 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 26, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Did Not Provide Care for Emergency Medical Conditions	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(15)	Did Not Have Policy Relating to Emergency Medical Care	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(16)	Limited Who Was Eligible	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(17)	Other	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(18)	Negotiated Commercial Insurance Rate	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(19)	Average of the Three Lowest Negotiated Commercial Insurance Rates	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(20)	Medicare Rate	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(21)	Other	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(22)	Charge Any of Its Patients	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(23)	Amount Equal to the Gross Charge	22	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 22.

**Exhibit 3.24.12-156 (01-01-2023)****Form 990 - Section 27, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "27".
(2)	Name of Facility	BNAME	<ENTER>	Enter the name as shown on the top portion of Schedule H, Part V, Section B.
(3)	Section B Facility Identification Number Code	BCODE	<ENTER>	Enter the edited code from the right of Name of Hospital Facility on Schedule H, Part V, Section B.
(4)	Facility Line Number	LN#HOSP	<ENTER>	Enter the number shown on the Line Number of Hospital Facility area on the top portion of Schedule H, Part V, Section B.
(5)	Conduct Community Health Needs Assessment	L1	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 1.
(6)	Definition of Community Served	L1A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(7)	Demographics of Community	L1B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1b is checked.
(8)	Existing Health Care Facilities and Resources	L1C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1c is checked.
(9)	How Data was Obtained	L1D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1d is checked.
(10)	Health Needs of Community	L1E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1e is checked.
(11)	Primary and Chronic Disease Needs	L1F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1f is checked.
(12)	Identifying and Prioritizing Health Needs	L1G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1g is checked.

**Exhibit 3.24.12-156 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 27, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	Consulting with Persons Representing	L1H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1h is checked.
(14)	Information Gaps the Limit	L1I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1i is checked.
(15)	Other	L1J	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 1a is checked.
(16)	Needs Assessment: 20XX	L2	<ENTER>	Enter the two-digit year field from Schedule H, Part V, Section B, Line 2.
(17)	Hospital Facility Take Into Account Input	L3	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 3.
(18)	Conducted with one or More Other Hospital	L4	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 4.
(19)	Widely Available to Public	L5	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 5.
(20)	Hospital Website	L5A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5a is checked.
(21)	Available Upon Request	L5B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5b is checked.
(22)	Other	L5C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 5c is checked.
(23)	Adoption of Implementation Strategy	L6A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6a is checked.
(24)	Execution of Implementation Strategy	L6B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6b is checked.
(25)	Development of Community-Wide Community Benefit Plan	L6C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6c is checked.

**Exhibit 3.24.12-156 (Cont. 2) (01-01-2023)****Form 990 - Section 27, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Execution of Community-Wide Community Benefit Plan	L6D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6d is checked.
(27)	Inclusion of Community Benefit Section	L6E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6e is checked.
(28)	Adoption of Budget for Provision of Services	L6F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6f is checked.
(29)	Prioritization of Health Needs	L6G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6g is checked.
(30)	Prioritization of Services	L6H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6h is checked.
(31)	Other	L6I	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 6i is checked.
(32)	Hospital Facility Address All Needs Identified	L7	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 7.
33	Excise Tax Under Section 4959	L8A	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8a.
34	Did Organization File Form 4720	L8B	ENTER	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 8b.
35	4959 Tax Reported	L8C	ENTER	Enter the amount from Schedule H, Part V, Section B, Line 8c.
(33)	Eligibility Criteria for Financial Assistance	L9	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 9.
(34)	Uses Federal Policy Guidelines (FPG) Free Care	L10	<ENTER>	Enter a yes or a no from the yes/no box from Schedule H, Part V, Section B, Line 10.
(35)	Free Care Percent	10%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 10, percent line.

**Exhibit 3.24.12-157 (01-01-2023)****Form 990 - Section 28, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "28".
(2)	FPG Discounted Care	SCHH PTV SECB11	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 11.
(3)	Discounted Care Percent	11%	<ENTER>	Enter the 3-digit percent from Schedule H, Part V, Section B, Line 11.
(4)	Basis for Calculating Amounts Charged	12	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 12.
(5)	Income Level	12A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12a is checked.
(6)	Asset Level	12B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12b is checked.
(7)	Medical Indigency	12C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12c is checked.
(8)	Insurance Status	12D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12d is checked.
(9)	Uninsured Discount	12E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12e is checked.
(10)	Medicaid/medicare	12F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12f is checked.
(11)	State Regulation	12G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12g is checked.
(12)	Other	12H	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 12h is checked.
(13)	Method for Applying for Financial Assistance	13	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 13.

**Exhibit 3.24.12-157 (Cont. 1) (01-01-2023)****Form 990 - Section 28, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Measures to Publicize the Policy	14	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 14.
(15)	Policy Posted on Hospital Web Site	14A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14a is checked.
(16)	Policy Attached to Billing Invoices	14B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14b is checked.
(17)	Policy Posted in Emergency or Waiting Rooms	14C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14c is checked.
(18)	Policy Posted in Admissions Office	14D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14d is checked.
(19)	Policy Provided in Writing Upon Admission	14E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14e is checked.
(20)	Policy Available Upon Request	14F	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14f is checked.
(21)	Other	14G	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 14g is checked.
(22)	Separate Billing and Collections Policy	15	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 15.
(23)	Actions Against Patient Reporting to Credit Agency	16A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16a is checked.
(24)	Patient Lawsuits	16B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16b is checked.
(25)	Patient Liens on Residences	16C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16c is checked.
(26)	Patient Body Attachments	16D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16d is checked.

Exhibit 3.24.12-157 (Cont. 2) (01-01-2023)  
Form 990 - Section 28, Schedule H (2008 - 2013)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(27)	Patient Other	16E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 16e is checked.



**Exhibit 3.24.12-158 (01-01-2023)****Form 990 - Section 29, Schedule H (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "29".
(2)	Third Party Collection Actions	17	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 17.
(3)	Third Party Reporting to Credit Agency	17A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17a is checked.
(4)	Third Party Lawsuits	17B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17b is checked.
(5)	Third Party Liens on Residences	17C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17c is checked.
(6)	Third Party Body Attachments	17D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17d is checked.
(7)	Third Party Other	17E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 17e is checked.
(8)	Notified Financial Assistance Upon Admission	18A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18a is checked.
(9)	Notified Financial Assistance Prior to Discharge	18B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18b is checked.
(10)	Notified Financial Assistance in Bills	18C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18c is checked.
(11)	Documented its Determination	18D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18d is checked.
(12)	Other	18E	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 18e is checked.
(13)	Written Policy to Emergency Medical Dare Policy	19	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 19.

**Exhibit 3.24.12-158 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 29, Schedule H (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(14)	Did Not Provide Care for Emergency Medical Conditions	19A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19a is checked.
(15)	Did Not Have Policy Relating to Emergency Medical Care	19B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19b is checked.
(16)	Limited Who Was Eligible	19C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19c is checked.
(17)	Other	19D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 19d is checked.
(18)	Negotiated Commercial Insurance Rate	20A	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20a is checked.
(19)	Average of the Three Lowest Negotiated Commercial Insurance Rates	20B	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20b is checked.
(20)	Medicare Rate	20C	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20c is checked.
(21)	Other	20D	<ENTER>	Enter a "1" if the box on Schedule H, Part V, Section B, Line 20d is checked.
(22)	Charge Any of Its Patients	21	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 21.
(23)	Amount Equal to the Gross Charge	22	<ENTER>	Enter a yes or no from the yes/no box from Schedule H, Part V, Section B, Line 22.

**Exhibit 3.24.12-159 (01-01-2023)****Form 990 - Section 30, Schedules L & R (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "30".
(2)	Excess Benefit Transactions	PT1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part 1.
(3)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.
(4)	Interest, Annuities, Royalties, Yes/No Box	SCHR PT51A	<ENTER>	Enter a yes or a no from the yes/no box from Schedule R, Part V, Line 1a.

**Exhibit 3.24.12-160 (01-01-2023)**  
**Form 990 - Section 01 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ★★★★★	Enter the E.I. Number as shown on the preprinted label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions. (c) CP 411–414, 420–429, edited in the area around the "Tax Period".
(10)	Type of Organization	BOXF RT	<ENTER>	Enter the edited digit from the right margin of box F.

**Exhibit 3.24.12-160 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 01 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Group Code	BOXH RT	<ENTER>	Enter the edited code from the right margin of box H.
(12)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters as shown on dotted portion of Lines 1a — 1c. If a Condition Code is illegible, enter a “#” in its place.
(13)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If the Type of Organization is a “9”, and the “9” is <u>underlined</u> , <b>don’t end the document</b> . Continue transcribing the return. (c) If Type of Organization is a “9”, and the “9” is <u>NOT</u> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a “G” Condition Code is present in Section 01 E-12 and the return is <u>non-remittance</u> , end the document after this element.
(14)	Box J 501(c) #	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(15)	Box M Checkbox	M RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1d.
(16)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in-care-of name, if shown. <b>Note:</b> Downstream processing generates the (%) sign.
(17)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.

**Exhibit 3.24.12-160 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 01 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a "G" Condition Code is present, do <u>NOT</u> enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(19)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(20)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(21)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

## Exhibit 3.24.12-161 (01-01-2023)

## Form 990 - Section 02, Form 5800 - Edit Sheet (2007 and Prior)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	Enter the edited digits from Bottom Left Margin of the return. (a) If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u> , end the document after this element. (b) If the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , press <ENTER> followed by <F6> after this element and proceed to Section 03. (c) If a "G" Condition Code is present and the return is a <u>remittance</u> , Press <ENTER> followed by <F6> after E-3, then proceed to Section 03. (d) If the Type of Organization is "9" from Section 01 E-10 and the "9" is <u>underlined</u> , <b>do NOT end the document.</b> Continue processing the return. (e) If the Type of Organization is "9", and the "9" is <u>NOT</u> underlined, press <F6> and end the document after this element.
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800, in MMDDYY format. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount exactly as shown on Line 7, Form 5800.

**Exhibit 3.24.12-162 (01-01-2023)**  
**Form 990 - Section 03 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. (b) If a "G" Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the "600" series, end the document after this element. (d) This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts/Grants	L1E \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1e.
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Interest on Savings	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Dividends and Interest	LN5 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5.
(8)	Gross Rents	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(9)	Minus Rental Expenses	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.



**Exhibit 3.24.12-162 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 03 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	Net Rental Income (Loss)	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(11)	Other Investment Income	LN7 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7.
(12)	Gross Amt Sale of Assets (Securities)	8A LF \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8a, Securities.
(13)	Gross Amt Sale of Assets (Other)	8A RT \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8a, Other.
(14)	Cost or Other Basis (Securities)	8B LF \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8b, Securities.
(15)	Minus Cost or Other Basis (Other)	8B RT \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8b, Other.
(16)	Gain/Loss Sale of Assets (Securities)	8C LF \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8c, Securities.
(17)	Gain/Loss Sale of Assets (Other)	8C RT \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8c, Other.
(18)	Special Events/Gaming	9CKBX	<ENTER>	Enter a "1" if the box is checked on Part I, Line 9.
(19)	Gross Revenue (Fundraising)	9A RT \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9a.
(20)	Minus Direct Expenses	L9B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9b.
(21)	Net Income (Fundraising)	L9C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9c.
(22)	Gross Sales Minus Returns	10A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10a.
(23)	Minus Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10b.
(24)	Gross Profit (Loss)	10C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10c.
(25)	Other Revenue	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(26)	Total Revenue	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 12.
(27)	Program Services	L13 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13.

**Exhibit 3.24.12-162 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 03 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(28)	Fundraising	L15 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 15.
(29)	Payments to Affiliates	L16 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 16.
(30)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(31)	Excess for Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(32)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(33)	Net Assets or Fund Balances (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

## Exhibit 3.24.12-163 (01-01-2023)

## Form 990 - Section 04 (2007 and Prior)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "04". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of page 2.
(3)	Grants From Donor Advised Funds	22AA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 22A, Column (A).
(4)	Donor Advised Funds Checkbox	22ACKBX	<ENTER>	Enter a "1" if the box on Line 22a is checked.
(5)	Other Grants & Allocations	22BA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 22b, Column (A).
(6)	Other Foreign Grants Checkbox	22BCKBX	<ENTER>	Enter a "1" if the box on Line 22b is checked.
(7)	Specific Assistance	23A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 23, Column (A).
(8)	Benefits To/For Members	24A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 24, Column (A).
(9)	Compensation of Current Officers	25AA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25a, Column (A).
(10)	Compensation of Former Officers	25BA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25b, Column (A).
(11)	Compensation and Other Distributions	25CA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25c, Column (A).
(12)	Other Salaries and Wages	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(13)	Pension Plan Contributions	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(14)	Other Employee Benefits	28A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 28, Column (A).
(15)	Payroll Taxes	29A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 29, Column (A).
(16)	Professional Fund Raising Fees	30AD \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 30, Column (A) or Column (D). (a) If both are present, enter the amount from Column (A).

**Exhibit 3.24.12-163 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 04 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(17)	Accounting Fees	31A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 31, Column (A).
(18)	Legal Fees	32A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 32, Column (A).
(19)	Supplies	33A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 33, Column (A).
(20)	Telephone	34A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 34, Column (A).
(21)	Postage & Shipping	35A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 35, Column (A).
(22)	Occupancy	36A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 36, Column (A).
(23)	Equipment Rental and Maintenance	37A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 37, Column (A).
(24)	Printing & Publications	38A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 38, Column (A).
(25)	Travel	39A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 39, Column (A).
(26)	Conferences, Conventions & Meetings	40A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 40, Column (A).
(27)	Interest	41A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 41, Column (A).
(28)	Depreciation, Depletion	42A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 42, Column (A).
(29)	Other Expenses a	43AA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 43a, Column (A).
(30)	Other Expenses b	43BA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 43b, Column (A).
(31)	Other Expenses c	43CA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 43c, Column (A).
(32)	Other Expenses d	43DA \$	<ENTER> MINUS (-).	Enter the amount from Part II, Line 43d, Column (A).
(33)	Other Expenses e	43EA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 43e, Column (A).
(34)	Total Expenses	44A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 44, Column (A).

**Exhibit 3.24.12-164 (01-01-2023)****Form 990 - Section 05 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Cash (BOY)	45A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 45, Column (A).
(3)	Cash (EOY)	45B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 45, Column (B).
(4)	Savings/Temporary Investments (BOY)	46A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 46, Column (A).
(5)	Savings/Temporary Investments (EOY)	46B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 46, Column (B).
(6)	Accounts Receivable (BOY)	47CA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 47c, Column (A).
(7)	Accounts Receivable (EOY)	47CB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 47c, Column (B).
(8)	Pledges Receivable (BOY)	48CA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 48c, Column (A).
(9)	Pledges Receivable (EOY)	48CB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 48c, Column (B).
(10)	Grants Receivable (BOY)	49A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 49, Column (A).
(11)	Grants Receivable (EOY)	49B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 49, Column (B).
(12)	Current and Former Receivables (BOY)	50AA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 50a, Column (A).
(13)	Current and Former Receivables (EOY)	50AB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 50a, Column (B).
(14)	Receivables From Disqualified Persons (BOY)	50BA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 50b, Column (A).
(15)	Receivables From Disqualified Persons (EOY)	50BB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 50b, Column (B).
(16)	Other Notes/Loans (BOY)	51CA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 51c, Column (A).
(17)	Other Notes/Loans (EOY)	51CB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 51c, Column (B).
(18)	Inventories for Sale (BOY)	52A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 52, Column (A).

**Exhibit 3.24.12-164 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 05 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Inventories For Sale (EOY)	52B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 52, Column (B).
(20)	Prepaid Expenses (BOY)	53A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 53, Column (A).
(21)	Prepaid Expenses (EOY)	53B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 53, Column (B).
(22)	Investments - Publicly Traded Securities (BOY)	54AA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 54a, Column (A).
(23)	Investments - Publicly Traded Securities (EOY)	54AB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 54a, Column (B).
(24)	Investments - Other Securities (BOY)	54BA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 54b, Column (A).
(25)	Investments - Other Securities (EOY)	54BB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 54b, Column (B).
(26)	Investments-Land (BOY)	55CA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 55c, Column (A).
(27)	Investments-Land (EOY)	55CB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 55c, Column (B).
(28)	Other Investments (BOY)	56A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 56, Column (A).
(29)	Other Investments (EOY)	56B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 56, Column (B).
(30)	Land/Buildings (BOY)	57CA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 57c, Column (A).
(31)	Land/Buildings (EOY)	57CB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 57c, Column (B).
(32)	Other Assets (BOY)	58A \$	<ENTER> MINUS (-).	Enter the amount from Part IV, Line 58, Column (A).
(33)	Other Assets (EOY)	58B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 58, Column (B).
(34)	Total Assets (BOY)	59A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 59, Column (A).
(35)	Total Assets (EOY)	59B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 59, Column (B).

**Exhibit 3.24.12-165 (01-01-2023)****Form 990 - Section 06 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Accounts Payable (BOY)	60A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 60, Column (A).
(3)	Accounts Payable (EOY)	60B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 60, Column (B).
(4)	Grants Payable (BOY)	61A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 61, Column (A).
(5)	Grants Payable (EOY)	61B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 61, Column (B).
(6)	Deferred Revenue (BOY)	62A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 62, Column (A).
(7)	Deferred Revenue (EOY)	62B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 62, Column (B).
(8)	Loans (BOY)	63A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 63, Column (A).
(9)	Loans (EOY)	63B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 63, Column (B).
(10)	Tax-Exempt Bond Liabilities (BOY)	64AA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 64a, Column (A).
(11)	Tax-Exempt Bond Liabilities (EOY)	64AB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 64a, Column (B).
(12)	Mortgages/Other Notes (BOY)	64BA \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 64b, Column (A).
(13)	Mortgages/Other Notes (EOY)	64BB \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 64b, Column (B).
(14)	Other Liabilities (BOY)	65A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 65, Column (A).
(15)	Other Liabilities (EOY)	65B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 65, Column (B).
(16)	Total Liabilities (BOY)	66A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 66, Column (A).
(17)	Total Liabilities (EOY)	66B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 66, Column (B).
(18)	Retained Earnings (BOY)	72A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 72, Column (A).

**Exhibit 3.24.12-165 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 06 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Retained Earnings (EOY)	72B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 72, Column (B).
(20)	Total Fund Balance/Net Assets (BOY)	73A \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 73, Column (A).
(21)	Total Fund Balance/Net Assets (EOY)	73B \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 73, Column (B).



**Exhibit 3.24.12-166 (01-01-2023)****Form 990 - Section 07 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07".
(2)	Total Voting Officers	75A	<ENTER>	Enter the number from Part V-A, Line 75a.
(3)	Are there Relationships?	75B	<ENTER>	Enter a yes or no from the yes/no box from Part V-A, Line 75b.
(4)	Was Compensation Received?	75C	<ENTER>	Enter a yes or no from the yes/no box from Part V-A, Line 75c.
(5)	Compensation/Benefits Code	VBRTMAR	<ENTER>	Enter the edited code from the bottom right margin of Part V-B.
(6)	Did you Make Changes to Activities/Methods?	76	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 76.
(7)	Were any change made?	77	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 77.
(8)	Did you have unrelated business?	78A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 78a.
(9)	If yes, did you file Form 990-T?	78B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 78b.
(10)	Was there a liquidation?	79	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 79.
(11)	Are you related?	80A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 80a.
(12)	Political Expenditures	81A \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 81a.
(13)	Did you file Form 1120-POL?	81B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 81b.
(14)	Section 501(c)(5) or (6) Organization?	85A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 85a.
(15)	Did the Organization Make Lobbying Expenditures?	85B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 85b.
(16)	Dues/Assessments & Similar Amounts	85C \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 85c.
(17)	Section 162(e) Lobbying	85D \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 85d.

**Exhibit 3.24.12-166 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 07 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Aggregate Non-deductible	85E \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 85e.
(19)	Taxable Amount/Lobbying	85F \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 85f.
(20)	Does the Organization Elect?	85G	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 85g.
(21)	If Section 6033(e)(1)(A)	85H	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 85h.
(22)	501(c)(7) Initiation Fees	86A \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 86a.
(23)	Gross Receipts Amount	86B \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 86b.
(24)	Gross Income/Members	87A \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 87a.
(25)	Gross Income/Other Sources	87B \$	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 87b.
(26)	At Any Time During the Year	88A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 88a.
(27)	Did You Have Interest in Controlled Entity?	88B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 88b.
(28)	501(c)(3) and 501(c)(4)	89B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 89b.
(29)	Did You Acquire Direct/Indirect Interest?	89F	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 89f.
(30)	Did you have Foreign Bank Accounts?	91B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 91b.
(31)	Did you have a Foreign Office?	91C	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 91c.
(32)	Section 4947(a)(1) Trust Filing 990?	92	<ENTER>	Enter the code edited to the right of Part VI, Line 92.

**Exhibit 3.24.12-167 (01-01-2023)****Form 990 - Section 08 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08".
(2)	Program Service a (D)	93AD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93a, Column (D).
(3)	Program Service a (E)	93AE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93a, Column (E).
(4)	Program Service b (D)	93BD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93b, Column (D).
(5)	Program Service b (E)	93BE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93b, Column (E).
(6)	Program Service c (D)	93CD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93c, Column (D).
(7)	Program Service c (E)	93CE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93c, Column (E).
(8)	Program Service d (D)	93DD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93d, Column (D).
(9)	Program Service d (E)	93DE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93d, Column (E).
(10)	Program Service e (D)	93ED \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93e, Column (D).
(11)	Program Service e (E)	93EE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93e, Column (E).
(12)	Medicare/Medicaid (D)	93FD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93f, Column (D).
(13)	Medicare/Medicaid (E)	93FE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93f, Column (E).
(14)	Fees and Contracts (D)	93GD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93g, Column (D).
(15)	Fees and Contracts (E)	93GE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 93g, Column (E).
(16)	Membership Dues (D)	94D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 94, Column (D).
(17)	Membership Dues (E)	94E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 94, Column (E).
(18)	Interest on Savings (D)	95D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 95, Column (D).

**Exhibit 3.24.12-167 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 08 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(19)	Interest on Savings (E)	95E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 95, Column (E).
(20)	Dividends and Interest (D)	96D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 96, Column (D).
(21)	Dividends & Interest (E)	96E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 96, Column (E).
(22)	Debt-Financed Property (D)	97AD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 97a, Column (D).
(23)	Debt-Financed Property (E)	97AE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 97a, Column (E).
(24)	Non Debt-Financed (D)	97BD \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 97b, Column (D).
(25)	Non Debt-Financed (E)	97BE \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 97b, Column (E).
(26)	Non Rental Income/Loss (D)	98D \$	<ENTER> MINUS (-).	Enter the amount from Part VII, Line 98, Column (D)
(27)	Non Rental Income/Loss (E)	98E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 98, Column (E).
(28)	Other Investments (D)	99D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 99, Column (D).
(29)	Other Investments (E)	99E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 99, Column (E).
(30)	Gain/Loss From Sales (D)	100D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 100, Column (D).
(31)	Gain/Loss From Sales (E)	100E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 100, Column (E).
(32)	Net Income/Loss Property (D)	101D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 101, Column (D).
(33)	Net Income/Loss Property (E)	101E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 101, Column (E).
(34)	Gross Profit/Loss Sales (D)	102D \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 102, Column D.
(35)	Gross Profit/Loss Sales (E)	102E \$	<ENTER> MINUS (-)	Enter the amount from Part VII, Line 102, Column (E).
(36)	Did the Organization Receive any Funds?	X(A)	<ENTER>	Enter a yes or no from the yes/no box from Part X, Line (a).
(37)	Did the Organization Pay any Premiums?	X(B)	<ENTER>	Enter a yes or no from the yes/no box from Part X, Line (b).

**Exhibit 3.24.12-167 (Cont. 2) (01-01-2023)**  
**Form 990 - Section 08 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(38)	Did the Organization Make Any Transfers to a Controlled Entity?	XI106	<ENTER>	Enter a yes or no from the yes/no box from Part XI, Line 106.
(39)	Did the Organization Receive Any Transfers From a Controlled Entity?	107	<ENTER>	Enter a yes or no from the yes/no box from Part XI, Line 107.
(40)	Did the Organization Have a Binding Contract as of 08/17/2006?	108	<ENTER>	Enter a yes or no from the yes/no box from Part XI, Line 108.
(41)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN Line.
(42)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(43)	Preparer's EIN	PEIN	<ENTER>	Enter the preparer's EIN.

**Exhibit 3.24.12-168 (01-01-2023)****Form 990 - Section 09, Schedule A (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09". <b>Note:</b> ENTER DOLLARS ONLY
(2)	Question 1 Part III	LN1	<ENTER>	Enter the edited digit to the right of Part III, Line 1. • If un-edited, enter a yes or no from the yes/no box from Part III, Line 1.
(3)	Legislative Activities	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part III, Line 1, next to the \$.
(4)	Was there a Sale, Exchange or Lease of Property?	L2A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2a.
(5)	Did you Lend Money or Other Credit?	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2b.
(6)	Did you Furnish Goods, Services or Facilities?	L2C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2c.
(7)	Did you make Payment Compensation?	L2D	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2d.
(8)	Did you Transfer Income or Assets?	L2E	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2e.
(9)	Do you Make Grants/ Scholarships?	L3A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3a.
(10)	Did you Have a Section 403(b) Annuity Plan?	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3b.
(11)	Did you Receive or Hold Easement - Section 170(h)?	L3C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3c.
(12)	Do you Provide Credit Counseling?	L3D	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3d.
(13)	Did you Maintain any Donor Advised Funds?	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4a.
(14)	Did you Make any Taxable Distributions?	L4B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4b.
(15)	Did you Make a Distribution – Section 4967?	L4C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4c.

**Exhibit 3.24.12-168 (Cont. 1) (01-01-2023)**  
**Form 990 - Section 09, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(16)	Enter the Total Number of Donor Advised Funds	L4D	<ENTER>	Enter the number from Part III, Line 4d.
(17)	Enter the Aggregate Value of Assets	L4E \$	<ENTER>	Enter the amount from Part III, Line 4e.
(18)	Part IV Non-Private Foundation	IVRTMAR	<ENTER>	Enter the edited code from the RIGHT margin of Part IV.
(19)	Total Amount of Support	13E \$	<ENTER>	Enter the amount from Part IV, Line 13, Column (e).
(20)	Gifts, Contributions, Grants	15E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 15, Column (e).
(21)	Membership Fees	16E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 16, Column (e).
(22)	Gross Receipts/ Admissions	17E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 17, Column (e).
(23)	Gross Income/Interest/ Dividends	18E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 18, Column (e).
(24)	Tax Revenues Levied	20E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 20, Column (e).
(25)	Value of Services/ Facilities Furnished	21E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 21, Column (e).
(26)	Total Lines 15–22	23E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 23, Column (e).
(27)	Line 23 Minus 17	24E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 24, Column (e).

**Exhibit 3.24.12-169 (01-01-2023)****Form 990 - Section 10, Schedule A (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10". <b>Note:</b> If a large edited <b>X</b> is present through Part V or Part V is blank, don't enter this section.
(2)	Do you have a racially?	V29	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 29.
(3)	Do you include?	30	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 30.
(4)	Have you publicized?	31	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 31.
(5)	Records indicating?	32A	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 32a.
(6)	Records documenting?	32B	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 32b.
(7)	Copies of all catalogues?	32C	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 32c.
(8)	Copies of all material?	32D	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 32d.
(9)	Students' rights?	33A	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33a.
(10)	Admission Policies?	33B	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33b.
(11)	Employment of faculty?	33C	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33c.
(12)	Scholarships?	33D	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33d.
(13)	Educational policies?	33E	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33e.
(14)	Use of facilities?	33F	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33f.
(15)	Athletic programs?	33G	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33g.
(16)	Other extracurricular activities?	33H	<ENTER>	Enter a yes or no from the yes/no box on Part V, Line 33h.



**Exhibit 3.24.12-169 (Cont. 1) (01-01-2023)****Form 990 - Section 10, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Does Organization Certify?	35	<ENTER>	Enter a yes or a no from the yes/no box on Part V, Line 35.
(18)	Signature Code	SIGN	<ENTER>	Enter the code edited in the lower right margin of page 5, Schedule A.

**Exhibit 3.24.12-170 (01-01-2023)****Form 990 - Section 11, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Total (Grass Roots) Expenditures	36B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 36, Column (b).
(3)	Total Lobbying Expenses	37B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 37, Column (b).
(4)	Other Exempt Purposes Expenses	39B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 39, Column (b).
(5)	Lobbying Nontaxable Amount	41B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 41, Column (b).
(6)	Grass Roots Nontaxable Amount	42B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 42, Column (b).
(7)	Excess of Line 36 over Line 42	43B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 43, Column (b).
(8)	Excess of Line 38 over Line 41	44B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 44, Column (b).
(9)	Part VI-B, Line i, Total	VIBLNI \$	<ENTER> MINUS (-)	Enter the amount from Part VI-B, Line i.

**Exhibit 3.24.12-171 (01-01-2023)****Form 990 - Section 12, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Cash transfers?	51AI	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51a(i).
(3)	Other assets?	All	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51a(ii).
(4)	Sales of assets?	51BI	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(i).
(5)	Purchases of assets?	BII	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(ii).
(6)	Rental?	BIII	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(iii).
(7)	Reimbursement?	BIV	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(iv).
(8)	Loans?	BV	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(v).
(9)	Performance of services?	BVI	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51b(vi).
(10)	Sharing?	51C	<ENTER>	Enter a yes or no from the yes/no box on Part VII, Line 51c.

**Exhibit 3.24.12-172 (01-01-2023)****Form 990-EZ - Section 01 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section <b>01</b> always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number as shown on the pre-printed label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter <b>Y</b> or <b>N</b> as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.

**Exhibit 3.24.12-172 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 01 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYYY format the Tax Period edited or underlined under <b>title of form</b> . (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions.
(10)	Type of Organization	BOXGRT	<ENTER>	Enter the edited code from right margin of box F. If the edit sheet isn't present, enter the Type of Organization from the right margin of Lines C, D or E.
(11)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters from the dotted portion of Lines 1–3. If a Condition Code is illegible, enter a # in its place.
(12)	Return Processing Code	01RPC	<ENTER>	Enter the edited codes on Page 1, in the right margin next to line 1.

**Exhibit 3.24.12-172 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 01 (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If Type of Organization is a <u>9</u> , and the <b>“9” is underlined, don’t end the document.</b> Continue transcribing the return. (c) If the Type of Organization is a <b>9</b> and the <b>9</b> is <b>NOT</b> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a <b>G</b> Condition Code is present and the return is a <b>non-remittance</b> , end the document after this element.
(14)	Box J 501(c) #	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(15)	Box H Checkbox	H RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1.
(16)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates a (%) sign.

**Exhibit 3.24.12-172 (Cont. 3) (01-01-2023)**  
**Form 990-EZ - Section 01 (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(17)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.
(18)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a <b>G</b> Condition Code is present, do <b>NOT</b> enter any of the address information even if prompted. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(19)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(20)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(21)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

**Exhibit 3.24.12-173 (01-01-2023)****Form 990-EZ - Section 02 (5800, Edit Sheet) (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from Bottom Left Margin of the return.</p> <p>(a) If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b>, end the document after this element.</p> <p>(b) If the ERS Action Code is in the <b>600</b> series and the return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</p> <p>(c) If a <b>G</b> Condition Code is present and return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</p> <p>(d) If the Type of Organization is a <b>9</b> from Section 01 E-10, and the "<b>9</b>" is underlined, <b>do NOT end the document</b>. Continue processing the return.</p> <p>(e) If the Type of Organization is a <b>9</b> from Section 01 E-10, and the <b>9</b> is <b>NOT</b> underlined, press &lt;F6&gt; and end the document after this element.</p>
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.



## Exhibit 3.24.12-173 (Cont. 1) (01-01-2023)

## Form 990-EZ - Section 02 (5800, Edit Sheet) (2018 and Subsequent)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-174 (01-01-2023)****Form 990-EZ - Section 03 (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <b>ONLY</b> if underlined in green. (b) If a <b>G</b> Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the <b>600</b> series, end the document after this element. (d) This is a <b>MUST ENTER</b> if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message <b>INVALID DATA</b> appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts, Grants	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.

**Exhibit 3.24.12-174 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 03 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Investment Income	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Gross Amount from Sale of Assets	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a.
(8)	Less Cost or Other Basis	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5b.
(9)	Gain/Loss Other	L5C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5c.
(10)	Gross Income from Gaming	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(11)	Gross Income from Fundraising	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(12)	Less Direct Expenses	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(13)	Net Income/Loss	L6D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6d.
(14)	Gross Sales Less Returns and Allowances	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7a.
(15)	Less Cost of Goods Sold	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7b.
(16)	Gross Profit/Loss	L7C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7c.
(17)	Other Revenue	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(18)	Total Revenue	LN9 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 9.
(19)	Grants & Other Similar Amounts	L10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(20)	Benefits Paid to Members	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(21)	Salaries & Other Compensation	L12 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12.

**Exhibit 3.24.12-174 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 03 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(22)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(23)	Excess (Deficit) for the Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(24)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(25)	Net Assets at (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

**Exhibit 3.24.12-175 (01-01-2023)****Form 990-EZ - Section 05 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Total Assets (BOY)	25A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (A).
(3)	Total Assets (EOY)	25B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (B).

**Exhibit 3.24.12-176 (01-01-2023)**  
**Form 990-EZ - Section 06 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Total Liabilities - BOY	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(3)	Total Liabilities - EOY	26B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (B).
(4)	Net Assets - BOY	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(5)	Net Assets - EOY	27B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (B).

## Exhibit 3.24.12-177 (01-01-2023)

## Form 990-EZ - Section 07 (2018 and Subsequent)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top margin of Page 2.
(3)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3.
(4)	Did you Engage in any Activity?	33	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33.
(5)	Were any Changes Made?	34	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 34.
(6)	Did you have Unrelated Business?	35A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35a.
(7)	If Yes, Did you File 990-T?	35B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35b.
8	Was organization 501(c)(4), (c)(5) or (c)(6)	35C	ENTER	Enter a yes or no from the yes/no box from Part V, Line 35c.
(9)	Was there a Liquidation?	36	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 36.
(10)	Amount of Political Expenditures	37A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 37a.

**Exhibit 3.24.12-177 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 07 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Did You File 1120-POL?	37B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 37b.
(12)	Borrow Money From or Make Loans	38A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 38a.
(13)	Enter Amount Involved	38B \$	<ENTER> <MINUS (-)>	Enter the amount from Part V, Line 38b.
(14)	Section 501(c)(7) Initiation Fees	39A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39a.
(15)	Gross Receipts Amount	39B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39b.
(16)	501(c)(3) and 501(c)(4)	40B	<ENTER>	Enter the yes or no from the yes/no box from Part V, Line 40b.
(17)	Party to a Prohibited Tax Shelter	40E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 40e.
(18)	Did you have Foreign Bank Accounts?	42B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42b.
(19)	Did you have a Foreign Office?	42C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42c.
(20)	Section 4947(a)(1) Trusts Filing 990EZ?	43	<ENTER>	Enter the code edited to the right of Part V, Line 43.
(21)	Maintain Any Donor Advised Funds	44A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44a.



**Exhibit 3.24.12-177 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 07 (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(22)	Operate One or More Hospital Facilities	44B	<ENTER>'	Enter a yes or no from the yes/no box from Part V, Line 44b.
(23)	Receive Payments for Indoor Tanning	44C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44c.
(24)	Filed Form 720 to Report Payments	44D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44d.
(25)	Controlled Entity Within 512(b)(13)	45A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 45a.
26	Received any payment from or engaged in transaction	45B	ENTER	Enter a yes or no from the yes/no box from Part V, Line 45b
(26)	Engage in Direct/ Indirect Political Activities	46	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 46.
(27)	Engage in Lobbying Activities	47	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 47.
(28)	Operating a School	48	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 48.
(29)	Make Any Transfers to an Exempt	49A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49a.
(30)	Section 527 Organization	49B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49b.

**Exhibit 3.24.12-178 (01-01-2023)**  
**Form 990-EZ - Section 08 (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Preparation Code	PREP	<ENTER>	Enter the edited digit from the right margin of the return next to the PTIN.
(3)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(4)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(5)	Preparer Telephone #	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-179 (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter one of the following from Line 12: 1 = Type I 2 = Type II 3= Type III- Functionally integrated 4 = Type III Non-functionally integrated Blank - <ENTER>
(4)	Type I, II or III Supporting Organization	L11E	<ENTER>	Enter a "1" if the box is checked on Schedule A, Part I, Line 12e.
(5)	Number of Supported Organizations	11F	<ENTER> MINUS (-)	Enter the amount from Line 12f.
(6)	EIN A	12G(II)A	<ENTER>	Enter the EIN in Part I, Line 12g, Row A, Column (ii).
(7)	Type of Org A	12G(III)A	<ENTER>	Enter the type of organization in Part I, Line 12g, Row A, Column (iii). If more than one digit, pick up the first digit only.
(8)	Listed in Governing Doc A	12G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row A, Column (iv).
(9)	Amount of Support A	12G(V)A \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row A, Column (v).

**Exhibit 3.24.12-179 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 11, Schedule A, (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	EIN B	12G(II)B	<ENTER>	Enter the EIN in Part I, Line 12g, Row B, Column (ii).
(11)	Type of Org B	12G(III)B	<ENTER>	Enter the type of organization in Part I, Line 12g, Row B, Column (iii). If more than one digit, pick up the first digit only.
(12)	Listed in Governing Doc B	12G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row B, Column (iv).
(13)	Amount of Support B	12G(V)B \$	<ENTER> MINUS (-)	Enter the amount Part I, Line 12g, Row B, Column (v).
(14)	EIN C	12G(II)C	<ENTER>	Enter the EIN in Part I, Line 12g, Row C, Column (ii).
(15)	Type of Org C	12G(III)C	<ENTER>	Enter the type of organization in Part I, Line 12g, Row C, Column (iii). If more than one digit, pick up the first digit only.
(16)	Listed in Governing Doc C	12G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row C, Column (iv).
(17)	Amount of Support C	12G(V)C \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row C, Column (v).
(18)	EIN D	12G(II)D	<ENTER>	Enter the EIN in Part I, Line 12g, Row D, Column (ii).
(19)	Type of Org D	12G(III)D	<ENTER>	Enter the type of organization in Part I, Line 12g, Row D, Column (iii). If more than one digit, pick up the first digit only.

**Exhibit 3.24.12-179 (Cont. 2) (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(20)	Listed in Governing Doc D	12G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 12g, Row D, Column (iv).
(21)	Amount of Support D	12G(V)D \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row D, Column (v).
(22)	EIN E	12G(II)E	<ENTER>	Enter the EIN in Part I, Line 12g, Row E, Column (ii).
(23)	Type of Org E	12G(III)E	<ENTER>	Enter the type of organization in Part I, Line 12g, Row E, Column (iii). If more than one digit, pick up the first digit only.
(24)	Listed in Governing Doc E	12G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 12g, Row E, Column (iv).
(25)	Amount of Support E	12G(V)E \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row E, Column (v).
(26)	Filling Field	N/A	<ENTER>	Generates blank on output.
(27)	Total Number of Organizations	12G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 12h, Column (i), Total Line.
(28)	Total Amount of Support	G(V) TOT \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Total, Column (v).
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).

**Exhibit 3.24.12-179 (Cont. 3) (01-01-2023)**  
**Form 990-EZ - Section 11, Schedule A, (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).

**Exhibit 3.24.12-179 (Cont. 4) (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-180 (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).



**Exhibit 3.24.12-180 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 20 is checked.

**Exhibit 3.24.12-180 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 12, Schedule A (2018 and Subsequent)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a 1 if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a 1 if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a 1 if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a 1 if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a 1 if data is present in Part IV, Section E.
(28)	Filling Field	N/A	N/A	Generates a blank field on output.
(29)	Excess Distributions C	PTVE3C\$	<ENTER>	Enter the amount from Part V, Section E, Line 3c.
(30)	Excess Distributions D	PTVE3D\$	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(31)	Excess Distributions E	PTVE3E\$	<ENTER>	Enter the amount from Part V, Section E, Line 3e.
(32)	Excess Distributions Breakdown B	PTVE8B\$	<ENTER>	Enter the amount from Part V, Section E, Line 8b.
(33)	Excess Distributions Breakdown C	PTVE8C\$	<ENTER>	Enter the amount from Part V, Section E, Line 8c.
(34)	Excess Distributions Breakdown D	PTVE8D\$	<ENTER>	Enter the amount from Part V, Section E, Line 8d.
(35)	Excess Distributions Breakdown E	PTVE8E\$	<ENTER>	Enter the amount from Part V, Section E, Line 8e.

**Exhibit 3.24.12-181 (01-01-2023)****Form 990-EZ - Section 13, Schedules C & L (2018 and Subsequent)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHC L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Excess Benefit Transactions	SCHL1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part I.
(4)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.

**Exhibit 3.24.12-182 (01-01-2023)****Form 990-EZ - Section 01 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section <b>01</b> always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number as shown on the pre-printed label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter <b>Y</b> or <b>N</b> as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.

**Exhibit 3.24.12-182 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 01 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYYY format the Tax Period edited or underlined under <b>title of form</b> . (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions.
(10)	Type of Organization	BOXGRT	<ENTER>	Enter the edited code from right margin of box F. If the edit sheet isn't present, enter the Type of Organization from the right margin of Lines C, D or E.
(11)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters from the dotted portion of Lines 1–3. If a Condition Code is illegible, enter a # in its place.

**Exhibit 3.24.12-182 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(12)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If Type of Organization is a <u>9</u> , and the <b>“9” is underlined, don’t end the document.</b> Continue transcribing the return. (c) If the Type of Organization is a <b>9</b> and the <b>9</b> is <b>NOT</b> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a <b>G</b> Condition Code is present and the return is a <b>non-remittance</b> , end the document after this element.
(13)	Box J 501(c) #	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(14)	Box H Checkbox	H RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1.
(15)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates a (%) sign.

**Exhibit 3.24.12-182 (Cont. 3) (01-01-2023)**  
**Form 990-EZ - Section 01 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(16)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.
(17)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a <b>G</b> Condition Code is present, do <b>NOT</b> enter any of the address information even if prompted. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(18)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(19)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(20)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

**Exhibit 3.24.12-183 (01-01-2023)****Form 990-EZ - Section 02 (5800, Edit Sheet) (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from Bottom Left Margin of the return.</p> <p>(a) If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b>, end the document after this element.</p> <p>(b) If the ERS Action Code is in the <b>600</b> series and the return is a <b>remittance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</p> <p>(c) If a <b>G</b> Condition Code is present and return is a <b>remit-tance</b>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</p> <p>(d) If the Type of Organization is a <b>9</b> from Section 01 E-10, and the "<b>9</b>" is underlined, <b>do NOT end the document</b>. Continue processing the return.</p> <p>(e) If the Type of Organization is a <b>9</b> from Section 01 E-10, and the <b>9</b> is <b>NOT</b> underlined, press &lt;F6&gt; and end the document after this element.</p>



**Exhibit 3.24.12-183 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 02 (5800, Edit Sheet) (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <b>exactly</b> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-184 (01-01-2023)****Form 990-EZ - Section 03 (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <b>ONLY</b> if underlined in green. (b) If a <b>G</b> Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the <b>600</b> series, end the document after this element. (d) This is a <b>MUST ENTER</b> if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message <b>INVALID DATA</b> appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts, Grants	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.

**Exhibit 3.24.12-184 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 03 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Investment Income	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Gross Amount from Sale of Assets	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a.
(8)	Less Cost or Other Basis	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5b.
(9)	Gain/Loss Other	L5C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5c.
(10)	Gross Income from Gaming	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(11)	Gross Income from Fundraising	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(12)	Less Direct Expenses	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(13)	Net Income/Loss	L6D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6d.
(14)	Gross Sales Less Returns and Allowances	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7a.
(15)	Less Cost of Goods Sold	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7b.
(16)	Gross Profit/Loss	L7C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7c.
(17)	Other Revenue	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(18)	Total Revenue	LN9 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 9.
(19)	Grants & Other Similar Amounts	L10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(20)	Benefits Paid to Members	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(21)	Salaries & Other Compensation	L12 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12.

**Exhibit 3.24.12-184 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 03 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(22)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(23)	Excess (Deficit) for the Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(24)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(25)	Net Assets at (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

Exhibit 3.24.12-185 (01-01-2023)

Form 990-EZ - Section 05 (2016 and 2017)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Total Assets (BOY)	25A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (A).
(3)	Total Assets (EOY)	25B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (B).

**Exhibit 3.24.12-186 (01-01-2023)****Form 990-EZ - Section 06 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Total Liabilities - BOY	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(3)	Total Liabilities - EOY	26B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (B).
(4)	Net Assets - BOY	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(5)	Net Assets - EOY	27B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (B).

## Exhibit 3.24.12-187 (01-01-2023)

## Form 990-EZ - Section 07 (2016 and 2017)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top margin of Page 2.
(3)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3.
(4)	Did you Engage in any Activity?	33	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33.
(5)	Were any Changes Made?	34	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 34.
(6)	Did you have Unrelated Business?	35A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35a.
(7)	If Yes, Did you File 990-T?	35B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35b.
8	Was organization 501(c)(4), (c)(5) or (c)(6)	35C	ENTER	Enter a yes or no from the yes/no box from Part V, Line 35c.
(9)	Was there a Liquidation?	36	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 36.
(10)	Amount of Political Expenditures	37A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 37a.

**Exhibit 3.24.12-187 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 07 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(11)	Did You File 1120-POL?	37B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 37b.
(12)	Borrow Money From or Make Loans	38A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 38a.
(13)	Enter Amount Involved	38B \$	<ENTER> <MINUS (-)>	Enter the amount from Part V, Line 38b.
(14)	Section 501(c)(7) Initiation Fees	39A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39a.
(15)	Gross Receipts Amount	39B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39b.
(16)	501(c)(3) and 501(c)(4)	40B	<ENTER>	Enter the yes or no from the yes/no box from Part V, Line 40b.
(17)	Party to a Prohibited Tax Shelter	40E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 40e.
(18)	Did you have Foreign Bank Accounts?	42B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42b.
(19)	Did you have a Foreign Office?	42C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42c.
(20)	Section 4947(a)(1) Trusts Filing 990EZ?	43	<ENTER>	Enter the code edited to the right of Part V, Line 43.
(21)	Maintain Any Donor Advised Funds	44A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44a.



**Exhibit 3.24.12-187 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 07 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(22)	Operate One or More Hospital Facilities	44B	<ENTER>'	Enter a yes or no from the yes/no box from Part V, Line 44b.
(23)	Receive Payments for Indoor Tanning	44C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44c.
(24)	Filed Form 720 to Report Payments	44D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44d.
(25)	Controlled Entity Within 512(b)(13)	45A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 45a.
26	Received any payment from or engaged in transaction	45B	ENTER	Enter a yes or no from the yes/no box from Part V, Line 45b
(26)	Engage in Direct/ Indirect Political Activities	46	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 46.
(27)	Engage in Lobbying Activities	47	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 47.
(28)	Operating a School	48	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 48.
(29)	Make Any Transfers to an Exempt	49A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49a.
(30)	Section 527 Organization	49B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49b.

**Exhibit 3.24.12-188 (01-01-2023)****Form 990-EZ - Section 08 (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Preparation Code	PREP	<ENTER>	Enter the edited digits from the right margin of the return next to the PTIN.
(3)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(4)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(5)	Preparer Telephone #	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-189 (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	L11	<ENTER>	Enter the following: 1 = Type I 2 = Type II 3= Type III- Functionally integrated 4 = Type III Non-functionally integrated Blank - <ENTER>
(4)	Type I, II or III Supporting Organization	L11E	<ENTER>	Enter a "1" if the box is checked on Schedule A, Part I, Line 11e.
(5)	Number of Supported Organizations	11F	<ENTER> MINUS (-)	Enter the amount from Line 11f.
(6)	EIN A	12G(II)A	<ENTER>	Enter the EIN in Part I, Line 12g, Row A, Column (ii).
(7)	Type of Org A	12G(III)A	<ENTER>	Enter the type of organization in Part I, Line 12g, Row A, Column (iii). If more than one digit, pick up the first digit only.
(8)	Listed in Governing Doc A	12G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row A, Column (iv).
(9)	Amount of Support A	12G(V)A \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row A, Column (v).
(10)	EIN B	12G(II)B	<ENTER>	Enter the EIN in Part I, Line 12g, Row B, Column (ii).

**Exhibit 3.24.12-189 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 11, Schedule A, (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Type of Org B	12G(III)B	<ENTER>	Enter the type of organization in Part I, Line 12g, Row B, Column (iii). If more than one digit, pick up the first digit only.
(12)	Listed in Governing Doc B	12G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row B, Column (iv).
(13)	Amount of Support B	12G(V)B \$	<ENTER> MINUS (-)	Enter the amount Part I, Line 12g, Row B, Column (v).
(14)	EIN C	12G(II)C	<ENTER>	Enter the EIN in Part I, Line 12g, Row C, Column (ii).
(15)	Type of Org C	12G(III)C	<ENTER>	Enter the type of organization in Part I, Line 12g, Row C, Column (iii). If more than one digit, pick up the first digit only.
(16)	Listed in Governing Doc C	12G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 12g, Row C, Column (iv).
(17)	Amount of Support C	12G(V)C \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row C, Column (v).
(18)	EIN D	12G(II)D	<ENTER>	Enter the EIN in Part I, Line 12g, Row D, Column (ii).
(19)	Type of Org D	12G(III)D	<ENTER>	Enter the type of organization in Part I, Line 12g, Row D, Column (iii). If more than one digit, pick up the first digit only.
(20)	Listed in Governing Doc D	12G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 12g, Row D, Column (iv).

**Exhibit 3.24.12-189 (Cont. 2) (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(21)	Amount of Support D	12G(V)D \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row D, Column (v).
(22)	EIN E	12G(II)E	<ENTER>	Enter the EIN in Part I, Line 12g, Row E, Column (ii).
(23)	Type of Org E	12G(III)E	<ENTER>	Enter the type of organization in Part I, Line 12g, Row E, Column (iii). If more than one digit, pick up the first digit only.
(24)	Listed in Governing Doc E	12G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 12g, Row E, Column (iv).
(25)	Amount of Support E	12G(V)E \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Row E, Column (v).
(26)	Filling Field	N/A	N/A	Generates blank on output.
(27)	Total Number of Organizations	12G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 12h, Column (i), Total Line.
(28)	Total Amount of Support	GVTOT	<ENTER> MINUS (-)	Enter the amount on Part I, Line 12g, Total, Column (v).
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).

**Exhibit 3.24.12-189 (Cont. 3) (01-01-2023)**  
**Form 990-EZ - Section 11, Schedule A, (2016 and 2017)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17a is checked.

**Exhibit 3.24.12-189 (Cont. 4) (01-01-2023)****Form 990-EZ - Section 11, Schedule A, (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-190 (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Dis-qualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).



**Exhibit 3.24.12-190 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a <b>1</b> if the box on Schedule A, Part III, Line 20 is checked.

**Exhibit 3.24.12-190 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 12, Schedule A (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a 1 if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a 1 if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a 1 if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a 1 if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a 1 if data is present in Part IV, Section E.
(28)	Filling Field	N/A	N/A	Generates a blank field on output.
(29)	Excess Distributions C	PTVE3C\$	<ENTER>	Enter the amount from Part V, Section E, Line 3c.
(30)	Excess Distributions D	PTVE3D\$	<ENTER>	Enter the amount from Part V, Section E, Line 3d.
(31)	Excess Distributions E	PTVE3E\$	<ENTER>	Enter the amount from Part V, Section E, Line 3e.
(32)	Excess Distributions Breakdown B	PTVE8B\$	<ENTER>	Enter the amount from Part V, Section E, Line 8b.
(33)	Excess Distributions Breakdown C	PTVE8C\$	<ENTER>	Enter the amount from Part V, Section E, Line 8c.
(34)	Excess Distributions Breakdown D	PTVE8D\$	<ENTER>	Enter the amount from Part V, Section E, Line 8d.
(35)	Excess Distributions Breakdown E	PTVE8E\$	<ENTER>	Enter the amount from Part V, Section E, Line 8e.

**Exhibit 3.24.12-191 (01-01-2023)****Form 990-EZ - Section 13, Schedules C & L (2016 and 2017)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHC L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Excess Benefit Transactions	SCHL1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part I.
(4)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.

**Exhibit 3.24.12-192 (01-01-2023)****Form 990-EZ - Section 01 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number as shown on the preprinted label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions.
(10)	Type of Organization	BOXGRT	<ENTER>	Enter the edited code from right margin of box F. If the edit sheet isn't present, enter the Type of Organization from the right margin of Lines C, D or E.

**Exhibit 3.24.12-192 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 01 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters from the dotted portion of Lines 1–3. If a Condition Code is illegible, enter a “#” in its place.
(12)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If Type of Organization is a “9”, and the “9” is underlined, <b>don’t end the document</b> . Continue transcribing the return. (c) If the Type of Organization is a “9” and the “9” is <u>NOT</u> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a “G” Condition Code is present and the return is a <u>non-remittance</u> , end the document after this element.
(13)	Box J 501(c) #	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(14)	Box H Checkbox	H RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1.
(15)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates a (%) sign.
(16)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.

**Exhibit 3.24.12-192 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 01 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a "G" Condition Code is present, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(18)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(19)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(20)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

## Exhibit 3.24.12-193 (01-01-2023)

## Form 990-EZ - Section 02, Form 5800 Edit - Sheet (2014 and 2015)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	Enter the edited digits from Bottom Left Margin of the return. (a) If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u> , end the document after this element. (b) If the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , press <ENTER> followed by <F6> after this element and proceed to Section 03. (c) If a "G" Condition Code is present and return is a <u>remittance</u> , press <ENTER> followed by <F6> after E-3, then proceed to Section 03. (d) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is underlined, <b>do NOT end the document</b> . Continue processing the return. (e) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is <u>NOT</u> underlined, press <F6> and end the document after this element.
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <u>exactly</u> as shown on Line 7, Form 5800.

**Exhibit 3.24.12-194 (01-01-2023)****Form 990-EZ - Section 03 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. (b) If a "G" Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the "600" series, end the document after this element. (d) This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts, Grants	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Investment Income	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Gross Amount from Sale of Assets	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a.
(8)	Less Cost or Other Basis	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5b.
(9)	Gain/Loss Other	L5C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5c.



**Exhibit 3.24.12-194 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 03 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	Gross Income from Gaming	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(11)	Gross Income from Fundraising	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(12)	Less Direct Expenses	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(13)	Net Income/Loss	L6D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6d.
(14)	Gross Sales Less Returns and Allowances	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7a.
(15)	Less Cost of Goods Sold	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7b.
(16)	Gross Profit/Loss	L7C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7c.
(17)	Other Revenue	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(18)	Total Revenue	LN9 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 9.
(19)	Grants & Other Similar Amounts	L10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(20)	Benefits Paid to Members	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(21)	Salaries & Other Compensation	L12 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12.
(22)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(23)	Excess (Deficit) for the Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(24)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(25)	Net Assets at (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

**Exhibit 3.24.12-195 (01-01-2023)**  
**Form 990-EZ - Section 05 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Total Assets (BOY)	25A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (A).
(3)	Total Assets (EOY)	25B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (B).

**Exhibit 3.24.12-196 (01-01-2023)****Form 990-EZ - Section 06 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Total Liabilities - BOY	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(3)	Total Liabilities - EOY	26B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (B).
(4)	Net Assets - BOY	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(5)	Net Assets - EOY	27B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (B).

**Exhibit 3.24.12-197 (01-01-2023)**  
**Form 990-EZ - Section 07 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top margin of Page 2.
(3)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3.
(4)	Did you Engage in any Activity?	33	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33.
(5)	Were any Changes Made?	34	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 34.
(6)	Did you have Unrelated Business?	35A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35a.
(7)	If Yes, Did you File 990-T?	35B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35b.
8	Was organization 501(c)(4), (c)(5) or (c)(6)	35C	ENTER	Enter a yes or no from the yes/no box from Part V, Line 35c.
(9)	Was there a Liquidation?	36	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 36.
(10)	Amount of Political Expenditures	37A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 37a.
(11)	Did You File 1120-POL?	37B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 37b.
(12)	Borrow Money From or Make Loans	38A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 38a.
(13)	Enter Amount Involved	38B \$	<ENTER> <MINUS (-)>	Enter the amount from Part V, Line 38b.
(14)	Section 501(c)(7) Initiation Fees	39A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39a.
(15)	Gross Receipts Amount	39B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39b.
(16)	501(c)(3) and 501(c)(4)	40B	<ENTER>	Enter the yes or no from the yes/no box from Part V, Line 40b.
(17)	Party to a Prohibited Tax Shelter	40E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 40e.

**Exhibit 3.24.12-197 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 07 (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Did you have Foreign Bank Accounts?	42B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42b.
(19)	Did you have a Foreign Office?	42C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42c.
(20)	Section 4947(a)(1) Trusts Filing 990EZ?	43	<ENTER>	Enter the code edited to the right of Part V, Line 43.
(21)	Maintain Any Donor Advised Funds	44A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44a.
(22)	Operate One or More Hospital Facilities	44B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44b.
(23)	Receive Payments for Indoor Tanning	44C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44c.
(24)	Filed Form 720 to Report Payments	44D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44d.
(25)	Controlled Entity Within 512(b)(13)	45A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 45a.
26	Received any payment from or engaged in transaction	45B	ENTER	Enter a yes or no from the yes/no box from Part V, Line 45b
(26)	Engage in Direct/Indirect Political Activities	46	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 46.
(27)	Engage in Lobbying Activities	47	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 47.
(28)	Operating a School	48	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 48.
(29)	Make Any Transfers to an Exempt	49A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49a.
(30)	Section 527 Organization	49B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49b.

**Exhibit 3.24.12-198 (01-01-2023)**  
**Form 990-EZ Section 08 (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Preparation Code	PREP	<ENTER>	Enter the edited digits from the right margin of the return next to the PTIN.
(3)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(4)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(5)	Preparer Telephone #	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-199 (01-01-2023)****Form 990-EZ - Section 11, Schedule A (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11".
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Type of Organization	11	<ENTER>	Enter the following: 1 = Type I 2 = Type II 3= Type III- Functionally integrated 4 = Type III Non-functionally integrated Blank - <ENTER>
(4)	Type I, II or III Supporting Organization	L11E	<ENTER>	Enter a "1" if the box is checked on Schedule A, Part I, Line 11e.
(5)	Number of Supported Organizations	11F	<ENTER> MINUS (-)	Enter the amount from Line 11f.
(6)	EIN A	11G(II)A	<ENTER>	Enter the EIN in Part I, Line 11g, Row A, Column (ii).
(7)	Type of Org A	11G(III)A	<ENTER>	Enter the type of organization in Part I, Line 11g, Row A, Column (iii). If more than one digit, pick up the first digit only.
(8)	Listed in Governing Doc A	11G(IV)A	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row A, Column (iv).
(9)	Amount of Support A	11G(V)A \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 11g, Row A, Column (v).
(10)	EIN B	11G(II)B	<ENTER>	Enter the EIN in Part I, Line 11g, Row B, Column (ii).
(11)	Type of Org B	11G(III)B	<ENTER>	Enter the type of organization in Part I, Line 11g, Row B, Column (iii). If more than one digit, pick up the first digit only.
(12)	Listed in Governing Doc B	11G(IV)B	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row B, Column (iv).
(13)	Amount of Support B	11G(V)B \$	<ENTER> MINUS (-)	Enter the amount Part I, Line 11g, Row B, Column (v).
(14)	EIN C	11G(II)C	<ENTER>	Enter the EIN in Part I, Line 11g, Row C, Column (ii).

**Exhibit 3.24.12-199 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 11, Schedule A (2014 and 2015)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(15)	Type of Org C	11G(III)C	<ENTER>	Enter the type of organization in Part I, Line 11g, Row C, Column (iii). If more than one digit, pick up the first digit only.
(16)	Listed in Governing Doc C	11G(IV)C	<ENTER>	Enter 1 for yes and 2 for no from checkbox in Part I, Line 11g, Row C, Column (iv).
(17)	Amount of Support C	11G(V)C \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 11g, Row C, Column (v).
(18)	EIN D	11G(II)D	<ENTER>	Enter the EIN in Part I, Line 11g, Row D, Column (ii).
(19)	Type of Org D	11G(III)D	<ENTER>	Enter the type of organization in Part I, Line 11g, Row D, Column (iii). If more than one digit, pick up the first digit only.
(20)	Listed in Governing Doc D	11G(IV)D	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 11g, Row D, Column (iv).
(21)	Amount of Support D	11G(V)D \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 11g, Row D, Column (v).
(22)	EIN E	11G(II)E	<ENTER>	Enter the EIN in Part I, Line 11g, Row E, Column (ii).
(23)	Type of Org E	11G(III)E	<ENTER>	Enter the type of organization in Part I, Line 11g, Row E, Column (iii). If more than one digit, pick up the first digit only.
(24)	Listed in Governing Doc E	11G(IV)E	<ENTER>	Enter 1 for yes and 2 for no from check box in Part I, Line 11g, Row E, Column (iv).
(25)	Amount of Support E	11G(V)E \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 11g, Row E, Column (v).
(26)	Total Number of Organizations	11G(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 11h, Column (i), Total Line.
(27)	Total	GVTOT \$	<ENTER> MINUS (-)	Enter the amount on Part I, Line 11g, Total, Column (v).
(28)	Filling Field	N/A	N/A	Blank field generates on output.
(29)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).



**Exhibit 3.24.12-199 (Cont. 2) (01-01-2023)****Form 990-EZ - Section 11, Schedule A (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(30)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(31)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(32)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(33)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(34)	Public Support	6(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(35)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(36)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(37)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(38)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(39)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(40)	Receipts from Related Activities	L12 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part II, Line 12.
(41)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 13 is checked.
(42)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16a is checked.
(43)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16b is checked.
(44)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17a is checked.
(45)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17b is checked.
(46)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-200 (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).

**Exhibit 3.24.12-200 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 20 is checked.
(23)	Part IV Section A Data Present Indicator	PTIVA	<ENTER>	Enter a 1 if data is present in Part IV, Section A.
(24)	Part IV Section B Data Present Indicator	PTIVB	<ENTER>	Enter a 1 if data is present in Part IV, Section B.
(25)	Part IV Section C Data Present Indicator	PTIVC	<ENTER>	Enter a 1 if data is present in Part IV, Section C.
(26)	Part IV Section D Data Present Indicator	PTIVD	<ENTER>	Enter a 1 if data is present in Part IV, Section D.
(27)	Part IV Section E Data Present Indicator	PTIVE	<ENTER>	Enter a 1 if data is present in Part IV, Section E.
(28)	Part V Data Present Indicator	PTV	<ENTER>	Enter a 1 if data is present in Part V.

**Exhibit 3.24.12-201 (01-01-2023)****Form 990-EZ - Section 13, Schedules C & L (2014 and 2015)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHC L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Excess Benefit Transactions	SCHL1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part I.
(4)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.

**Exhibit 3.24.12-202 (01-01-2023)****Form 990-EZ - Section 01 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.2.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.2.5.
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number as shown on the preprinted label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions.
(10)	Type of Organization	BOXGRT	<ENTER>	Enter the edited code from right margin of box F. If the edit sheet isn't present, enter the Type of Organization from the right margin of Lines C, D or E.

**Exhibit 3.24.12-202 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 01 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters from the dotted portion of Lines 1–3. If a Condition Code is illegible, enter a “#” in its place.
(12)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If Type of Organization is a “9”, and the “9” is underlined, <b>don’t end the document</b> . Continue transcribing the return. (c) If the Type of Organization is a “9” and the “9” is <u>NOT</u> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a “G” Condition Code is present and the return is a <u>non-remittance</u> , end the document after this element.
(13)	Box J 501(c) #	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(14)	Box H Checkbox	H RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1.
(15)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates a (%) sign.
(16)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See IRM 3.24.38 for additional instructions.

**Exhibit 3.24.12-202 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 01 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a "G" Condition Code is present, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(18)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(19)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(20)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

**Exhibit 3.24.12-203 (01-01-2023)****Form 990-EZ - Section 02 Form 5800-Edit Sheet (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	Enter the edited digits from Bottom Left Margin of the return. (a) If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u> , end the document after this element. (b) If the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , press <ENTER> followed by <F6> after this element and proceed to Section 03. (c) If a "G" Condition Code is present and return is a <u>remittance</u> , press <ENTER> followed by <F6> after E-3, then proceed to Section 03. (d) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is underlined, <b>don't end the document</b> . Continue processing the return. (e) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is <u>NOT</u> underlined, press <F6> and end the document after this element.
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <u>exactly</u> as shown on Line 7, Form 5800.



## Exhibit 3.24.12-204 (01-01-2023)

## Form 990-EZ - Section 03 (2008 - 2013)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. (b) If a "G" Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the "600" series, end the document after this element. (d) This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts, Grants	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Investment Income	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Gross Amount from Sale of Assets	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a.
(8)	Less Cost or Other Basis	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5b.
(9)	Gain/Loss Other	L5C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5c.

**Exhibit 3.24.12-204 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 03 (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	Gross Income from Gaming	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(11)	Gross Income from Fundraising	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(12)	Less Direct Expenses	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(13)	Net Income/Loss	L6D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6d.
(14)	Gross Sales Less Returns and Allowances	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7a.
(15)	Less Cost of Goods Sold	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7b.
(16)	Gross Profit/Loss	L7C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7c.
(17)	Other Revenue	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(18)	Total Revenue	LN9 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 9.
(19)	Grants & Other Similar Amounts	L10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(20)	Benefits Paid to Members	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(21)	Salaries & Other Compensation	L12 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12.
(22)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(23)	Excess (Deficit) for the Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(24)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(25)	Net Assets at (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

Exhibit 3.24.12-205 (01-01-2023)

Form 990-EZ - Section 05 (2008 - 2013)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Total Assets (BOY)	25A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (A).
(3)	Total Assets (EOY)	25B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (B).

**Exhibit 3.24.12-206 (01-01-2023)**  
**Form 990-EZ - Section 06 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	Total Liabilities - BOY	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(3)	Total Liabilities - EOY	26B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (B).
(4)	Net Assets - BOY	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(5)	Net Assets - EOY	27B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (B).

## Exhibit 3.24.12-207 (01-01-2023)

## Form 990-EZ - Section 07 (2008 - 2013)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top margin of Page 2.
(3)	Schedule Indicator Codes	PG3TOP	<ENTER>	Enter the edited codes from the top of page 3.
(4)	Did you Engage in any Activity?	33	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33.
(5)	Were any Changes Made?	34	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 34.
(6)	Did you have Unrelated Business?	35A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35a.
(7)	If Yes, Did you File 990-T?	35B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35b.
8	Was organization 501(c)(4), (c)(5) or (c)(6)	35C	ENTER	Enter a yes or no from the yes/no box from Part V, Line 35c.
(9)	Was there a Liquidation?	36	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 36.
(10)	Amount of Political Expenditures	37A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 37a.
(11)	Did You File 1120-POL?	37B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 37b.
(12)	Borrow Money From or Make Loans	38A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 38a.
(13)	Enter Amount Involved	38B \$	<ENTER> <MINUS (-)>	Enter the amount from Part V, Line 38b.
(14)	Section 501(c)(7) Initiation Fees	39A \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39a.
(15)	Gross Receipts Amount	39B \$	<ENTER> MINUS (-)	Enter the amount from Part V, Line 39b.
(16)	501(c)(3) and 501(c)(4)	40B	<ENTER>	Enter the yes or no from the yes/no box from Part V, Line 40b.
(17)	Party to a Prohibited Tax Shelter	40E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 40e.

**Exhibit 3.24.12-207 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 07 (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(18)	Did you have Foreign Bank Accounts?	42B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42b.
(19)	Did you have a Foreign Office?	42C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42c.
(20)	Section 4947(a)(1) Trusts Filing 990EZ?	43	<ENTER>	Enter the code edited to the right of Part V, Line 43.
(21)	Maintain Any Donor Advised Funds	44A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44a.
(22)	Operate One or More Hospital Facilities	44B	<ENTER>'	Enter a yes or no from the yes/no box from Part V, Line 44b.
(23)	Receive Payments for Indoor Tanning	44C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44c.
(24)	Filed Form 720 to Report Payments	44D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 44d.
(25)	Controlled Entity Within 512(b)(13)	45A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 45a.
26	Received any payment from or engaged in transaction	45B	ENTER	Enter a yes or no from the yes/no box from Part V, Line 45b
(26)	Engage in Direct/Indirect Political Activities	46	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 46.
(27)	Engage in Lobbying Activities	47	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 47.
(28)	Operating a School	48	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 48.
(29)	Make Any Transfers to an Exempt	49A	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49a.
(30)	Section 527 Organization	49B	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 49b.

Exhibit 3.24.12-208 (01-01-2023)

Form 990-EZ - Section 08 (2008 - 2013)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Preparation Code	PREP	<ENTER>	Enter the edited digits from the right margin of the return next to the PTIN.
(3)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(4)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(5)	Preparer Telephone #	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-209 (01-01-2023)****Form 990-EZ - Section 11, Schedule A (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11". <b>Note:</b> ENTER DOLLARS ONLY
(2)	Non-Private Foundation Code	SCHAPT1	<ENTER>	Enter the edited code to the right margin of Part I.
(3)	Total Number of Organizations	11H(I)TOT	<ENTER>	Enter the number from Schedule A, Part I, Line 11h, Column (i), Total Line.
(4)	Total Amount of Support	HVIITOT \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 11h, Column (vii), Total Line.
(5)	Gifts / Grants / Contributions	PTII 1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (f).
(6)	Tax Revenues Levied	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 2, Column (f).
(7)	Value of Services	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 3, Column (f).
(8)	Total	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 4, Column (f).
(9)	Amounts Included on Line 1	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 5, Column (f).
(10)	Public Support	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 6, Column (f).
(11)	Amount from Line 4	7(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 7, Column (f).
(12)	Gross Income from Interest	8(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 8, Column (f).
(13)	Net Income from Unrelated Business	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 9, Column (f).
(14)	Other Income	10(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 10, Column (f).
(15)	Total Support	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part II, Line 11, Column (f).
(16)	Receipts from Related Activities	L12 \$	<ENTER> MNUS (-) ☆☆☆☆☆☆	Enter the amount from Schedule A, Part II, Line 12.



**Exhibit 3.24.12-209 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 11, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	First 5 Years Checkbox	13CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 13 is checked.
(18)	33 1/3% Test Current Year Checkbox	16ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16a is checked.
(19)	33 1/3% Test Prior Year Checkbox	16BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 16b is checked.
(20)	10% Facts & Circumstances Current	17ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17a is checked.
(21)	10% Facts & Circumstances Prior	17BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 17b is checked.
(22)	Private Foundation Checkbox	18CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part II, Line 18 is checked.

**Exhibit 3.24.12-210 (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2008 - 2013)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Part III Gifts / Grants / Contributions	PT3L1(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 1, Column (f).
(3)	Gross Receipts from Admissions	2(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 2, Column (f).
(4)	Gross Receipts from Activities	3(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 3, Column (f).
(5)	Tax Revenues Levied	4(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 4, Column (f).
(6)	Value of Services / Facilities	5(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 5, Column (f).
(7)	Total 509(a)(2)	6(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 6, Column (f).
(8)	Received from Disqualified Persons	7A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7a, Column (f).
(9)	Received from Other than Disqualified	7B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7b, Column (f).
(10)	Total of 7a & 7b	7C(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 7c, Column (f).
(11)	Public Support	8(F) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Schedule A, Part III, Line 8, Column (f).
(12)	Amounts from Line 6	9(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 9, Column (f).
(13)	Gross Income from Interest	10A(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10a, Column (f).
(14)	Unrelated Business Taxable Income	10B(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 10b, Column (f).
(15)	Total of 10a & 10b	10C(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 10c, Column (f).
(16)	Net Income / Unrelated Business Activity	11(F) \$	<ENTER> MNUS (-)	Enter the amount from Schedule A, Part III, Line 11, Column (f).
(17)	Other Income	12(F) \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part III, Line 12, Column (f).

**Exhibit 3.24.12-210 (Cont. 1) (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Total Support	13(F) \$	<ENTER> MINUS (-) ☆☆☆☆☆☆	Enter the amount from Schedule A, Part III, Line 13, Column (f).
(19)	First 5 Years Checkbox	14CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 14 is checked.
(20)	33 1/3% Test Current Year Checkbox	19ACKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19a is checked.
(21)	33 1/3% Test Prior Year Checkbox	19BCKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 19b is checked.
(22)	Private Foundation Checkbox	20CKBX	<ENTER>	Enter a "1" if the box on Schedule A, Part III, Line 20 is checked.

**Exhibit 3.24.12-211 (01-01-2023)****Form 990-EZ - Section 13, Schedules C & L (2008 - 2013)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Political Expenditures	SCHC L2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule C, Part I-A, Line 2.
(3)	Excess Benefit Transactions	SCHL1 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part I.
(4)	Approved by Board or Committee	PT2 RTMAR	<ENTER>	Enter the edited digit from the right margin of Schedule L, Part II.

**Exhibit 3.24.12-212 (01-01-2023)****Form 990-EZ - Section 01 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. If the system generates the serial number (see IRM 3.24.38.4.1.1), verify it matches the document being entered.
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. (a) If not present, press <ENTER>. (b) See IRM 3.24.12.3.5.
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. See IRM 3.24.12.3.5.
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number as shown on the preprinted label or in the E.I. Number block. (a) See standard rules in IRM 3.24.38. (b) For the error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5.
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". (a) If not edited or underlined, press <ENTER> only. (b) See IRM 3.24.38 for special instructions.
(10)	Type of Organization	BOXGRT	<ENTER>	Enter the edited code from right margin of box F. If the edit sheet isn't present, enter the Type of Organization from the right margin of Lines C, D or E.

**Exhibit 3.24.12-212 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 01 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Computer Condition Codes	CCC	<ENTER>	Enter the edited characters from the dotted portion of Lines 1–3. If a Condition Code is illegible, enter a “#” in its place.
(12)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. (a) See IRM 3.24.38 for special instructions. (b) If Type of Organization is a “9”, and the “9” is underlined, <b>don’t end the document.</b> Continue transcribing the return. (c) If the Type of Organization is a “9” and the “9” is <u>NOT</u> underlined, press <F6> and end the document unless an ERS Action Code is present. If an Action Code is present, continue to that element and follow the instructions there. (d) If a “G” Condition Code is present and the return is a <u>non-remittance</u> , end the document after this element.
(13)	Box J 501(c)	501C#	<ENTER>	Enter the edited 2 digit code from the lower right corner of the entity portion.
(14)	Box H Checkbox	H RTMAR	<ENTER>	Enter the edited code from the right margin of Line 1.
(15)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates a (%) sign.
(16)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. See Form 3.24.38 for additional instructions.

**Exhibit 3.24.12-212 (Cont. 2) (01-01-2023)**  
**Form 990-EZ - Section 01 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(17)	Street Address	ADDR	<ENTER>	Enter the street address from the address line. (a) See IRM 3.24.38 for specific instructions. (b) If a "G" Condition Code is present, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered. (c) If a foreign address, enter the foreign city, province and postal code.
(18)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. (a) If a foreign address, enter the edited foreign country's code.
(19)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line (see IRM 3.24.38). (a) If a Major City Code was entered, press <ENTER> only. (b) If a foreign address, enter a period (.).
(20)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. (a) If a foreign address, press <ENTER> only.

**Exhibit 3.24.12-213 (01-01-2023)****Form 990-EZ - Section 02, Form 5800 - Edit Sheet (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	Enter the edited digits from Bottom Left Margin of the return. (a) If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u> , end the document after this element. (b) If the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , press <ENTER> followed by <F6> after this element and proceed to Section 03. (c) If a "G" Condition Code is present and return is a <u>remittance</u> , press <ENTER> followed by <F6> after E-3, then proceed to Section 03. (d) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is underlined, <b>do NOT end the document</b> . Continue processing the return. (e) If the Type of Organization is a "9" from Section 01 E-10, and the "9" is <u>NOT</u> underlined, press <F6> and end the document after this element.
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. (a) For special instructions, see IRM 3.24.38.
(7)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <u>exactly</u> as shown on Line 7, Form 5800.



## Exhibit 3.24.12-214 (01-01-2023)

## Form 990-EZ - Section 03 (2007 and Prior)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited amount shown in the margin at the top of the return. (a) Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. (b) If a "G" Condition Code is present, end the document after this element. (c) If the ERS Action Code is in the "600" series, end the document after this element. (d) This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. (e) The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Total Contributions, Gifts, Grants	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.
(4)	Program Service Revenue	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(5)	Membership Dues and Assessments	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3.
(6)	Investment Income	LN4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(7)	Gross Amount from Sale of Assets	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a.
(8)	Less Cost or Other Basis	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5b.
(9)	Gain/Loss Other	L5C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5c.

**Exhibit 3.24.12-214 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 03 (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	Special Events/Gaming	6CKBX	<ENTER>	Enter a "1" if the check box from Part I, Line 6 is checked.
(11)	Gross Revenue	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a.
(12)	Less Direct Expenses	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(13)	Net Income	L6C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6c.
(14)	Gross Sales Less Returns and Allowances	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7a.
(15)	Less Cost of Goods Sold	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7b.
(16)	Gross Profit/Loss	L7C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7c.
(17)	Other Revenue	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(18)	Total Revenue	LN9 \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part I, Line 9.
(19)	Grants & Other Similar Amounts	L10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(20)	Benefits Paid to Members	L11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.
(21)	Salaries & Other Compensation	L12 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12.
(22)	Total Expenses	L17 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17.
(23)	Excess (Deficit) for the Year	L18 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 18.
(24)	Other Changes in Net Assets	L20 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20.
(25)	Net Assets at (EOY)	L21 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21.

**Exhibit 3.24.12-215 (01-01-2023)****Form 990-EZ - Section 05 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Total Assets (BOY)	25A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (A).
(3)	Total Assets (EOY)	25B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 25, Column (B).

**Exhibit 3.24.12-216 (01-01-2023)****Form 990-EZ - Section 06 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Total Liabilities (BOY)	26A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (A).
(3)	Total Liabilities (EOY)	26B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 26, Column (B).
(4)	Net Assets (BOY)	27A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (A).
(5)	Net Assets (EOY)	27B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 27, Column (B).

## Exhibit 3.24.12-217 (01-01-2023)

## Form 990-EZ - Section 07 (2007 and Prior)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top margin of Page 2.
(3)	Did you Engage in any Activity?	33	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33.
(4)	Were any Changes Made?	34	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 34.
(5)	Did you have Unrelated Business?	35A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35a.
(6)	If Yes, Did you File 990-T?	35B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35b.
(7)	Was there a Liquidation?	36	<ENTER>	Enter a yes or no from the yes/no box from Line 36.
(8)	Amount of Political Expenditures	37A \$	<ENTER> MINUS (-)	Enter the amount from Line 37a.
(9)	Did You File 1120-POL?	37B	<ENTER>	Enter a yes or no from the yes/no box from Line 37b.
(10)	Section 501(c)(7) Initiation Fees	39A \$	<ENTER> MINUS (-)	Enter the amount from Line 39a.
(11)	Gross Receipts Amount	39B \$	<ENTER> MINUS (-)	Enter the amount from Line 39b.
(12)	501(c)(3) and 501(c)(4)	40B	<ENTER>	Enter the yes or no from the yes/no box from Part V, Line 40b.
(13)	Did you have Foreign Bank Accounts?	42B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42b.
(14)	Did you have a Foreign Office?	42C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 42c.
(15)	Section 4947(a)(1) Trusts Filing 990EZ?	43	<ENTER>	Enter the code edited to the right of Part V, Line 43.

**Exhibit 3.24.12-218 (01-01-2023)****Form 990-EZ - Section 08 (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Preparation Code	PREP	<ENTER>	Enter the edited digits from the right margin of the last page of the return next to the PTIN.
(3)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(4)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.

**Exhibit 3.24.12-219 (01-01-2023)****Form 990-EZ - Section 09, Schedule A (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09". <b>Note:</b> ENTER DOLLARS ONLY
(2)	Question 1 Part III	LN1	<ENTER>	Enter the edited digit to the right of Part III, Line 1. • If un-edited, enter a yes or no from the yes/no box from Part III, Line 1.
(3)	Legislative Activities	LN1 \$	<ENTER> MINUS (-)	Enter the amount from Part III, Line 1, next to the \$.
(4)	Was there a Sale, Exchange or Lease of Property?	L2A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2a.
(5)	Did you Lend Money or Other Credit?	L2B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2b.
(6)	Did you Furnish Goods, Services or Facilities?	L2C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2c.
(7)	Did you make Payment Compensation?	L2D	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2d.
(8)	Did you Transfer Income or Assets?	L2E	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 2e.
(9)	Do you Make Grants/Scholarships?	L3A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3a.
(10)	Did you Have a Section 403(b) Annuity Plan?	L3B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3b.
(11)	Did you Receive or Hold Easement - Section 170(h)?	L3C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3c.
(12)	Do you Provide Credit Counseling?	L3D	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 3d.
(13)	Did you Maintain any Donor Advised Funds?	L4A	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4a.
(14)	Did you Make any Taxable Distributions?	L4B	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4b.
(15)	Did you Make a Distribution – Section 4967?	L4C	<ENTER>	Enter a yes or no from the yes/no box from Part III, Line 4c.

**Exhibit 3.24.12-219 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 09, Schedule A (2007 and Prior)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(16)	Enter the Total Number of Donor Advised Funds	L4D	<ENTER>	Enter the number from Part III, Line 4d.
(17)	Enter the Aggregate Value of Assets	L4E \$	<ENTER>	Enter the amount from Part III, Line 4e.
(18)	Part IV Non-Private Foundation	IVRTMAR	<ENTER>	Enter the edited code from the RIGHT margin of Part IV.
(19)	Total Amount of Support	13E \$	<ENTER>	Enter the amount from Part IV, Line 13, Column (e).
(20)	Gifts, Contributions, Grants	15E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 15, Column (e).
(21)	Membership Fees	16E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 16, Column (e).
(22)	Gross Receipts/ Admissions	17E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 17, Column (e).
(23)	Gross Income/Interest/ Dividends	18E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 18, Column (e).
(24)	Tax Revenues Levied	20E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 20, Column (e).
(25)	Value of Services/ Facilities Furnished	21E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 21, Column (e).
(26)	Total Lines 15–22	23E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 23, Column (e).
(27)	Line 23 Minus 17	24E \$	<ENTER> MINUS (-)	Enter the amount from Part IV-A, Line 24, Column (e).



## Exhibit 3.24.12-220 (01-01-2023)

## Form 990-EZ - Section 10, Schedule A (2007 and Prior)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10". <b>Note:</b> If a large edited <b>X</b> is present through Part V or Part V is blank, don't enter this section.
(2)	Do you have a racially?	V29	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 29.
(3)	Do you include?	30	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 30.
(4)	Have you publicized?	31	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 31.
(5)	Records indicating?	32A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 32a.
(6)	Records documenting?	32B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 32b.
(7)	Copies of all catalogues?	32C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 32c.
(8)	Copies of all material?	32D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 32d.
(9)	Students' rights?	33A	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33a.
(10)	Admission Policies?	33B	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33b.
(11)	Employment of faculty?	33C	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33c.
(12)	Scholarships?	33D	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33d.
(13)	Educational policies?	33E	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33e.
(14)	Use of facilities?	33F	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33f.
(15)	Athletic programs?	33G	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33g.
(16)	Other extracurricular activities?	33H	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 33h.

**Exhibit 3.24.12-220 (Cont. 1) (01-01-2023)**  
**Form 990-EZ - Section 10, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Does Organization Certify?	35	<ENTER>	Enter a yes or no from the yes/no box from Part V, Line 35.
(18)	Signature Code	SIGN	<ENTER>	Enter the edited code from the bottom right hand portion of Schedule A, page 5.

**Exhibit 3.24.12-221 (01-01-2023)****Form 990-EZ - Section 11, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11". <b>Note:</b> ENTER DOLLARS ONLY.
(2)	Total (Grass Roots) Expenditures	36B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 36, Column (b).
(3)	Total Lobbying Expenses	37B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 37, Column (b).
(4)	Other Exempt Purposes Expenses	39B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 39, Column (b).
(5)	Lobbying Nontaxable Amount	41B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 41, Column (b).
(6)	Grass Roots Nontaxable Amount	42B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 42, Column (b).
(7)	Excess of Line 36 over Line 42	43B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 43, Column (b).
(8)	Excess of Line 38 over Line 41	44B \$	<ENTER> MINUS (-)	Enter the amount from Part VI-A, Line 44, Column (b).
(9)	Part VI-B, Line i, Total	VIBLNI \$	<ENTER> MINUS (-)	Enter the amount from Part VI-B, Line i.

**Exhibit 3.24.12-222 (01-01-2023)****Form 990-EZ - Section 12, Schedule A (2007 and Prior)**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Cash transfers?	51AI	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51a(i).
(3)	Other assets?	All	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51a(ii).
(4)	Sales of assets?	51BI	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(i).
(5)	Purchases of assets?	BII	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(ii).
(6)	Rental?	BIII	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(iii).
(7)	Reimbursement?	BIV	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(iv).
(8)	Loans?	BV	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(v).
(9)	Performance of services?	BVI	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51b(vi).
(10)	Sharing?	51C	<ENTER>	Enter a yes or no from the yes/no box from Part VII, Line 51c.

**Exhibit 3.24.12-223 (01-01-2023)**  
**Form 990-PF - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(5)	E.I. Number	EIN	<ENTER> ★★★★★	Enter the E.I. Number from the preprinted label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(10)	Type of Organization Code	C RTMAR	<ENTER>	Enter the edited code from right margin of box C/D.
(11)	Foundation Code	LN H	<ENTER>	Enter the edited digits from Line H.

**Exhibit 3.24.12-223 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(12)	Termination Code	F RTMAR	<ENTER>	Enter the edited code from right margin of box F.
(13)	Line 2 Checkbox	LN2	<ENTER>	Enter the code if edited from the right margin of Line 1a.
(14)	Computer Condition Codes	CCC	<ENTER>	Enter the codes shown on the dotted portion of Lines 8–9. <ul style="list-style-type: none"> <li>If a condition code is illegible, enter a “#” in its place.</li> </ul>
(15)	Return Processing Code	01RPC	<ENTER>	For 2018 and subsequent tax periods enter the edited codes on Page 1, in the right margin next to line 2.
(16)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. <ul style="list-style-type: none"> <li>If a “G” Condition Code is present and the return is a <u>non-remittance</u>, end the document after this element.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(17)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates an (%) sign.
(18)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. <ul style="list-style-type: none"> <li>See IRM 3.24.38 for additional instructions.</li> </ul>

**Exhibit 3.24.12-223 (Cont. 2) (01-01-2023)**  
**Form 990-PF - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Street Address	ADDR	<ENTER>	<p>Enter the street address from the address line.</p> <ul style="list-style-type: none"> <li>• If a "G" Condition Code is present on the return, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered.</li> <li>• If a foreign address, enter the foreign city, province and postal code.</li> <li>• See IRM 3.24.38 for specific instructions.</li> </ul>
(20)	City	CITY	<ENTER>	<p>Enter the city name from the city line, or Major City Code, if appropriate.</p> <ul style="list-style-type: none"> <li>• If a foreign address, enter the edited foreign country's code.</li> </ul>
(21)	State	ST	<ENTER>	<p>Enter the standard state abbreviation from the city/state line.</p> <ul style="list-style-type: none"> <li>• If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>• If a foreign address, enter a period (.).</li> <li>• See IRM 3.24.38.</li> </ul>
(22)	ZIP Code	ZIP	<ENTER>	<p>Enter the ZIP Code.</p> <ul style="list-style-type: none"> <li>• If a foreign address, press &lt;ENTER&gt; only.</li> </ul>

**Exhibit 3.24.12-224 (01-01-2023)****Form 990-PF - Section 02, Form 5800 - Edit Sheet**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	Enter the edited digits from Bottom Left Margin of the return. a. If the ERS Action Code is in the <b>600</b> series and the return is a <b>non-remittance</b> , end the document after this element. b. If the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , press <ENTER> followed by <F6> after this element and proceed to Section 03. c. If a "G" Condition Code is present and return is a <u>re-mittance</u> , press <ENTER> followed by <F6> after E-3 then proceed to Section 03.
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800, in MMDDYY format.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800. • For special instructions, see IRM 3.24.38.
(7)	Penalty and Interest Code	LN6	<ENTER>	Enter the edited digit from Line 6, Form 5800.
(8)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the edited amount <u>exactly</u> as shown on Line 7, Form 5800.



**Exhibit 3.24.12-225 (01-01-2023)**  
**Form 990-PF - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03". <b>Note:</b> ENTER DOLLARS ONLY EXCEPT FOR E-(2).
(2)	Remittance	RMT	<ENTER>	Enter the edited <u>DOLLARS AND CENTS</u> amount shown in the margin at the top of the return. a. Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. b. If a "G" Condition Code is present, end the document after this element. c. If the ERS Action Code is in the "600" series, end the document after this element. d. This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. e. The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Fair Market Value of Assets (EOY)	BOXI \$	<ENTER> MINUS (-)	Enter the amount from Box I, top portion of the return.
(4)	Contributions, Gifts, Etc.	L1A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1, Column (a).
(5)	Interest on Savings	L3A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 3, Column (a).
(6)	Dividends & Interest	L4A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4, Column (a).
(7)	Gross Rents	5AA \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5a, Column (a).
(8)	Net Gain or Loss	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6a, Column (a).

**Exhibit 3.24.12-225 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(9)	Gross Sales Price on Line 6a	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6b.
(10)	Cost of Goods Sold	10B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10b.
(11)	Gross Profit from Business	10CA \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10c, Column (a).
(12)	Other Income	11A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11, Column (a).
(13)	Total Revenue per Book	12A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12, Column (a).
(14)	Total Net Investment Income	12B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12, Column (b).
(15)	Total Adjusted Net Income	12C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 12, Column (c).
(16)	Compensation of Officers	13A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13, Column (a).
(17)	Pension Plan Employee Benefits	15A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 15, Column (a).
(18)	Legal Fees	16AA \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 16a, Column (a).
(19)	Accounting Fees	16BA \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 16b, Column (a).
(20)	Interest	17A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 17, Column (a).
(21)	Depreciation	19A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 19, Column (a).
(22)	Occupancy	20A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 20, Column (a).
(23)	Travel/Conferences and Meetings	21A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 21, Column (a).
(24)	Printing and Publications	22A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 22, Column (a).
(25)	Total Operating & Admin. Expenses Col. A	24A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 24, Column (a).
(26)	Total Operating & Admin. Expenses Col. B	24B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 24, Column (b).
(27)	Total Operating and Admin. Expenses Col. D	24D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 24, Column (d).

**Exhibit 3.24.12-225 (Cont. 2) (01-01-2023)**  
**Form 990-PF - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(28)	Contributions, Gifts, Grants Paid	25A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 25, Column (a).
(29)	Total Expenses Per Books	26A \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 26, Column (a).
(30)	Total Expenses Net Investment	26B \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 26, Column (b).
(31)	Total Expenses Adjusted Net	26C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 26, Column (c).
(32)	Total Expenses Disbursements	26D \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 26, Column (d).
(33)	Excess of Revenue	27AA \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 27a, Column (a).
(34)	Net Investment Income	27BB \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 27b, Column (b).
(35)	Adjusted Net Income	27CC \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 27c, Column (c).

**Exhibit 3.24.12-226 (01-01-2023)**  
**Form 990-PF - Section 04**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "04". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>04</b> will be edited to the left of the Part Number that is to be entered. The line items remains the same.
(2)	IRI Codes	PG2TOP	<ENTER>	Enter the edited digits from the top of Page 2 or the return.
(3)	Cash Non Interest (BOY)	L1A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 1, Column (a).
(4)	Cash Non Interest (EOY)	L1B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 1, Column (b).
(5)	Accounts Receivable Less Allowances (BOY)	L3A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 3, Column (a).
(6)	Accounts Receivable Less Allowance (EOY)	L3B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 3, Column (b).
(7)	Pledges Receivable Less Allowances (BOY)	L4A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 4, Column (a).
(8)	Pledges Receivable Less Allowances (EOY)	L4B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 4, Column (b).
(9)	Grants Receivable (BOY)	L5A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 5, Column (a).
(10)	Grants Receivable (EOY)	L5B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 5, Column (b).
(11)	Receivables Due From Officers (BOY)	L6A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 6, column (a).
(12)	Receivables Due From Officers (EOY)	L6B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 6, Column (b).
(13)	Other Notes and Loans (BOY)	L7A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 7, Column (a).
(14)	Other Notes and Loans (EOY)	L7B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 7, Column (b).

**Exhibit 3.24.12-226 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 04**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(15)	Inventories for Sale (BOY)	L8A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 8, Column (a).
(16)	Inventories for Sale (EOY)	L8B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 8, Column (b).
(17)	Prepaid Expenses (BOY)	L9A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 9, Column (a).
(18)	Prepaid Expenses (EOY)	L9B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 9, Column (b).
(19)	Investments-Government (BOY)	10AA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10a, Column (a).
(20)	Investments-Government (EOY)	10AB \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10a, Column (b).
(21)	Investment Stock (BOY)	10BA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10b, Column (a).
(22)	Investment Stock (EOY)	10BB \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10b, Column (b).
(23)	Investment Bonds (BOY)	10CA \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10c, Column (a).
(24)	Investment Bonds (EOY)	10CB \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 10c, Column (b).
(25)	Investment Mortgage Loans (BOY)	12A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 12, Column (a).
(26)	Investment Mortgage Loans (EOY)	12B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 12, Column (b).
(27)	Investment Other (BOY)	13A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 13, Column (a).
(28)	Investment Other (EOY)	13B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 13, Column (b).
(29)	Land, Buildings and Equipment (BOY)	14A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 14, Column (a).
(30)	Land, Buildings and Equipment (EOY)	14B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 14, Column (b).
(31)	Other Assets (BOY)	15A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 15, Column (a).
(32)	Other Assets (EOY)	15B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 15, Column (b).
(33)	Total Assets (EOY)	16B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 16, Column (b).

Exhibit 3.24.12-226 (Cont. 2) (01-01-2023)  
Form 990-PF - Section 04

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(34)	FMV of Assets (EOY)	16C \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 16, Column (c).

**Exhibit 3.24.12-227 (01-01-2023)**  
**Form 990-PF - Section 05**

Elem	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05". <b>Note:</b> ENTER DOLLARS AND CENTS. <b>Note:</b> If the return is for a prior year, <b>05</b> will be edited to the left of the Part Number that is to be entered. The Line items remains the same.
(2)	Accounts Payable (BOY)	17A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 17, Column (a).
(3)	Accounts Payable (EOY)	17B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 17, Column (b).
(4)	Grants Payable (BOY)	18A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 18, Column (a).
(5)	Grants Payable (EOY)	18B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 18, Column (b).
(6)	Mortgages and Notes (EOY)	21B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 21, Column (b).
(7)	Other Liabilities (BOY)	22A \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 22, Column (a).
(8)	Other Liabilities (EOY)	22B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 22, Column (b).
(9)	Total Liabilities (EOY)	23B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 23, Column (b).
(10)	Total Net Assets/Fund Balances	29B \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 29, Column (b).
(11)	4940 Code	PG4TOP	<ENTER>	Enter the edited code from the top center margin of page 4 of the return.
(12)	Excise Tax	LN1	<ENTER>	Enter the amount from Part V, Line 1.
(13)	Section 511 Tax	LN2	<ENTER>	Enter the amount from Part V, Line 2.
(14)	Subtitle A Tax	LN4	<ENTER>	Enter the amount from Part V, Line 4.

**Exhibit 3.24.12-227 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 05**

Elem	Data Element Name	Prompt	Fld. Term.	Instructions
(15)	Tax on Investment Income	LN5	<ENTER>	Enter the amount from Part V, Line 5.
(16)	ES Credit	L6A	<ENTER>	Enter the amount from Part V, Line 6a.
(17)	Tax Withheld at Source	L6B	<ENTER>	Enter the amount from Part V, Line 6b.
(18)	Tax Paid from Form 8868	L6C	<ENTER>	Enter the amount from Part V, Line 6c.
(19)	Erroneous Backup Withholding	L6D	<ENTER>	Enter the amount from Part V, Line 6d.
(20)	ES Penalty	LN8	<ENTER>	Enter the amount from Part V, Line 8.
(21)	Tax Due/Overpayment	L9/10	<ENTER> MINUS (-)	Enter the amount from Part V, Line 9 followed by pressing <ENTER>. <ul style="list-style-type: none"> <li>If no amount on Line 9, enter the amount from Part VI, Line 10 with a MINUS (-).</li> <li>If entries on both lines, enter the amount from Part VI, Line 9 followed by pressing &lt;ENTER&gt;.</li> </ul>
(22)	Credit Elect	11 CT	<ENTER>	Enter the amount from Part V, the center portion of Line 11.



**Exhibit 3.24.12-228 (01-01-2023)**  
**Form 990-PF - Section 06**

Elem	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "06".
(2)	During this tax year?	VIIA1A	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 1a.
(3)	Have you engaged in?	LN2	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 2.
(4)	Have you made any changes?	LN3	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 3.
(5)	If yes, have you?	L4B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 4b.
(6)	Was there a liquidation?	LN5	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 5.
(7)	If you answered yes?	L8B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 8b.
(8)	Are you claiming?	LN9	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 9.
(9)	Did any Persons Become?	L10	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 10.
(10)	Is the Foundation a Controlling Organization?	L11	<ENTER>	Enter a yes or no from the yes/no box on Part VI-A, Line 11.
(11)	Did you Acquire Direct/ Indirect Interest?	L12	<ENTER>	Enter a yes or no from the yes/no box from Part VI-A, Line 12.
(12)	Did the Organization Comply with Public?	L13	<ENTER>	Enter a yes or no from the yes/no box from Part VI-A, 1 Line 13.
(13)	Section 4947(a)(1) Trusts	L15	<ENTER>	Enter a "1" if the box is checked on Part VI-A, Line 15.
14	Did the foundation have any interest income	L16	ENTER	Enter a yes or no from the yes/no box on Part VI-A, Line 16.
(15)	Engage in the sale?	VIIB1A1	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(1).
(16)	Borrow money from?	1A2	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(2).
(17)	Furnish goods?	1A3	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(3).
(18)	Pay compensation?	1A4	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(4).

**Exhibit 3.24.12-228 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 06**

Elem	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Transfer any of?	1A5	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(5).
(20)	Agree to pay money?	1A6	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1a(6).
(21)	If you answered yes?	1B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1b.
(22)	Did you engage in?	1C	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 1c.
(23)	Taxes on failure to?	2A	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 2a.
(24)	If 2a is yes?	2B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 2b.
(25)	Did you hold more?	3A	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 3a.
(26)	If yes, did you?	3B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 3b.
(27)	Did you invest during?	4A	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 4a.
(28)	Did you make any?	4B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 4b.
(29)	Carry on propaganda?	5A1	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5a(1).
(30)	Influence the outcome?	5A2	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5a(2).
(31)	Provide a grant?	5A3	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5a(3).
(32)	Provide grant to an organization?	5A4	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5a(4).
(33)	Provide for any?	5A5	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5a(5).
(34)	If you answered yes?	5B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 5b.
(35)	Did the Organization Receive any Funds?	6A	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 6a.
(36)	Did the Organization Pay any Premiums?	6B	<ENTER>	Enter a yes or no from the yes/no box on Part VI-B, Line 6b.

**Exhibit 3.24.12-228 (Cont. 2) (01-01-2023)**  
**Form 990-PF - Section 06**

<b>Elem</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(37)	Subject to Section 4960 Tax on Payments of More Than \$1,000,000	8	<ENTER>	Enter 1 for yes and 2 for no Part VI-B, Line 8.

**Exhibit 3.24.12-229 (01-01-2023)**  
**Form 990-PF - Section 07**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>07</b> will be edited to the left of the Part Number that is to be entered. The line items remains the same.
(2)	Reportable Compensation 1	PTVIII1C \$	<ENTER>	Enter the amount from Part VII Section 1, Line 1, Column (c).
(3)	Reportable Contributions to Employee Benefits Plans 1	PTVIII1D \$	<ENTER>	Enter the amount from Part VII Section 1, Line 1, Column (d).
(4)	Reportable Compensation 2	PTVIII2C \$	<ENTER>	Enter the amount from Part VII Section 1, Line 2, Column (c).
(5)	Reportable Contributions to Employee Benefits Plans 2	PTVIII2D \$	<ENTER>	Enter the amount from Part VII Section 1, Line 2, Column (d).
(6)	Reportable Compensation 3	PTVIII3C \$	<ENTER>	Enter the amount from Part VII Section 1, Line 3, Column (c).
(7)	Reportable Contributions to Employee Benefits Plans 3	PTVIII3D \$	<ENTER>	Enter the amount from Part VIII Section 1, Line 3, Column (d).
(8)	Reportable Compensation 4	PTVIII4C \$	<ENTER>	Enter the amount from Part VII Section 1, Line 4, Column (c).
(9)	Reportable Contributions to Employee Benefits Plans 4	PTVIII4D \$	<ENTER>	Enter the amount from Part VII Section 1, Line 4, Column (d).
(10)	Five Highest Paid Employees Compensation 1	PTVIII21C \$	<ENTER>	Enter the amount from Part VII Section 2, Line 1, Column (c).
(11)	Five Highest Paid Contributions to Employee Benefits Plans 1	PTVIII21D \$	<ENTER>	Enter the amount from Part VII Section 2, Line 1, Column (d).
(12)	Five Highest Paid Employees Compensation 2	PTVIII22C \$	<ENTER>	Enter the amount from Part VII Section 2, Line 2, Column (c).

**Exhibit 3.24.12-229 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 07**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Five Highest Paid Contributions to Employee Benefits Plans 2	PTVIII22D \$	<ENTER>	Enter the amount from Part VII Section 2, Line 2, Column (d).
(14)	Five Highest Paid Employees Compensation 3	PTVIII23C \$	<ENTER>	Enter the amount from Part VII Section 2, Line 3, Column (c).
(15)	Five Highest Paid Contributions to Employee Benefits Plans 3	PTVIII23D \$	<ENTER>	Enter the amount from Part VII Section 2, Line 3, Column (d).
(16)	Five Highest Paid Employees Compensation 4	PTVIII24C \$	<ENTER>	Enter the amount from Part VII Section 2, Line 4, Column (c).
(17)	Five Highest Paid Contributions to Employee Benefits Plans 4	PTVIII24D \$	<ENTER>	Enter the amount from Part VII Section 2, Line 4, Column (d).
(18)	Five Highest Paid Employees Compensation 5	PTVIII25C \$	<ENTER>	Enter the amount from Part VII Section 2, Line 5, Column (c).
(19)	Five Highest Paid Contributions to Employee Benefits Plans 5	PTVIII25D \$	<ENTER>	Enter the amount from Part VII Section 2, Line 5, Column (d).
(20)	Total	X1D \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 1d.
(21)	Net Value/Noncharitable-Use Assets	LN5 \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 5.
(22)	Minimum Investment Return	LN6 \$	<ENTER> MINUS (-)	Enter the amount from Part IX, Line 6.
(23)	Distributable Amount	XI7 \$	<ENTER> MINUS (-)	Enter the amount from Part X, Line 7.
(24)	Undistributed Income	XIII6F \$	<ENTER> MINUS (-)	Enter the amount from Part XII, Line 6f.

**Exhibit 3.24.12-230 (01-01-2023)**  
**Form 990-PF - Section 08**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>08</b> edits to the left of the lines to be entered. The line items remain the same.
(2)	Adjusted Net Income Column (a)	2AA \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2a, Column (a).
(3)	Adjusted Net Income Column (b)	2AB \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2a, Column (b).
(4)	Adjusted Net Income Column (c)	2AC \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2a, Column (c).
(5)	Adjusted Net Income Column (d)	2AD \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2a, Column (d).
(6)	Adjusted Net Income Total	2AE \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 2a, Column (e).
(7)	Qualifying Distribution Column (a)	2EA \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2e, Column (a).
(8)	Qualifying Distribution Column (b)	2EB \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2e, Column (b).
(9)	Qualifying Distribution Column (c)	2EC \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2e, Column (c).
(10)	Qualifying Distribution Column (d)	2ED \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 2e, Column (d).
(11)	Qualifying Distribution Total	2EE \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 2e, Column (e).

**Exhibit 3.24.12-231 (01-01-2023)**  
**Form 990-PF - Section 09**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "09". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>09</b> edits to the left of the lines to be entered. The line items remain the same.
(2)	Value of Assets Column (a)	3A1A \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(1), Column (a).
(3)	Value of Assets Column (b)	3A1B \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(1), Column (b).
(4)	Value of Assets Column (c)	3A1C \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(1), Column (c).
(5)	Value of Assets Column (d)	3A1D \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(1), Column (d).
(6)	Value of Assets Total	3A1E \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3a(1), Column (e).
(7)	Value of Assets Qualifying Column (a)	3A2A \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(2), Column (a).
(8)	Value of Assets Qualifying Column (b)	3A2B \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(2), Column (b).
(9)	Value of Assets Qualifying Column (c)	3A2C \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(2), Column (c).
(10)	Value of Assets Qualifying Column (d)	3A2D \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3a(2), Column (d).
(11)	Value of Assets Qualifying Total	3A2E \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3a(2), Column (e).

**Exhibit 3.24.12-232 (01-01-2023)**  
**Form 990-PF - Section 10**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>10</b> edits to the left of the lines to be entered. The line items remain the same.
(2)	Alternative Test Endowment, Column (a)	3BA \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3b, Column (a).
(3)	Alternative Test Endowment, Column (b)	3BB \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3b, Column (b).
(4)	Alternative Test Endowment, Column (c)	3BC \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3b, Column (c).
(5)	Alternative Test Endowment, Column (d)	3BD \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3b, Column (d).
(6)	Alternative Test Endowment, Total	3BE \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3b, Column (e).
(7)	Total Support, Column (a)	3C1A \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(1), Column (a).
(8)	Total Support, Column (b)	3C1B \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(1), Column (b).
(9)	Total Support, Column (c)	3C1C \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(1), Column (c).
(10)	Total Support, Column (d)	3C1D \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(1), Column (d).
(11)	Total Support, Total	3C1E \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3c(1), Column (e).



**Exhibit 3.24.12-233 (01-01-2023)**  
**Form 990-PF - Section 11**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "11". <b>Note:</b> ENTER DOLLARS ONLY. <b>Note:</b> If the return is for a prior year, <b>11</b> edits to the left of the lines to be entered. The line items remain the same.
(2)	Support from General Public Column (a)	3C2A \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(2), Column (a).
(3)	Support from General Public Column (b)	3C2B \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(2), Column (b).
(4)	Support from General Public Column (c)	3C2C \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(2), Column (c).
(5)	Support from General Public Column (d)	3C2D \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(2), Column (d).
(6)	Support from General Public Total	3C2E \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3c(2), Column (e).
(7)	Gross Investment Income Column (a)	3C4A \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(4), Column (a).
(8)	Gross Investment Income Column (b)	3C4B \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(4), Column (b).
(9)	Gross Investment Income Column (c)	3C4C \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(4), Column (c).
(10)	Gross Investment Income Column (d)	3C4D \$	<ENTER> MINUS (-)	Enter the amount from Part XIII, Line 3c(4), Column (d).
(11)	Gross Investment Income Total	3C4E \$	<ENTER> MINUS (-) ★★★★★	Enter the amount from Part XIII, Line 3c(4), Column (e).
(12)	Future Grants, 3b Total	XV3B \$	<ENTER>	Enter the amount from Part XIV, Line 3b, Total line.

**Exhibit 3.24.12-234 (01-01-2023)**  
**Form 990-PF - Section 12**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "12".
(2)	Program Services Revenue a, Column (d)	XVIA1AD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1a, Column (d).
(3)	Program Service Revenue a, Column (e)	1AE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1a, Column (e).
(4)	Program Service Revenue b, Column (d)	1BD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1b, Column (d).
(5)	Program Service Revenue b, Column (e)	1BE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1b, Column (e).
(6)	Program Service Revenue c, Column (d)	1CD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1c, Column (d).
(7)	Program Service Revenue c, Column (e)	1CE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1c, Column (e).
(8)	Program Service Revenue d, Column (d)	1DD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1d, Column (d).
(9)	Program Service Revenue d, Column (e)	1DE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1d, Column (e).
(10)	Program Service Revenue e, Column (d)	1ED \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1e, Column (d).
(11)	Program Service Revenue e, Column (e)	1EE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1e, Column (e).
(12)	Program Service Revenue f, Column (d)	1FD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1f, Column (d).
(13)	Program Service Revenue f, Column (e)	1FE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1f, Column (e).
(14)	Fees and Contracts from Government g, Column (d)	1GD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1g, Column (d).
(15)	Fees and Contracts from Government g, Column (e)	1GE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 1g, Column (e).
(16)	Membership Dues Column (d)	2D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 2, Column (d).
(17)	Membership Dues Column (e)	2E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 2, Column (e).

**Exhibit 3.24.12-234 (Cont. 1) (01-01-2023)**  
**Form 990-PF - Section 12**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(18)	Interest on Savings Column (d)	3D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 3, Column (d).
(19)	Interest on Savings Column (e)	3E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 3, Column (e).
(20)	Dividends and Interest Column (d)	4D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 4, Column (d).
(21)	Dividends and Interest Column (e)	4E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 4, Column (e).
(22)	Debt-Financed Property Column (d)	5AD \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 5a, Column (d).
(23)	Debt-Financed Property Column (e)	5AE \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 5a, Column (e).
(24)	Net Rental Income/Loss Column (d)	6D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 6, Column (d).
(25)	Net Rental Income/Loss Column (e)	6E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 6, Column (e).
(26)	Other Investment Income Column (d)	7D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 7, Column (d).
(27)	Other Investment Income Column (e)	7E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 7, Column (e).
(28)	Gain/Loss From Sales Column (d)	8D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 8, Column (d).
(29)	Gain/Loss From Sales Column (e)	8E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 8, Column (e).
(30)	Net Income/Loss Special Events Column (d)	9D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 9, Column (d).
(31)	Net Income/Loss Special Events Column (e)	9E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 9, Column (e).
(32)	Gross Profit/Loss From Sales Column (d)	10D \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 10, Column (d).
(33)	Gross Profit/Loss From Sales Column (e)	10E \$	<ENTER> MINUS (-)	Enter the amount from Part XV-A, Line 10, Column (e).

**Exhibit 3.24.12-235 (01-01-2023)**  
**Form 990-PF - Section 13**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13".
(2)	Cash Transfer From?	XVII1A1	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1a(1).
(3)	Other Assets?	1A2	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1a(2).
(4)	Sales of Assets?	1B1	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(1).
(5)	Purchase of Assets?	1B2	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(2).
(6)	Rental?	1B3	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(3).
(7)	Reimbursement?	1B4	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(4).
(8)	Loans?	1B5	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(5).
(9)	Performance of Services?	1B6	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1b(6).
(10)	Sharing of?	L1C	<ENTER>	Enter a yes or no from the yes/no box from Part XVI, Line 1c.
(11)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(12)	Preparer EIN	PEIN	<ENTER>	Enter the preparer's EIN.
(13)	Preparer Telephone #	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-236 (01-01-2023)****Form 990-PF - Section 20, Form 965**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "20".
(2)	Net 965 Tax Liability	D1 TAX \$	<ENTER>	Enter the amount from Part I column (d) line 1.
(3)	Form 965-B Part I Indicator	IND	<ENTER>	Enter "1" if additional information is present in Part I.

**Exhibit 3.24.12-237 (01-01-2023)**  
**Form 990-T - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section <b>01</b> always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(5)	E.I. Number	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number from the preprinted label or from E.I. Number block.. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.

**Exhibit 3.24.12-237 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	<p>Enter in YYYYMM format the Tax Period edited or underlined under <b>title of form</b>.</p> <ul style="list-style-type: none"> <li>• If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>• For special instructions see IRM 3.24.38.</li> </ul>
(10)	Condition Codes	CCC	<ENTER>	<p>Enter the edited codes from the dotted portion of Line 2-4a.</p> <ul style="list-style-type: none"> <li>• If a Condition Code is illegible, enter a “#” in its place.</li> </ul>
(11)	Filling Field (VIN Portal Information Field)			Generate blank
(11)	Return Processing Code	01RPC	<ENTER>	Enter the edited codes on Page 1, in the right margin next to line 1.

**Exhibit 3.24.12-237 (Cont. 2) (01-01-2023)**  
**Form 990-T - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(12)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. <ul style="list-style-type: none"> <li>If a “G” Condition Code is present and the return is a <u>non-remittance</u>, end the document after this element.</li> <li>For special instructions see IRM 3.24.38.</li> </ul>
(13)	Exempt Sub Section	BOXB	<ENTER>	Enter the edited 2-digit code from Box B.
(14)	Organization Code	ORGCD	<ENTER>	Enter the edited code from the right margin of box F/G.
(15)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name as shown. <b>Note:</b> Downstream processing generates a (%) sign.
(16)	Foreign Address	FGN ADD	<ENTER>	Enter the foreign street address, if shown. <ul style="list-style-type: none"> <li>For additional instructions see IRM 3.24.38.</li> </ul>



**Exhibit 3.24.12-237 (Cont. 3) (01-01-2023)**  
**Form 990-T - Section 01**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Street Address	ADDR	<ENTER>	<p>Enter the street address from the address line.</p> <ul style="list-style-type: none"><li>• If a "G" Condition Code is present, do NOT enter any of the address information, even if prompted to do so. This occurs when a Name Control is entered.</li><li>• If a foreign address, enter the foreign city, province and postal code.</li><li>• For specific instructions see IRM 3.24.38.</li></ul>
(18)	City	CITY	<ENTER>	<p>Enter the city name from the city line, or Major City Code, if appropriate.</p> <ul style="list-style-type: none"><li>• If a foreign address, enter the edited foreign country's code.</li></ul>

**Exhibit 3.24.12-237 (Cont. 4) (01-01-2023)**  
**Form 990-T - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	State	ST	<ENTER>	<p>Enter the standard state abbreviation from the city/state line.</p> <ul style="list-style-type: none"> <li>• If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>• If a foreign address, enter a period (.).</li> <li>• See IRM 3.24.38).</li> </ul>
(20)	ZIP Code	ZIP	<ENTER>	<p>Enter the ZIP Code.</p> <ul style="list-style-type: none"> <li>• If a foreign address, press &lt;ENTER&gt; only.</li> </ul>
(21)	Number of Organizations Trade or Business	NOTB	<ENTER>	<p>Enter the amount Item H, first question.</p> <p><b>Note:</b> Enter for prior year only.</p>

**Exhibit 3.24.12-238 (01-01-2023)****Form 990-T - Section 02, Form 5800 - Edit Sheet**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	LN1	<ENTER>	Enter the edited digits from the bottom left margin of the return. <ul style="list-style-type: none"> <li>If a "G" Condition Code is present and return is a <u>re-mittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</li> </ul>
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Indicator/Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digit from Line 4, Form 5800.
(6)	Correspondence Received Date	LN5	<ENTER>	Enter the edited digits from Line 5, Form 5800, in MMDDYY format. <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(7)	Penalty/Interest Code	LN6	<ENTER>	Enter the edited digit from Line 6, Form 5800.
(8)	Installment Sales Indicator	LN7	<ENTER>	Enter the edited digit from Line 7, Form 5800.
(9)	Missing Schedule Code	LN8	<ENTER>	Enter the edited digits from Line 8, Form 5800.

**Exhibit 3.24.12-238 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 02, Form 5800 - Edit Sheet**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	Form 2439 Regulated Invest- ment Company Credit	LN9	<ENTER>	Enter the edited amount from Line 9, Form 5800.
(11)	Form 5735 Posses- sions Credit	L10	<ENTER>	Enter the edited amount from Line 10, Form 5800.
(12)	Form 8586 Low Income Housing Credit	L11	<ENTER>	Enter the edited amount from Line 11, Form 5800.

**Exhibit 3.24.12-239 (01-01-2023)**  
**Form 990-T - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03".
(2)	Remittance	RMT	<ENTER>	<p>Enter the edited amount shown in the margin at the top of the return.</p> <p>a. Enter the RPS amount printed on the upper right corner of the return <b>ONLY</b> if underlined in green.</p> <p>b. If a "G" Condition Code is present, end the document after this element.</p> <p>c. This is a <b>MUST ENTER</b> if Pre-journalized Credit Amount E-(5), Block Header, was entered.</p> <p>d. The error message <b>INVALID DATA</b> appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.</p>
(3)	Was Corporation a Subsidiary Member	?IY/N	<ENTER>	Enter a yes or no from the yes/no box from Line K.
(4)	Parent Corporation Name Control	?INC	<ENTER>	Enter the edited or underlined Name Control from Line K.

**Exhibit 3.24.12-239 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(5)	Parent Corporation EIN	?IEIN	<ENTER>	Enter the EIN from Line K.
(6)	Gross Receipts Less Returns & Allowances	L1C \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1c, Column A. (2019 and prior revisions only)
(7)	Cost of Goods Sold	LN2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2, Column A. (2019 and prior revisions only)
(8)	Investment Income 501(c)	L9(C) \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9, Column (C). (2019 and prior revisions only)
(9)	Dispose of Any Investments	12...\$	<ENTER>	Enter the amount from the dotted portion of line 12. (2019 and prior revisions only)
(10)	Total Unrelated Trade or Business Income	13(A) \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13, Column (A). (2019 and prior revisions only)
(11)	Total Expenses	13(B) \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13, Column (B). (2019 and prior revisions only)
(12)	Total Net	13(C) \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13, Column (C). (2019 and prior revisions only)
(13)	Total Deductions	L29 \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 28. (2019 and prior revisions only)

**Exhibit 3.24.12-239 (Cont. 2) (01-01-2023)**  
**Form 990-T - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(14)	Net Operating Loss	L31 \$	<ENTER> MINUS (-)	Enter the amount from Part II, Line 31. (2019 and prior revisions only)
(15)	Taxable Income Computed From all Unrelated Trades or Businesses	LI1 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 1.
(16)	Amount Disallowed Fringes	LI2 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 2.
(17)	Charitable Contributions	LI4 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 4.
(18)	Total of Unrelated Tax pre NOLS	LI5 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 5.
(19)	Deduction for Net Operating Loss	LI6 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 6.
(20)	Unrelated Business Taxable Income	LI7 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 7.
(21)	Specific Deduction	LI8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(22)	Section 199A Deduction	LI9 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9.
(23)	Total Deductions 2020 and Subsequent	LI10 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 10.
(24)	Unrelated Business Taxable Income	LI11 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 11.

**Exhibit 3.24.12-240 (01-01-2025)**  
**Form 990-T - Section 04**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "04".
(2)	Controlled Group Code	L39 RT	<ENTER>	Enter the edited digit to the right of Part IV, Line 40 check box. (2019 and prior revision only)
(3)	1st Income Bracket	1STINCA1\$	<ENTER>	Enter the amount from Part III, Line 35a(1). <ul style="list-style-type: none"> <li>Enter Only for 2017 and prior tax periods.</li> </ul>
(4)	2nd Income Bracket	2NDINCA2\$	<ENTER>	Enter the amount from Part III, Line 35a(2). <ul style="list-style-type: none"> <li>Enter Only for 2017 and prior tax periods.</li> </ul>
(5)	3rd Income Bracket	3RDINCA3\$	<ENTER>	Enter the amount from Part III, Line 35a(3). <ul style="list-style-type: none"> <li>Enter Only for 2017 and prior tax periods.</li> </ul>
(6)	Additional 5% Tax	5%TAXB1\$	<ENTER>	Enter the amount from Part III, Line 35b(1). <ul style="list-style-type: none"> <li>Enter Only for 2017 and prior tax periods.</li> </ul>
(7)	Additional 3% Tax	3%TAXB2\$	<ENTER>	Enter the amount from Part III, Line 35b(2). <ul style="list-style-type: none"> <li>Enter Only for 2017 and prior tax periods.</li> </ul>
(8)	Corp. Income Tax Taxpayer	LII1 \$	<ENTER> ★★★★★	Enter the amount from Part II, Line 1.
(9)	Trust Income Tax	LII2 \$	<ENTER>	Enter the amount from Part II, Line 2.



**Exhibit 3.24.12-240 (Cont. 1) (01-01-2025)**  
**Form 990-T - Section 04**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	Proxy Tax	LII3 \$	<ENTER>	Enter the amount from Part II, Line 3.
(11)	Chapter 1 Tax recapture from Form 4255	LII4A \$	<ENTER>	Enter the amount from Part II, Line 4a.
(12)	Other Additions to Tax	LII4B \$	<ENTER>	Enter the amount from Part II, Line 4b.
(13)	Alternative Minimum Tax	LII5 \$	<ENTER>	Enter the amount from Part II, Line 5.
(14)	Non Compliant Hospital Facility Income	LII6 \$	<ENTER>	Enter the amount from Part II, Line 6.
(15)	Total (Gross Tax)	LII7 \$	<ENTER>	Enter the amount from Part II, Line 7.
(16)	Foreign Tax Credit	III1A \$	<ENTER>	Enter the amount from Part III, Line 1a.
(17)	Other Tax Credits	III1B \$	<ENTER>	Enter the amount from Part III, Line 1b.
(18)	General Business Credit	III1C \$	<ENTER>	Enter the amount from Part III, Line 1c.
(19)	Credit Prior Year Minimum Tax	III1D \$	<ENTER>	Enter the amount from Part III, Line 1d.
(20)	Total Statutory Credits	III1E \$	<ENTER>	Enter the amount from Part III, Line 1e.
(21)	Credit Recapture from Form 4255	III3A	<ENTER>	Enter the amount from Part III, Line 3a.
(22)	Recapture Taxes	III3F \$	<ENTER>	Enter the amount from Part III, Line 3f.
(23)	Total Tax	III4	<ENTER> ★★★★★	Enter the amount from Part III, Line 4.
(24)	Net 965 Tax Liability	III5	<ENTER>	Enter the amount from Part III, Line 5.
(25)	Prior Year Overpayment Credit	III6A	<ENTER>	Enter the amount from Part III, Line 6a.
(26)	ES Payments	III6B	<ENTER>	Enter the amount from Part III, Line 6b.
(27)	Tax Deposited—Form 8868	III6C	<ENTER>	Enter the amount from Part III, Line 6c.

**Exhibit 3.24.12-240 (Cont. 2) (01-01-2025)**  
**Form 990-T - Section 04**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(28)	Tax Withheld at Source	III6D	<ENTER>	Enter the amount from Part III, Line 6d.
(29)	Backup Withholding	III6E	<ENTER>	Enter the amount from Part III, Line 6e.
(30)	Small Business Health Care Tax Credit	III6F	<ENTER>	Enter the amount from Part III, Line 6f.
(31)	Deemed payment election	III6G	<ENTER>	Enter the amount from Part III, Line 6g.
(32)	Credit from a RIC or REIT	III6H	<ENTER>	Enter the amount from Part III, Line 6h.
(33)	Credit for federal tax paid on fuels	III6I	<ENTER>	Enter the amount from Part III, Line 6i.
(34)	Other Payments and Credits	III6J	<ENTER>	Enter the amount from Part III, Line 6j.
(35)	ES Penalty	III8	<ENTER>	Enter the amount from Part III, Line 8.
(36)	Tax Due/ Overpayment	9/10	<ENTER> MINUS (-) ★★★★★	Enter amount shown on Part III, Line 9 followed by pressing <ENTER>. <ul style="list-style-type: none"> <li>If no amount present on Line 9, enter the amount from Line 10 with a MINUS (-).</li> <li>If both lines have entries, enter the amount from Line 10 and press &lt;ENTER&gt;.</li> </ul>
(37)	Credit Elect	L11	<ENTER>	Enter the amount from the first box, Part III, Line 11.

## Exhibit 3.24.12-240 (Cont. 3) (01-01-2025)

## Form 990-T - Section 04

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(38)	Discuss with Preparer Checkbox	CKBX	<ENTER>	Enter a "1" if the Yes box is checked. <ul style="list-style-type: none"><li>• &lt;ENTER&gt; only, if No or none of the box's are checked.</li></ul>
(39)	Preparer's /PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(40)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN from the Prepar- er's EIN box.
(41)	Preparer's Telephone Number	TEL#	<ENTER>	Enter the Preparer's phone number from the Preparer's phone number box.

**Exhibit 3.24.12-241 (01-01-2023)****Form 990-T - Section 07, Form 1041 - Schedule I**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "07. "
(2)	Alternative Tax NOLD	L22 \$	<ENTER> MINUS (-)	Enter the amount from Schedule I, Part I, Line 22.
(3)	Total Adjustments and Tax Preference	L23 \$	<ENTER> MINUS (-)	Enter the amount from Schedule I, Part I, Line 23.

**Exhibit 3.24.12-242 (01-01-2023)****Form 990-T - Section 08, Form 1041 - Schedule D, Form 4952**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "08."
(2)	Schedule D Net Short-Term Gain/Loss Estates/Trusts	D17(2) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part III, Line 17, Column (2).
(3)	Net Long-Term Gain/Loss for Year	18A(2) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part III, Line 18a, Column (2).
(4)	Unrecaptured Section 1250 Estates/Trusts	18B(2) \$	<ENTER>	Enter the amount from Schedule D, Part III, Line 18b, Column (2).
(5)	28% Rate Gain/Loss	18C(2) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part III, Line 18c, Column (2).
(6)	Total Net Gain/Loss Estates/Trusts	19(2) \$	<ENTER> MINUS (-)	Enter the amount from Schedule D, Part III, Line 19, Column (2).
(7)	Estate/Trust Qualified Dividends	L23 \$	<ENTER>	Enter the amount from Schedule D, Part V, Line 23.
(8)	Tax on Taxable Income	L45 \$	<ENTER>	Enter the amount from Schedule D, Part V, Line 45.
(9)	Form 4952 Line 4e	4952L4E \$	<ENTER>	Enter the amount from Form 4952, Part II, Line 4e.
(10)	Form 4952 Line 4g	4952L4G \$	<ENTER>	Enter the amount from Form 4952, Part II, Line 4g.

**Exhibit 3.24.12-243 (01-01-2025)****Form 990-T - Section 10, Form 8949**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "10. "
(2)	Dispose of Any Investments	ZCKBX	<ENTER>	For Form 990-T enter only. Enter the numeric digit from Dispose of Any Investments Checkbox from Schedule D 0 = no 1 = yes
(3)	EIN	ZPTI 1(A)	<ENTER>	Enter the EIN from Form 8949 Part I Line 1 column (a). <b>Note:</b> Enter the underlined data or enter only if there is a "Z" in Column (f).
(4)	Date Acquired	ZPTI 1(B)	<ENTER>	Enter the date from Form 8949 Part I Line 1 column (b). <b>Note:</b> Enter the underlined data or enter only if there is a Z in Column (f).
(5)	Amount of Adjustment	ZPTI 1(G) \$	<ENTER>	Enter the amount from Form 8949 Part I Line 1 column (g). <b>Note:</b> Enter the underlined data or enter only if there is a "Z" in Column (f).
(6)	Part I 8949 Indicator	ZPTI IND	<ENTER> ★★★★★	Enter "1" if additional information is present in Part I.

**Exhibit 3.24.12-243 (Cont. 1) (01-01-2025)**  
**Form 990-T - Section 10, Form 8949**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(7)	EIN	YPTI 1(A)	<ENTER>	Enter the EIN from Form 8949 Part I Line 1 column (a). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).
(8)	Date Sold or Disposed	YPTI 1(B)	<ENTER>	Enter the date from Form 8949 Part I Line 1 column (b). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).
(9)	Recaptured Deferral	YPTI 1(G) \$	<ENTER>	Enter the amount from Form 8949 Part I Line 1 column (g). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).
(10)	Part I 8949 Indicator	YPTI IND	<ENTER> ★★★★★	Enter "1" if additional Y information is present in Part I.
(11)	EIN	ZPTII 1 (A)	<ENTER>	Enter the EIN from Form 8949 Part II Line 1 column (a). <b>Note:</b> Enter the underlined data or enter only if there is a "Z" in Column (f).

**Exhibit 3.24.12-243 (Cont. 2) (01-01-2025)**  
**Form 990-T - Section 10, Form 8949**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(12)	Date Acquired	ZPTII 1 (B)	<ENTER>	Enter the date from Form 8949 Part II Line 1 column (b). <b>Note:</b> Enter the underlined data or enter only if there is a "Z" in Column (f).
(13)	Amount of Adjustment	ZPTII 1 (G) \$	<ENTER>	Enter the EIN from Form 8949 Part II Line 1 column (g). <b>Note:</b> Enter the underlined data or enter only if there is a "Z" in Column (f).
(14)	Part I Form 8949 Indicator	ZPTII IND	<ENTER>	Enter 1 if additional Y information is present in Part I.
(15)	EIN	YPTII 1 (A)	<ENTER>	Enter the EIN from Form 8949 Part II Line 1 column (a). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).
(16)	Date Sold or Disposed	YPTII 1(B) V	<ENTER>	Enter the date from Form 8949 Part II Line 1 column (b). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).



**Exhibit 3.24.12-243 (Cont. 3) (01-01-2025)**  
**Form 990-T - Section 10, Form 8949**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(17)	Recaptured Deferral	YPTII 1(G) \$	<ENTER>	Enter the amount from Form 8949 Part II Line 1 column (g). <b>Note:</b> Enter the underlined data or enter only if there is a "Y" in Column (f).
(18)	Part II 8949 Indicator	YPTII IND	<ENTER>	Enter "1" if additional Y information is present in Part II.

**Exhibit 3.24.12-244 (01-01-2023)****Form 990-T - Section 13, Form 8995/8995A**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen; otherwise enter <b>13</b> .
(2)	Part IV Qualified Business Income	L5/L27	<ENTER>	Enter the amount from Line 5 or Line 27 as follows: a. Enter the amount from Form 8995 Line 5, if present and press Enter. b. Enter the amount from Form 8995-A, Part IV, Line 27, if present and press Enter.
(3)	Part IV REIT/PTP Component	L9/L31	<ENTER>	Enter the amount from Line 9 or Line 31 as follows: a. Enter the amount from Form 8995, Line 9, if present and press Enter. b. Enter the amount from Form 8995-A, Part IV, Line 31 if present and press Enter.
(4)	Part IV Net Capital Gains	L12/L34	<ENTER>	Enter the amount from line 12 or line 34 as follows: a. Enter the amount from Form 8995 line 12, if present, and press Enter. b. Enter the amount from Form 8995-A Part IV line 34, if present, and press Enter.

**Exhibit 3.24.12-244 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 13, Form 8995/8995A**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(5)	Part IV Domestic Production Activities Section 199A(g)	L38	<ENTER>	Enter the amount from Form 8995-A Part IV line 38.

**Exhibit 3.24.12-245 (01-01-2023)****Form 990-T - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "15. "
(2)	Amount of Claim 1	AMT1(D) \$	<ENTER>	Enter the first amount shown on Column (d).
(3)	Credit Reference Number 1	CRN1(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the first amount entered.
(4)	Amount of Claim 2	AMT2(D) \$	<ENTER>	Enter the second amount shown on Column (d).
(5)	Credit Reference Number 2	CRN2(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the second amount entered.
(6)	Amount of Claim 3	AMT3(D) \$	<ENTER>	Enter the third amount shown on Column (d).
(7)	Credit Reference Number 3	CRN3(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the third amount entered.
(8)	Amount of Claim 4	AMT4(D) \$	<ENTER>	Enter the fourth amount shown on Column (d).
(9)	Credit Reference Number 4	CRN4(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fourth amount entered.
(10)	Amount of Claim 5	AMT5(D) \$	<ENTER>	Enter the fifth amount shown on Column (d).
(11)	Credit Reference Number 5	CRN5(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fifth amount entered.
(12)	Amount of Claim 6	AMT6(D) \$	<ENTER>	Enter the sixth amount shown on Column (d).

**Exhibit 3.24.12-245 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Credit Reference Number 6	CRN6(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the sixth amount entered.
(14)	Amount of Claim 7	AMT7(D) \$	<ENTER>	Enter the seventh amount shown on Column (d).
(15)	Credit Reference Number 7	CRN7(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the seventh amount entered.
(16)	Amount of Claim 8	AMT8(D) \$	<ENTER>	Enter the eighth amount shown on Column (d).
(17)	Credit Reference Number 8	CRN8(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the eighth amount entered.
(18)	Amount of Claim 9	AMT9(D) \$	<ENTER>	Enter the ninth amount shown on Column (d).
(19)	Credit Reference Number 9	CRN9(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the ninth amount entered.
(20)	Amount of Claim 10	AMT10(D) \$	<ENTER>	Enter the tenth amount shown on Column (d).
(21)	Credit Reference Number 10	CRN10(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the tenth amount entered.
(22)	Amount of Claim 11	AMT11(D) \$	<ENTER>	Enter the eleventh amount shown on Column (d).
(23)	Credit Reference Number 11	CRN11(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the tenth amount entered.

**Exhibit 3.24.12-245 (Cont. 2) (01-01-2023)**  
**Form 990-T - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(24)	Amount of Claim 12	AMT12(D) \$	<ENTER>	Enter the twelfth amount shown on Column (d).
(25)	Credit Reference Number 12	CRN12(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the twelfth amount entered.
(26)	Amount of Claim 13	AMT13(D) \$	<ENTER>	Enter the thirteenth amount shown on Column (d).
(27)	Credit Reference Number 13	CRN13(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the thirteenth amount entered.
(28)	Amount of Claim 14	AMT14(D) \$	<ENTER>	Enter the fourteenth amount shown on Column (d).
(29)	Credit Reference Number 14	CRN14(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fourteenth amount entered.
(30)	Amount of Claim 15	AMT15(D) \$	<ENTER>	Enter the fifteenth amount shown on Column (d).
(31)	Credit Reference Number 15	CRN15(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fifteenth amount entered.
(32)	Amount of Claim 16	AMT16(D) \$	<ENTER>	Enter the sixteenth amount shown on Column (d).
(33)	Credit Reference Number 16	CRN16(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the sixteenth amount entered.

**Exhibit 3.24.12-245 (Cont. 3) (01-01-2023)**  
**Form 990-T - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(34)	Amount of Claim 17	AMT17(D) \$	<ENTER>	Enter the seventeenth amount shown on Column (d).
(35)	Credit Reference Number 17	CRN17(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the seventeenth amount entered.
(36)	Amount of Claim 18	AMT18(D) \$	<ENTER>	Enter the eighteenth amount shown on Column (d).
(37)	Credit Reference Number 18	CRN18(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the eighteenth amount entered.
(38)	Amount of Claim 19	AMT19(D) \$	<ENTER>	Enter the nineteenth amount shown on Column (d).
(39)	Credit Reference Number 19	CRN19(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the nineteenth amount entered.
(40)	Amount of Claim 20	AMT20(D) \$	<ENTER>	Enter the twentieth amount shown on Column (d).
(41)	Credit Reference Number 20	CRN20(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the twentieth amount entered.

**Exhibit 3.24.12-246 (01-01-2023)****Form 990-T - Section 17, Form 4626, 2017 and prior years only**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "17. "
(2)	Pre-Adjustment AMTI	LN3 \$	<ENTER> MINUS (-)	Enter the amount from Line 3.
(3)	Adjusted Current Earnings	L4E \$	<ENTER> MINUS (-)	Enter the amount from Line 4e.
(4)	Alternative Tax Net Operating Loss Deduction	LN6 \$	<ENTER>	Enter the amount from Line 6.
(5)	Tentative Minimum Tax	L12 \$	<ENTER>	Enter the amount from Line 12.



**Exhibit 3.24.12-247 (01-01-2023)****Form 990-T - Section 19, Form 8978**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "19. "
(2)	BBA Audit and AAR Filing Check Box	CHKBX	<ENTER>	<ul style="list-style-type: none"><li>• 1 = BBA Audit,</li><li>• 2 = AAR Filing,</li><li>• 3 = both, 0 = default (no box checked or section not present)</li></ul>
(3)	Total Additional Reporting Year Tax	L14	<ENTER>	Enter the amount from Part I, Line 14.
(4)	Total Penalties	L16	<ENTER>	Enter the amount from Part II, Line 16.
(5)	Total Interest	L18	<ENTER>	Enter the amount from Part III, Line 18.

**Exhibit 3.24.12-248 (01-01-2023)****Form 990-T - Section 20, Forms 965-A and B**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "20. "
(2)	Election or Transfer Year	A1 YEAR	<ENTER>	Enter the last two positions of the tax year Part I, column (a).
(3)	Part I Form 965-A Indicator	PTI IND	<ENTER> ★★★★★	Enter "1" if additional information is present on line 6 Part I.
(4)	Net 965 Tax Liability Transferred	J1 TAX \$	<ENTER>	Enter the amount from Part I, column (j).
(5)	Tax Identification Number	K1 TIN	<ENTER>	Enter the TIN from Part I, column (k).
(6)	Part IV Indicator	PTIV IND	<ENTER> ★★★★★	Enter "1" if additional information is present in Part IV Line 6.
(7)	Election or Transfer Year	A2 YEAR	<ENTER>	Enter the last two positions of the tax year Part I, column (a).
(8)	Net 965 Tax Liability Transferred	J2 TAX \$	<ENTER>	Enter the amount from Part I, column (j).
(9)	Tax Identification Number	K2 TIN	<ENTER>	Enter the TIN from Part I, column (k).
(10)	Election or Transfer Year	A3 YEAR	<ENTER>	Enter the last two positions of the tax year from Part I, column (a).
(11)	Net 965 Tax Liability Transferred	J3 TAX \$	<ENTER>	Enter the amount from Part I, column (j).
(12)	Tax Identification Number	K3 TIN	<ENTER>	Enter the TIN from Part I, column (k).

**Exhibit 3.24.12-248 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 20, Forms 965-A and B**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(13)	Election or Transfer Year	A4 YEAR	<ENTER>	Enter the last two positions of the tax year Part I, column (a).
(14)	Net 965 Tax Liability Transferred	J4 TAX \$	<ENTER>	Enter the amount from Part I, column (j).
(15)	Tax Identification Number	K4 TIN	<ENTER>	Enter the TIN from Part I, column (k).
(16)	Election or Transfer Year	A5 YEAR	<ENTER>	Enter the last two positions of the tax year Part I, column (a).
(17)	Net 965 Tax Liability Transferred	J5 TAX \$	<ENTER>	Enter the amount from Part I, column (j).
(18)	Tax Identification Number	K5 TIN	<ENTER>	Enter the TIN from Part I, column (k).
(19)	Net 965 Tax Liability Triggered	F1 TAX \$	<ENTER>	Enter the amount from Part IV, column (f).
(20)	Net 965 Tax Liability Triggered	F2 TAX \$	<ENTER>	Enter the amount from Part IV, column (f).
(21)	Net 965 Tax Liability Triggered	F3 TAX \$	<ENTER>	Enter the amount from Part IV, column (f).
(22)	Net 965 Tax Liability Triggered	F4 TAX \$	<ENTER>	Enter the amount from Part IV, column (f).
(23)	Net 965 Tax Liability Triggered	F5 TAX \$	<ENTER>	Enter the amount from Part IV, column (f).
(24)	Total	I1 TOTAL \$	<ENTER>	Enter the amount from Part IV, column (i).
(25)	Election or Transfer Year	A1 YEAR	<ENTER>	Enter the year from Part I, Line 1, column a.

**Exhibit 3.24.12-248 (Cont. 2) (01-01-2023)**  
**Form 990-T - Section 20, Forms 965-A and B**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(26)	Net 965 Tax Liability Transferred	H1 TAX \$	<ENTER>	Enter the amount from Part I, Line 1, column h.
(27)	Tax Identification Number	I1 TIN	<ENTER>	Enter the TIN from Part I, Line 1, column i.
(28)	Election or Transfer Year	A2 YEAR	<ENTER>	Enter the date from Part I, Line 2, column a.
(29)	Net 965 Tax Liability Transferred	H2 TAX \$	<ENTER>	Enter the amount from Part I, Line 2, column h.
(30)	Tax Identification Number	I2 TIN	<ENTER>	Enter the TIN from Part I, Line 2, column i.
(31)	Election or Transfer Year	A3 YEAR	<ENTER>	Enter the year from Part I, Line 3, column a.
(32)	Net 965 Tax Liability Transferred	H3 TAX \$	<ENTER>	Enter the amount from Part I, Line 3, column h.
(33)	Tax Identification Number	I3 TIN	<ENTER>	Enter the TIN from Part I, Line 3, column i.
(34)	Election or Transfer Year	A4 YEAR	<ENTER>	Enter the date from Part I, Line 4, column a.
(35)	Net 965 Tax Liability Transferred	H4 Tax \$	<ENTER>	Enter the amount from Part I, Line 4, column h.
(36)	Tax Identification Number	I4 TIN	<ENTER>	Enter the TIN from Part I, Line 4, column i.
(37)	Election or Transfer Year	A5 YEAR	<ENTER>	Enter the date from Part I, Line 5, column a.
(38)	Net 965 Tax Liability Transferred	H5 TAX \$	<ENTER>	Enter the amount from Part I, Line 5, column h.

**Exhibit 3.24.12-248 (Cont. 3) (01-01-2023)**  
**Form 990-T - Section 20, Forms 965-A and B**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(39)	Tax Identification Number	I5 TIN	<ENTER>	Enter the TIN from Part I, Line 5, column i.
(40)	Form 965-B Indicator	B IN	<ENTER>	Enter the edited digit from Form 965-B, Right Margin Part I.

**Exhibit 3.24.12-249 (01-01-2023)**  
**Form 990-T - Section 21, Form 8941**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "21. "
(2)	Shop Box	21BX	<ENTER>	Enter a <ul style="list-style-type: none"> <li>• 1 if the Shop Box on Form 8941 is checked yes.</li> <li>• 2 if checked no</li> <li>• 3 if both boxes are checked</li> <li>• Enter if no boxes are checked and the system generates a 0.</li> </ul>
(3)	EIN	21B	<ENTER>	Enter the EIN from box b.
(4)	Previous Form 8941 Filed	21C	<ENTER>	Enter a <ul style="list-style-type: none"> <li>• 1 if the previous filed Form 8941 (C) checkbox is checked yes,</li> <li>• 2 if check no,</li> <li>• 3 if both boxes checked</li> <li>• default "0" if no boxes are checked.</li> </ul>
(5)	Number of Employees	L1	<ENTER>	Enter the number from Line 1. <b>Note:</b> If greater than 9999 just enter 9999. If a value is present but less than 1 enter a 1.

**Exhibit 3.24.12-249 (Cont. 1) (01-01-2023)**  
**Form 990-T - Section 21, Form 8941**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(6)	Number of Full Time Employees Tax Year	L2	<ENTER>	Enter the number from Line 2. <b>Note:</b> Round to the next lowest whole number if not a whole number. If less than 1 enter a 1.
(7)	Average Annual Wages	LN3 \$	<ENTER>	Enter the amount from Line 3.
(8)	Health Insurance Premiums Paid	LN4 \$	<ENTER>	Enter the amount from Line 4.
(9)	Premiums You Would Have Paid	LN5 \$	<ENTER>	Enter the amount from Line 5.
(10)	Smaller office 4 or 5	LN6 \$	ENTER	Enter the amount from Line 6.
(11)	Multiply Line 6 by 25%	LN7 \$	ENTER	Enter the amount from Line 7.
(12)	Amount of State Subsidies paid/tax credits	L10 \$	<ENTER>	Enter the amount from Line 10.
(13)	If Line 12 is zero	L13	<ENTER>	Enter the number from Line 13.
(14)	Number of Employees you Would Have Entered on Line 2	L14	<ENTER>	Enter the number from Line 14. <b>Note:</b> If greater than 99 enter 99.
(15)	Add Lines 12 and 15	L16 \$	<ENTER>	Enter the amount from Line 16.
(16)	Cooperatives, Estates, Trusts Credit	L18 \$	<ENTER>	Enter the amount from Line 18.
(17)	Payroll Taxes	L19 \$	<ENTER>	Enter the amount from Line 19.
(18)	Tax Exempt Small Employers	L20 \$	<ENTER>	Enter the amount from Line 20.

**Exhibit 3.24.12-250 (01-01-2023)**  
**Form 990-T - Section 22, Form 5884-B**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "22".
(2)	Total of Line 9, Columns (a) through (c)	L10 \$	<ENTER>	Enter the amount from Line 10
(3)	Number of retained workers	L11	<ENTER>	Enter the number from Line 11.



**Exhibit 3.24.12-251 (01-01-2025)****Form 990-T - Section 23, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "23".
2	Form 7207 Registration Number 1B	1BB	<ENTER>	Enter the number from Part III, Line 1b, Column b.
3	Form 7207 Credit Transfer Election Amount 1B	1BF\$	<ENTER +/->	Enter the amount from Part III, Line 1b, Column f.
4	Form 7207 Credit Allowed After Passive Activity Limit 1B	1BG\$	<ENTER>	Enter the amount from Part III, Line 1b, Column g.
5	Form 7207 Gross Elective Payment Election Amount 1B	1BH\$	<ENTER>	Enter the amount from Part III, Line 1b, Column h.
6	Form 7207 Net Elective Payment Election Amount Line 1B Total	1BJ\$	<ENTER>	Enter the amount from Part III, Line 1b, Column j.
7	Form 3468 Registration Number 1D	1DB	<ENTER>	Enter the number from Part III, Line 1d, Column b.
8	Form 3468 Credit Transfer Election Amount 1D	1DF\$	<ENTER +/->	Enter the amount from Part III, Line 1d, Column f.
9	Form 3468 Credit Allowed After Passive Activity Limit	1DG\$	<ENTER>	Enter the amount from Part III, Line 1d, Column g.
10	Form 3468 Gross Elective Payment Election 1D	1DH\$	<ENTER>	Enter the amount from Part III, Line 1d, Column h.
11	Form 3468 Net Elective Payment Election Credit Amount 1D	1DJ\$	<ENTER>	Enter the amount from Part III, Line 1d, Column j.
12	Form 8835, Part II Registration Number 1F	1FB	<ENTER>	Enter the number from Part III, Line 1f, Column b.

**Exhibit 3.24.12-251 (Cont. 1) (01-01-2025)**  
**Form 990-T - Section 23, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
13	Form 8835 , Part II Credit Transfer Election Amount 1F	1FF\$	<ENTER +/->	Enter the amount from Part III, Line 1f, Column f.
14	Form 8835, Part II Credit Allowed After Passive Activity Limit 1F	1FG\$	<ENTER>	Enter the amount from Part III, Line 1f, Column g.
15	Form 7210 Registration Number 1G	1GB	<ENTER>	Enter the number from Part III, Line 1g, Column b.
16	Form 7210 Credit Transfer Election Amount 1G	1GF\$	<ENTER +/->	Enter the amount from Part III, Line 1g, Column f.
17	Form 7210 Credit Allowed After Passive Activity Limit 1G	1GG\$	<ENTER>	Enter the amount from Part III, Line 1g, Column g.
18	Form 7210 Gross Elective Payment Election 1G	1GH\$	<ENTER>	Enter the amount from Part III, Line 1g, Column h.
19	Form 7210 Net Elective Payment Election Credit Amount 1G	1GJ\$	<ENTER>	Enter the amount from Part III, Line 1g, Column j.

**Exhibit 3.24.12-252 (01-01-2025)****Form 990-T - Section 24, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "24".
2	Form 3468 , Part IV Registration Number 1O	1OB\$	<ENTER>	Enter the number from Part III, Line 1o, Column b.
3	FILLER-SECT24-G	1OF\$	<ENTER>	N/A
4	Form 3468, Part IV Credit Allowed After Passive Activity Limit 1O	1OG\$	<ENTER>	Enter the number from Part III, Line 1o, Column g.
5	Form 3468, Part IV Gross Elective Payment Election 1O	1OH\$	<ENTER>	Enter the number from Part III, Line 1o, Column h.
6	Form 3468, Part IV Net Elective Payment Election Credit Amount 1O	1OJ\$	<ENTER>	Enter the number from Part III, Line 1o, Column j.
7	Form 7218 Registration Number 1Q	1QB	<ENTER>	Enter the amount from Part III, Line 1q, Column b.
8	Form 7218 Credit Transfer Election Amount 1Q	1QF\$	<ENTER +/->	Enter the amount from Part III, Line 1q, Column f.
9	Form 7218 Credit Allowed After Passive Activity Limit 1Q	1QG\$	<ENTER>	Enter the amount from Line 1g, Column g.
10	Form 7218 Gross Elective Payment Election 1Q	1QH\$	<ENTER>	Part III, Line 1q, Column h.
11	Form 7218 Net Elective Payment Election Credit Amount 1Q	1QJ\$	<ENTER>	Part III, Line 1q, Column j.
12	Form 8911 Registration Number 1S	1SB	<ENTER>	Enter the number from Part III, Line 1s, Column b.
13	Form 8911 Credit Transfer Election Amount 1S	1SF\$	<ENTER +/->	Enter the amount from Part III, Line 1s, Column f.

**Exhibit 3.24.12-252 (Cont. 1) (01-01-2025)**  
**Form 990-T - Section 24, Form 3800**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
14	Form 8911 Credit Allowed After Passive Activity Limit 1S	1SG\$	<ENTER>	Enter the amount from Part III, Line 1s, Column g.
15	Form 8911 Gross Elective Payment Election 1S	1SH\$	<ENTER>	Enter the amount from Part III, Line 1s, Column h.
16	Form 8911 Net Elective Payment Election Credit Amount 1S	1SJI\$	<ENTER>	Enter the amount from Part III, Line 1s, Column j.
17	Form 7213, Part II Registration 1U	1UB	<ENTER>	Enter the number from Part III, Line 1u, Column b.
18	Form 7213, Part II Credit Transfer Election Amount 1U	1UF\$	<ENTER +/->	Enter the amount from Part III, Line 1u, Column f.
19	Form 7213, Part II Credit Allowed After Passive Activity Limit 1U	1UG\$	<ENTER>	Enter the amount from Part III, Line 1u, Column g.
20	Form 7213, Part II Gross Elective Payment Election 1U	1UH\$	<ENTER>	Enter the amount from Part III, Line 1u, Column h.
21	Form 7213, Part II Net Elective Payment Election Credit Amount 1U	1UJ\$	<ENTER>	Enter the amount from Part III, Line 1u, Column j.
22	Form 3468, Part V Registration Number 1V	1VB	<ENTER>	Enter the number from Part III, Line 1v, Column b.
23	Form 3468, Part V Credit Transfer Election Amount 1V	1VF\$	<ENTER +/->	Enter the amount from Part III, Line 1v, Column f.
24	Form 3468, Part V Credit Allowed After Passive Activity Limit 1V	1VG\$	<ENTER>	Enter the amount from Part III, Line 1v, Column g.
25	Form 3468, Part V Gross Elective Payment Election 1V	1VH\$	<ENTER>	Enter the amount from Part III, Line 1v, Column h.
26	Form 3468, Part V Net Elective Payment Election Credit Amount 1V	1VJ\$	<ENTER>	Enter the amount from Part III, Line 1v, Column j.

**Exhibit 3.24.12-252 (Cont. 2) (01-01-2025)**  
**Form 990-T - Section 24, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
27	Form 8933 Registration number 1X	1XB	<ENTER>	Enter the number from Part III, Line 1x, Column b.
28	Form 8933 Credit Transfer Election Amount 1X	1XF\$	<ENTER +/->	Enter the amount from Part III, Line 1x, Column f.
29	Form 8933 Credit Allowed After Passive Activity Limit 1X	1XG\$	<ENTER>	Enter the amount from Line 1x, Column g.
30	Form 8933 Gross Elective Payment Election 1X	1XH\$	<ENTER>	Enter the amount from Part III, Line 1x, Column h.
31	Form 8933 Net Elective Payment Election Credit Amount 1X	1XJ\$	<ENTER>	Enter the amount from Part III, Line 1x, Column j.

**Exhibit 3.24.12-253 (01-01-2025)****Form 990-T - Section 25, Form 3800**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "25".
2	Form 8936 , Part V Registration Number 1AA	1AAB	<ENTER>	Enter the number from Part III, Line 1aa, Column b.
3	Form 8936, Part V Credit Allowed After Passive Activity Limit	1AAG	<ENTER>	Enter the amount from Part III, Line 1aa, Column g.
4	Form 8936, Part V Gross Elective Payment Election 1AA	1AAH\$	<ENTER>	Enter the amount from Part III, Line 1aa, Column h.
5	Form 8936, Part V Net Elective Payment Election Credit Amount 1AA	1AAJ\$	<ENTER>	Enter the amount from Part III, Line 1aa, Column j.
6	Form 7211, Registration Number 1GG	1GGB	<ENTER>	Enter the amount from Part III, Line 1gg, Column b.
7	Form 7211 Credit Transfer Election Amount 1GG	1GGF\$	<ENTER +/->	Enter the amount from Part III, Line 1gg, Column f.
8	Form 7211 Credit Allowed After Passive Activity Limit	1GGG\$	<ENTER>	Enter the amount from Part III, Line 1gg, Column g.
9	Form 7211 Gross Elective Payment Election 1GG	1GGH\$	<ENTER>	Enter the amount from Part III, Line 1gg Column h.
10	Form 7211 Net Elective Payment 1GG	1GGJ\$	<ENTER>	Enter the amount from Part III, Line 1gg Column j.
11	Form 3468, Part VI Registration 4A	4AB	<ENTER>	Enter the number from Part III, Line 4a, Column b.
12	Form 3468, Part VI CreditTransfer Election Amount 4A	4AF\$	<ENTER +/->	Enter the amount from Part III, Line 4a, Column f.
13	Form 3468, Part VI Credit Allowed After Passive Activity Limit	4AG\$	<ENTER>	Enter the amount from Part III, Line 4a, Column g.
14	Form 3468, Part VI Gross Elective Payment Election 4A	4AH\$	<ENTER>	Enter the amount from Part III, Line 4a, Column h.
15	Form 3468, Part V Net Elective Payment Election Credit Amount 4A	4AJ\$	<ENTER>	Enter the amount from Part III, Line 4a, Column j.

**Exhibit 3.24.12-253 (Cont. 1) (01-01-2025)****Form 990-T - Section 25, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
16	Form 8835, Part II Registration Number 4E	4EB	<ENTER>	Enter the number from Part III, Line 4e, Column b.
17	Form 8835, Part II Credit Transfer Election Amount 4E	AEF\$	<ENTER +/->	Enter the amount from Part III, Line 4e, Column f.
18	Form 8835, Part II Credit Allowed After Passive Activity Limit 4E	AEG\$	<ENTER>	Enter the amount from Part III, Line 4e, Column g.
19	Form 8835, Part II Gross Payment Election 4E	AEH\$	<ENTER>	Enter the amount from Part III, Line 4e, Column h.
20	Form 8835, Part II Net Elective Payment Election Credit Amount 4E	AEJ\$	<ENTER>	Enter the amount from Part III, Line 4e, Column j.
21	Part V indicator	VIND	<ENTER>	Enter 1 if any Box in Part V, column b is marked.

**Exhibit 3.24.12-254 (01-01-2024)**  
**Form 990-T - Section 31, Form 8936**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
2	Vehicle Identification Number (VIN)	311VI	<ENTER>	First Schedule A, Part I, Line 2
3	Placed in service date	311DT	<ENTER>	First Schedule A, Part I, Line 3
4	Tentative credit amount	31109	<ENTER>	First Schedule A, Part II, Line 9
5	Credit amount for business use of new clean vehicle	31111	<ENTER>	Part II, Line 11
6	Smaller of Line 15 or Line 16	31117	<ENTER>	First Schedule A, Part IV, Line 17
7	Smaller of Line 24 or Line 25	31126	<ENTER>	First Schedule A, Part V, Line 26
8	Indicator field for results of MeF check of VIN against portal	311IN	<ENTER>	N/A
9	Vehicle Identification Number (VIN)	312VI	<ENTER>	Second Schedule A, Part I, Line 2
10	Placed in service date	312DT	<ENTER>	Second Schedule A, Part I, Line 3
11	Tentative credit amount	31209	<ENTER>	Second Schedule A, Part II, Line 9
12	Credit amount for business use of new clean vehicle	31211	<ENTER>	Part II, Line 11
13	Smaller of Line 15 or Line 16	31217	<ENTER>	Second Schedule A, Part IV, Line 17
14	Smaller of Line 24 or Line 25	31226	<ENTER>	Second Schedule A, Part V, Line 26
15	Indicator field for results of MeF check of VIN against portal	312IN	<ENTER>	N/A
16	Verified field for SUM-REDCD-VIN-CR-VERIFIED-AMT	31RDV	<ENTER>	N/A
17	Indicator (More than 2 Schedule A's attached)	313IN	<ENTER>	Second Form 8936, Schedule A, (edited bottom right margin of Page 2).



**Exhibit 3.24.12-255 (01-01-2025)****Form 990-T - Section 35, Form 4255**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
2	Form 7207 Recapture Net EPE Amount	1AS\$	<ENTER>	Enter Part 1, Line 1a, Column s.
3	Form 7207 Excessive Payment Amount	1AT\$	<ENTER>	Enter Part 1, Line 1a, Column t.
4	Form 3468, Part III Recapture Net EPE Amount	1BS\$	<ENTER>	Enter Part 1, Line 1b, Column s.
5	Form 3468, Part III Excessive Payment Amount	1BT\$	<ENTER>	Enter Part 1, Line 1b, Column t.
6	Form 7210 Recapture Net EPE Amount	1CS\$	<ENTER>	Enter Part 1, Line 1c, Column s.
7	Form 7210 Excessive Payment Amount	1CT\$	<ENTER>	Enter Part 1, Line 1c, Column t.
8	Form 3468, Part IV Recapture Net EPE Amount	1DS\$	<ENTER>	Enter Part 1, Line 1d, Column s.
9	Form 3468, Part IV Excessive Payment Amount	1DT\$	<ENTER>	Enter Part 1, Line 1d, Column t.
10	Form 7218 Recapture Net EPE Amount	1ES\$	<ENTER>	Enter Part 1, Line 1e, Column s.
11	Form 7218 Excessive Payment Amount	1ET\$	<ENTER>	Enter Part 1, Line 1e, Column t.
12	Form 7213 Recapture Net EPE Amount	1FS\$	<ENTER>	Enter Part 1, Line 1f, Column s.
13	Form 7213 Excessive Payment Amount	1FT\$	<ENTER>	Enter Part 1, Line 1f, Column t.
14	Form 3468, Part V Recapture Net EPE Amount	1GS\$	<ENTER>	Enter Part 1, Line 1g, Column s.
15	Form 3468, Part V Excessive Payment Amount	1GT\$	<ENTER>	Enter Part 1, Line 1g, Column t.

**Exhibit 3.24.12-255 (Cont. 1) (01-01-2025)**  
**Form 990-T - Section 35, Form 4255**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
16	Form 8936, Part V Recapture Net EPE Amount	1HS\$	<ENTER>	Enter Part 1, Line 1h, Column s.
17	Form 8936, Part V Excessive Payment Amount	1HT\$	<ENTER>	Enter Part i, Line 1h, Column t.
18	Form 7211 Recapture Net EPE Amount	1IS\$	<ENTER>	Enter Part 1, Line 1i, Column s.
19	Form 7211 Excessive Payment Amount	1IT\$	<ENTER>	Enter Part 1, Line 1i, Column t.
20	Form 3468, Part VI Recapture Net EPE Amount	1JS\$	<ENTER>	Enter Part 1, Line 1j, Column s.
21	Form 3468, Part IV Excessive Payment Amount	1JT\$	<ENTER>	Enter Part 1, Line 1j, Column t.
22	Form 8835 Recapture Net EPE Amount	1KS\$	<ENTER>	Enter Part 1, Line 1k, Column s.
23	Form 8835 Excessive Payment Amount	1KT\$	<ENTER>	Enter Part 1, Line 1k, Column t.
24	Form 8933 Recapture Net EPE Amount	2AS\$	<ENTER>	Enter Part 1, Line 2a, Column s.
25	Form 8933 Excessive Payment Amount	2AT\$	<ENTER>	Enter Part 1, Line 2a, Column t.
26	Form 8911, Part I Recapture Net EPE Amount	2BS\$	<ENTER>	Enter Part 1, Line 2b, Column s.
27	Form 8911, Part I Excessive Payment Amount	2BT\$	<ENTER>	Enter Part 1, Line 2b, Column t.

**Exhibit 3.24.12-256 (01-01-2023)**  
**Form 1041-A - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(3a)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	E.I.N	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number from the preprinted label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5.1</li> </ul>
(5)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(6)	Condition Codes	CC	<ENTER>	Enter the edited characters as shown below the OMB Number. <ul style="list-style-type: none"> <li>If a condition code is illegible, enter a "#" in its place.</li> </ul>

**Exhibit 3.24.12-256 (Cont. 1) (01-01-2023)**  
**Form 1041-A - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(7)	Received Date	RDATE	<ENTER> ★★★★★	Enter the stamped or edited date in MMDDYY format from the face of the return. <ul style="list-style-type: none"> <li>If a "G" Condition Code is present and return is a <u>non-remittance</u>, end the document after this element.</li> <li>If a "G" Condition Code is present and return is a <u>re-mittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-8 then proceed to Section 03.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(8)	P & I Indicator	P&I	<ENTER>	Enter the edited digit shown to the right of the EIN.
(9)	Correspondence Code	CORC	<ENTER>	Enter the 2 edited digits shown to the right of the City and State.
(10)	Correspondence Received Date	CRD	<ENTER>	Enter the edited digits shown to the right of the Correspondence Code. <b>Example:</b> 11-020600. <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(11)	Daily Delinquency Penalty	DDP	<ENTER>	Enter the edited amount shown to the right of Part II title.
(12)	ERS Action Code	ERS	<ENTER>	Enter the edited digits from the bottom left margin.
(13)	CAF Indicator	CAF	<ENTER>	Enter the edited digit from the bottom right margin.
(14)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the preparer PTIN line.
(15)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(16)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(17)	Preparer's Telephone	PTEL	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-257 (01-01-2023)**  
**Form 1041-A - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03".
(2)	Remittance Amount	RMT	<ENTER>	<p>Enter the edited amount shown in the top center margin of the return.</p> <p>a. Check the control document (Form 813) for the correct amount in case of illegibility.</p> <p>b. Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green.</p> <p>c. This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered.</p> <p>d. The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.</p>
(3)	Total Income	LN9 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 9.
(4)	Total Assets (BOY)	38(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 38, Column (a).
(5)	Total Assets (EOY)	38(B) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 38, Column (b).
(6)	Total Liabilities (BOY)	42(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 42, Column (a).
(7)	Total Liabilities (EOY)	42(B) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 42, Column (b).
(8)	Total Net Assets (BOY)	45(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 45, Column (a).
(9)	Total Net Assets (EOY)	45(B) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 45, Column (b).
(10)	Total Liabilities and Net Assets (BOY)	46(A) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 46, Column (a).
(11)	Total Liabilities and Net Assets (EOY)	46(B) \$	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 46, Column (b).

**Exhibit 3.24.12-258 (01-01-2024)**  
**Form 1120-POL - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section "01" always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(3a)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	E.I. Number	EIN	<ENTER> ★★★★★	Enter the E.I. Number from the preprinted label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(5)	Address Check	ADDRESS CHECK?	<ENTER>	ENTER "Y" or "N" as appropriate.
(6)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38
(7)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38
(8)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the tax period edited to the right of, or underlined under, the form title. <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>For standard instructions, see IRM 3.24.38.</li> </ul>
(9)	In Care of Name Line	C/O NAME	<ENTER>	Enter the in care of name, if shown. <b>Note:</b> Downstream processing generates the (%) sign.

**Exhibit 3.24.12-258 (Cont. 1) (01-01-2024)**  
**Form 1120-POL - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(10)	Foreign Address	FGN ADD	<ENTER>	Enter the Foreign address, if shown. <ul style="list-style-type: none"> <li>See IRM 3.24.38 for additional instruction.</li> </ul>
(11)	Street Address	ADD	<ENTER>	Enter the street address from the address line. <ul style="list-style-type: none"> <li>If a "G" Condition Code is present, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered.</li> <li>If a foreign address, enter the foreign city, province and postal code.</li> <li>See IRM 3.24.28 for specific instructions.</li> </ul>
(12)	City	CITY	<ENTER>	Enter the city name from the city line, or Major City Code, if appropriate. <ul style="list-style-type: none"> <li>If a foreign address, enter the edited foreign country's code.</li> </ul>
(13)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line. . <ul style="list-style-type: none"> <li>If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>If a foreign address, enter a period (.).</li> <li>See IRM 3.24.38.</li> </ul>
(14)	ZIP	ZIP	<ENTER>	Enter the ZIP Code. <ul style="list-style-type: none"> <li>If a foreign address, press &lt;ENTER&gt; only.</li> </ul>
(15)	Received Date	RDATE	<ENTER> ★★★★★	Enter as stamped on the face of the return or edited on the dotted portion of Line 11, in MMDDYY format. <ul style="list-style-type: none"> <li>For standard instructions, see IRM 3.24.38.</li> </ul>
(16)	Condition Codes	CC	<ENTER>	Enter as shown on the dotted portion of Line 1. <ul style="list-style-type: none"> <li>If a Condition Code is illegible, enter a "#".</li> </ul>

**Exhibit 3.24.12-258 (Cont. 2) (01-01-2024)**  
**Form 1120-POL - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(17)	Return Processing Code	01RPC	<ENTER>	For 2018 and subsequent tax periods enter the edited codes on Page 1, in the right margin next to line 1.
(18)	Tax Period Beginning	YRBEGDT	<ENTER>	Enter the tax period Beginning in MMDDYY format when edited to the left of form title area at the top of the form.
(18)	Principal Campaign Committee	PCC	<ENTER>	Enter the edited 1, 2, or 3 from the right of "Candidates for U.S. Congress Only" line. <ul style="list-style-type: none"> <li>For 2018 and subsequent, <b>enter only.</b></li> </ul>
(19)	ERS Action Code	ACTCD	<ENTER>	Enter the edited digits from the bottom left margin. a. If a "G" Condition Code is present or if the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u> , end the document after this element. b. If a "G" Condition Code is present or if the ERS Action Code is in the "600" series and the return is a <u>remittance</u> , Press <ENTER> followed by <F6> and proceed to Section 03. c. If no additional data for this or any other sections, end the document.
(20)	EOMF Code	EOMF	<ENTER>	Enter the edited "1" shown in the right margin next to the Tax Year.
(21)	Filling Field (VIN Portal Information Field)	N/A	<ENTER>	N/A



**Exhibit 3.24.12-259 (01-01-2023)****Form 1120-POL - Section 02, Form 5800 - Edit Sheet**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	<ENTER> if already present on the screen otherwise enter "02".
(2)	Audit Code	L2	<ENTER>	Enter from Edit Sheet, Line 2.
(3)	CAF Indicator/Code	L3	<ENTER>	Enter from Edit Sheet, Line 3.
(4)	Correspondence Received Date	L5	<ENTER>	Enter from Edit Sheet, Line 5, in MMDDYY format. (a) <ul style="list-style-type: none"><li>• For standard instructions, see IRM 3.24.38.</li></ul>
(5)	Penalty and Interest Code	L6	<ENTER>	Enter from Edit Sheet, Line 6.
(6)	Missing Schedule Code	L8	<ENTER>	Enter from Edit Sheet, Line 8.

**Exhibit 3.24.12-260 (01-01-2023)**  
**Form 1120-POL - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	<ENTER> if already present on the screen otherwise enter "03".
(2)	Payment Received	RMT	<ENTER>	Enter the green edited amount shown on Line 25. a. If a green edited amount isn't present, enter the amount written in green, or the cash register imprint amount shown in the upper right margin. b. Check the control document (Form 813, Form 3893) for correct amount in case of illegibility. c. Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green. d. If a "G" Condition Code is present, end the document after this element. e. If the ERS Action Code is in the "600" series, end the document after this element. f. This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered. g. The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.
(3)	Dividends	L1 \$	<ENTER> MINUS (-)	Enter the amount from Line 1.
(4)	Taxable Interest	L2 \$	<ENTER> MINUS (-)	Enter the amount from Line 2.
(5)	Gross Rents	L3 \$	<ENTER> MINUS (-)	Enter the amount from Line 3.
(6)	Gross Royalties	L4 \$	<ENTER> MINUS (-)	Enter the amount from Line 4.

**Exhibit 3.24.12-260 (Cont. 1) (01-01-2023)**  
**Form 1120-POL - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(7)	Capital Gain	L5 \$	<ENTER> MINUS (-)	Enter the amount from Line 5.
(8)	Ordinary Gain or Loss	L6 \$	<ENTER> MINUS (-)	Enter the amount from Line 6.
(9)	Other Income	L7 \$	<ENTER> MINUS (-)	Enter the amount from Line 7.
(10)	Gross Income	L8	<ENTER> MINUS (-) ★★★★★	Enter the amount from Line 8.

**Exhibit 3.24.12-261 (01-01-2023)**  
**Form 1120-POL - Section 04**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	<ENTER> if already present on the screen otherwise enter "04".
(2)	Salaries and Wages Deduction	L9 \$	<ENTER> MINUS (-)	Enter the amount from Line 9.
(3)	Repairs Deduction	10 \$	<ENTER> MINUS (-)	Enter the amount from Line 10.
(4)	Rent Deduction	11 \$	<ENTER> MINUS (-)	Enter the amount from Line 11.
(5)	Tax Deduction	12 \$	<ENTER> MINUS (-)	Enter the amount from Line 12.
(6)	Interest Deduction	13 \$	<ENTER> MINUS (-)	Enter the amount from Line 13.
(7)	Depreciation Deduction	14 \$	<ENTER> MINUS (-)	Enter the amount from Line 14.
(8)	Other Deduction	15 \$	<ENTER> MINUS (-)	Enter the amount from Line 15.
(9)	Total Deductions	16	<ENTER> MINUS (-)	Enter the amount from Line 16.
(10)	Specific Deductions	18 \$	<ENTER> ★★★★★	Enter the amount from Line 18.
(11)	Statutory Credits	21	<ENTER>	Enter the amount from Line 21.

**Exhibit 3.24.12-262 (01-01-2025)**  
**Form 1120-POL - Section 05**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	<ENTER> if already present on the screen otherwise enter "05".
(2)	Foreign Tax Credit	21A	<ENTER>	Enter the amount from line 21a.
(3)	Other Credit	21B	<ENTER>	Enter the amount from line 21b.
(4)	General Business Credit	21C	<ENTER>	Enter the amount from line 21c.
(5)	Total Tax Credits	21D	<ENTER>	Enter the amount from line 21d.
(6)	Total Tax	22	<ENTER>	Enter the amount from Line 22.
(7)	Total Overpayment and Estimated Tax Credits	22...	<ENTER>	Enter the amount from the dotted portion of Line 22.
(8)	Form 7004 Credits	23A	<ENTER>	Enter the amount from Line 23a.
(9)	Credit From Undistributed Capital Gains (2439)	23B	<ENTER>	Enter the amount from Line 23b.
(10)	Federal Telephone Excise Tax Paid	23SPACE	<ENTER>	Enter the amount from the space to the right of Line 23c.
(11)	Elective payment Election	23D \$	<ENTER>	Enter the amount from Line 23d
(12)	Balance Due/Overpayment	24/25	<ENTER> MINUS (-) ★★★★★	Enter the amount as follows: <ul style="list-style-type: none"> <li>From Line 24, followed by &lt;ENTER&gt;.</li> <li>If no amount Line 24, enter the amount from Line 25, with a MINUS (-).</li> <li>If there are entries on both lines, enter the amount from Line 24.</li> </ul>
(13)	Discuss with Preparer Checkbox	CKBX	<ENTER>	Enter a "1" if the "Yes" box is checked. <ul style="list-style-type: none"> <li>Otherwise, press &lt;ENTER&gt; only if the "No" box is checked or none of the boxes are checked.</li> </ul>
(14)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(15)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN.
(16)	Preparer's Telephone Number	TEL#	<ENTER>	Enter the Preparer's phone number.

**Exhibit 3.24.12-263 (01-01-2024)**  
**Form 1120-POL - Section 15, Form 4136**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "15. "
(2)	Amount of Claim 1	AMT1(D)	<ENTER>	Enter the first amount shown on Column (d).
(3)	Credit Reference Number 1	CRN1(E)	<ENTER>	Enter the CRN from Column (e) that correspond with the first amount entered.
(4)	Amount of Claim 2	AMT2(D)	<ENTER>	Enter the second amount shown on Column (d).
(5)	Credit Reference Number 2	CRN2(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the second amount entered.
(6)	Amount of Claim 3	AMT3(D)	<ENTER>	Enter the third amount shown on Column (d).
(7)	Credit Reference Number 3	CRN3(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the third amount entered.
(8)	Amount of Claim 4	AMT4(D)	<ENTER>	Enter the fourth amount shown on Column (d).
(9)	Credit Reference Number 4	CRN4(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fourth amount entered.
(10)	Amount of Claim 5	AMT5(D)	<ENTER>	Enter the fifth amount shown on Column (d).
(11)	Credit Reference Number 5	CRN5(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fifth amount entered.
(12)	Amount of Claim 6	AMT6(D)	<ENTER>	Enter the sixth amount shown on Column (d).
(13)	Credit Reference Number 6	CRN6(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the sixth amount entered.
(14)	Amount of Claim 7	AMT7(D)	<ENTER>	Enter the seventh amount shown on Column (d).
(15)	Credit Reference Number 7	CRN7(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the seventh amount entered.

**Exhibit 3.24.12-263 (Cont. 1) (01-01-2024)**  
**Form 1120-POL - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(16)	Amount of Claim 8	AMT8(D)	<ENTER>	Enter the eighth amount shown on Column (d).
(17)	Credit Reference Number 8	CRN8(E)	<ENTER>☆	Enter the CRN from Column (e) that corresponds with the eighth amount entered.
(18)	Amount of Claim 9	AMT9(D)	<ENTER>	Enter the ninth amount shown on Column (d).
(19)	Credit Reference Number 9	CRN9(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the ninth amount entered.
(20)	Amount of Claim 10	AMT10(D)	<ENTER>	Enter the tenth amount shown on Column (d).
(21)	Credit Reference Number 10	CRN10(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the tenth amount entered.
(22)	Amount of Claim 11	AMT11(D)	<ENTER>	Enter the eleventh amount shown on Column (d).
(23)	Credit Reference Number 11	CRN11(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the eleventh amount entered.
(24)	Amount of Claim 12	AMT12(D)	<ENTER>	Enter the twelfth amount shown on Column (d).
(25)	Credit Reference Number 12	CRN12(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the twelfth amount entered.
(26)	Amount of Claim 13	AMT13(D)	<ENTER>	Enter the thirteenth amount shown on Column (d).
(27)	Credit Reference Number 13	CRN13(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the thirteenth amount entered.
(28)	Amount of Claim 14	AMT14(D)	<ENTER>	Enter the fourteenth amount shown on Column (d).
(29)	Credit Reference Number 14	CRN14(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fourteenth amount entered.
(30)	Amount of Claim 15	AMT15(D)	<ENTER>	Enter the fifteenth amount shown on Column (d).
(31)	Credit Reference Number 15	CRN15(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the fifteenth amount entered.

**Exhibit 3.24.12-263 (Cont. 2) (01-01-2024)**  
**Form 1120-POL - Section 15, Form 4136**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(32)	Amount of Claim 16	AMT16(D)	<ENTER>	Enter the sixteenth amount shown on Column (d).
(33)	Credit Reference Number 16	CRN16(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the sixteenth amount entered.
(34)	Amount of Claim 17	AMT17(D)	<ENTER>	Enter the seventeenth amount shown on Column (d).
(35)	Credit Reference Number 17	CRN17(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the seventeenth amount entered.
(36)	Amount of Claim 18	AMT18(D)	<ENTER>	Enter the eighteenth amount shown on Column (d).
(37)	Credit Reference Number 18	CRN18(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the eighteenth amount entered.
(38)	Amount of Claim 19	AMT19(D)	<ENTER>	Enter the nineteenth amount shown on Column (d).
(39)	Credit Reference Number 19	CRN19(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the nineteenth amount entered.
(40)	Amount of Claim 20	AMT20(D)	<ENTER>	Enter the twentieth amount shown on Column (d).
(41)	Credit Reference Number 20	CRN20(E)	<ENTER>	Enter the CRN from Column (e) that corresponds with the twentieth amount entered.



**Exhibit 3.24.12-264 (01-01-2024)****Form 1120-POL - Section 19, Form 9978**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "19. "
(2)	Source of Review Year Adjustments	CKBX	<ENTER>-	Enter "1" if BBA Audit is checked. Enter "2" if AAR filing is checked.
(3)	Total Additional Reporting Year Tax	L14	<ENTER>	Enter the amount from Part I, Line 14.
(4)	Total Penalties	L16	<ENTER>	Enter the amount from Part II, Line 16.
(5)	Total Interest	L18	<ENTER>	Enter the amount from Part III, Line 18.

**Exhibit 3.24.12-265 (01-01-2024)**  
**Form 1120-POL - Section 20, Form 8913**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press ENTER if already present on the screen otherwise enter "20".
(2)	Tax Refund	15D	<ENTER>	Enter the amount from Line 15d.
(3)	Interest on Tax Refund	15E	<ENTER>	Enter the amount from Line 15e.

**Exhibit 3.24.12-266 (01-01-2025)****Form 1120-POL - Section 23, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "23".
2	Form 7207 Registration Number 1B	1BB	<ENTER>	Enter the number from Part III, Line 1b, Column b.
3	Form 7207 Credit Transfer Election Amount 1B	1BF\$	<ENTER +/->	Enter the amount from Part III, Line 1b, Column f.
4	Form 7207 Credit Allowed After Passive Activity Limit	1BG\$	<ENTER>	Enter the amount from Part III, Line 1b, Column g.
5	Form 7207 Gross Elective Payment Election Amount 1B	1BH\$	<ENTER>	Enter the amount from Part III, Line 1b, Column h.
6	Form 7207 Net Elective Payment Election Amount Line 1B Total	1BIJ\$	<ENTER>	Enter the amount from Part III, Line 1b, Column j.
7	Form 3468 Registration Number 1D	1DB	<ENTER>	Enter the number from Part III, Line 1d, Column b.
8	Form 3468 Credit Transfer Election Amount 1D	1DF\$	<ENTER +/->	Enter the amount from Part III, Line 1d, Column f.
9	Form 3468 Credit Allowed After Passive Activity Limit	1DG\$	<ENTER>	Enter the amount from Part III, Line 1d, Column g.
10	Form 3468 Gross Elective Payment Election 1D	1DH\$	<ENTER>	Enter the amount from Part III, Line 1d, Column h.
11	Form 3468 Net Elective Payment Election Credit Amount 1D	1DJ\$	<ENTER>	Enter the amount from Part III, Line 1d, Column j.
12	Form 8835, Part II Registration Number 1F	1FB	<ENTER>	Enter the number from Part III, Line 1f, Column b.
13	Form 8835, Part II Credit Transfer Election Amount 1F	1FF\$	<ENTER +/->	Enter the amount from Part III, Line 1f, Column f.

**Exhibit 3.24.12-266 (Cont. 1) (01-01-2025)**  
**Form 1120-POL - Section 23, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
14	Form 8835, Part II Credit Allowed After Passive Activity Limit	1FG\$	<ENTER>	Enter the amount from Part III, Line 1f, Column g.
15	Form 7210 Registra- tion Number 1G	1GB	<ENTER>	Enter the number from Part III, Line 1g, Column b.
16	Form 7210 Credit Transfer Election Amount 1G	1GF\$	<ENTER +/->	Enter the amount from Part III, Line 1g, Column f.
17	Form 7210 Credit Allowed After Passive Activity Limit	1GG\$	<ENTER>	Enter the amount from Part III, Line 1g, Column g.
18	Form 7210 Gross Elective Payment Election 1G	1GH\$	<ENTER>	Enter the amount from Part III, Line 1g, Column h.
19	Form 7210 Net Elective Payment Election Credit Amount 1G	1GJ\$	<ENTER>	Enter the amount from Part III, Line 1g, Column j.

**Exhibit 3.24.12-267 (01-01-2025)****Form 1120-POL - Section 24, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "24".
2	Form 3468 , Part IV Registration Number 1O	1OB	<ENTER>	Enter the number from Part III, Line 1o, Column b.
3	Form 3468, Part IV Credit Allowed After Passive Activity Limit	1OG\$	<ENTER>	Enter the number from Part III, Line 1o, Column g.
4	Form 3468, Part IV Gross Elective Payment Election 1O	1OH\$	<ENTER>	Enter the number from Part III, Line 1o, Column h.
5	Form 3468, Part IV Net Elective Payment Election Credit Amount 1O	1OJ\$	<ENTER>	Enter the number from Part III, Line 1o, Column j.
6	Form 7218 Registra- tion Number	1QB	<ENTER>	Part III, Line 1q, Column b.
7	Form 7218 Credit Transfer Election Amount	1QF\$	<ENTER +/->	Part III, Line 1q, Column f.
8	Form 7218 Credit Allowed After Passive Activity Limit	1QG\$	<ENTER>	Part III, Line 1q, Column g.
9	Form 7218 Gross Elective Payment Election	1QH\$	<ENTER>	Part III, Line 1q, Column h.
10	Form 7218 Net Elective Payment Election Credit Amount	1QJ\$	<ENTER>	Part III, Line 1q, Column j.
11	Form 8911 Registra- tion Number 1S	1SB	<ENTER>	Enter the number from Part III, Line 1s, Column b.
12	Form 8911 Credit Transfer Election Amount 1S	1SF\$	<ENTER +/->	Enter the amount from Part III, Line 1s, Column f.
13	Form 8911 Credit Allowed After Passive Activity Limit	1SG\$	<ENTER>	Enter the amount from Part III, Line 1s, Column g.

**Exhibit 3.24.12-267 (Cont. 1) (01-01-2025)**  
**Form 1120-POL - Section 24, Form 3800**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
14	Form 8911 Gross Elective Payment Election 1S	1SH\$	<ENTER>	Enter the amount from Part III, Line 1s, Column h.
15	Form 8911 Net Elective Payment Election Credit Amount 1S	1SJ\$	<ENTER>	Enter the amount from Part III, Line 1s, Column j.
16	Form 7213, Part II Registration Number 1U	1UB	<ENTER>	Enter the number from Part III, Line 1u, Column b.
17	Form 7213 , Part II Credit Transfer Election Amount 1U	1UF\$	<ENTER +/->	Enter the amount from Part III, Line 1u, Column f.
18	Form 7213, Part II Credit Allowed After Passive Activity Limit	1UG\$	<ENTER>	Enter the amount from Part III, Line 1u, Column g.
19	Form 7213, Part II Gross Payment Election 1U	1UH\$	<ENTER>	Enter the amount from Part III, Line 1u, Column h.
20	Form 7213, Part II Net Elective Payment Election Credit Amount 1U	1UJ\$	<ENTER>	Enter the amount from Part III, Line 1u, Column j.
21	Form 3468, Part V Registration Number 1X	1VB	<ENTER>	Enter the number from Part III, Line 1v, Column b.
22	Form 3468, Part V Credit Transfer Election Amount 1V	1VF\$	<ENTER +/->	Enter the number from Part III, Line 1v, Column f.
23	Form 3468, Part V Credit Allowed After Passive Activity Limit 1V	1VG\$	<ENTER>	Enter the number from Part III, Line 1v, Column g.
24	Form 3468, Part V Gross Elective Payment Election 1V	1VH\$	<ENTER>	Enter the number from Part III, Line 1v, Column h.
25	Form 3468, Part V Net Elective Payment Election Credit Amount 1V	1VJ\$	<ENTER>	Enter the number from Part III, Line 1v, Column j.

**Exhibit 3.24.12-267 (Cont. 2) (01-01-2025)**  
**Form 1120-POL - Section 24, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
26	Form 8933 Registra- tion Number 1X	1XB	<ENTER>	Enter the number from Part III, Line 1x, Column b.
27	Form 8933 Credit Transfer Election Amount 1X	1XF\$	<ENTER +/->	Enter the amount from Part III, Line 1x, Column f.
28	Form 8933 Credit Allowed After Passive Activity Limit 1X	1XG\$	<ENTER>	Enter the amount from Part III, Line 1x, Column g.
29	Form 8933 Gross Elective Payment Election 1X	1XH\$	<ENTER>	Enter the amount from Part III, Line 1x, Column h.
30	Form 8933 Net Elective Payment Election Credit Amount 1X	1XJ\$	<ENTER>	Enter the amount from Part III, Line 1x, Column j.

**Exhibit 3.24.12-268 (01-01-2025)****Form 1120-POL - Section 25, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term,</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "25".
2	Form 8936 , Part V Registration Number 1AA	1AAB	<ENTER>	Enter the number from Part III, Line 1aa, Column b.
3	Form 8936, Part V Credit Allowed After Passive Activity Limit	1AAG	<ENTER>	Enter the amount from Part III, Line 1aa, Column g.
4	Form 8936, Part V Gross Elective Payment Election 1AA	1AAH\$	<ENTER>	Enter the amount from Part III, Line 1aa, Column h.
5	Form 8936, Part V Net Elective Payment Election Credit Amount 1AA	1AAJI\$	<ENTER>	Enter the amount from Part III, Line 1aa, Column j.
6	Form 7211, Reserved Number	1GGB	<ENTER>	Part III, Line 1gg Column b.
7	Form 7211, Credit Transfer Election Amount	1GGF	<ENTER +/->	Part III, Line 1gg Column f.
8	Form 7211, Credit Allowed After Passive Activity Limit	1GG\$	<ENTER>	Part III, Line 1gg Column g.
9	Form 7211, Gross Elective Payment Election	1GGH\$	<ENTER>	Part III, Line 1gg Column h.
10	Form 7211, Net Elective Payment Election Amount	1GGJI\$	<ENTER>	Part III, Line 1gg Column j.
11	Form 3468, Part VI Registration Number 4A	4AB	<ENTER>	Enter the number from Part III, Line 4a, Column b.
12	Form 3468 , Part IV Credit Transfer Election Amount 4A	4AF\$	<ENTER +/->	Enter the amount from Part III, Line 4a, Column f.
13	Form 3468, Part VI Credit Allowed After Passive Activity Limit	4AG\$	<ENTER>	Enter the amount from Part III, Line 4a, Column g.



**Exhibit 3.24.12-268 (Cont. 1) (01-01-2025)**  
**Form 1120-POL - Section 25, Form 3800**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term,</b>	<b>Instructions</b>
14	Form 3468, Part VI Gross Elective Payment Election 4A	4AH\$	<ENTER>	Enter the amount from Part III, Line 4a, Column h.
15	Form 3468, Part VI Net Elective Payment Election Credit Amount 4A	4AJ\$	<ENTER>	Enter the amount from Part III, Line 4a, Column j.
16	Form 8835, Part II Registration Number 4E	4EB	<ENTER>	Enter the number from Part III, Line 4e, Column b.
17	Form 8835, Part II Credit Transfer Election Amount 4E	AEF\$	<ENTER +/->	Enter the amount from Part III, Line 4e, Column f.
18	Form 8835, Part II Credit Allowed After Passive Activity Limit	AEG\$	<ENTER>	Enter the amount from Part III, Line 4e, Column g.
19	Form 8835, Part II Gross Elective Payment Election 4E	AEH\$	<ENTER>	Enter the amount from Part III, Line 4e, Column h.
20	Form 8835, Part II Net Elective Payment Election Credit Amount 4E	AEJ\$	<ENTER>	Enter the amount from Part III, Line 4e, Column j.
21	Part V indicator	VIND	<ENTER>	Enter 1 if any Box in Part V, column b is marked.

**Exhibit 3.24.12-269 (01-01-2024)**  
**Form 1120-POL - Section 31, Form 3800**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "31".
2	Vehicle Identification Number (VIN)	311VI	<ENTER>	First Schedule A, Part I, Line 2
3	Placed in service date	311DT	<ENTER>	First Schedule A, Part I, Line 3
4	Tentative credit amount	31109	<ENTER>	First Schedule A, Part II, Line 9
5	Credit amount for business use of new clean vehicle	31111	<ENTER>	Part II, Line 11
6	Smaller of Line 15 or Line 16	31117	<ENTER>	First Schedule A, Part IV, Line 17
7	Smaller of Line 24 or Line 25	31126	<ENTER>	First Schedule A, Part V, Line 26
8	Indicator field for results of MeF check of VIN against portal	311IN	<ENTER>	N/A
9	Vehicle Identification Number (VIN)	312VI	<ENTER>	Second Schedule A, Part I, Line 2
10	Placed in service date	312DT	<ENTER>	Second Schedule A, Part I, Line 3
11	Tentative credit amount	31209	<ENTER>	Second Schedule A, Part II, Line 9
12	Credit amount for business use of new clean vehicle	31211	<ENTER>	Part II, Line 11
13	Smaller of Line 15 or Line 16	31217	<ENTER>	Second Schedule A, Part IV, Line 17
14	Smaller of Line 24 or Line 25	31226	<ENTER>	Second Schedule A, Part V, Line 26
15	Indicator field for results of MeF check of VIN against portal	312IN	<ENTER>	N/A
17	Indicator (More than 2 Schedule A's attached)	313IN	<ENTER>	Second Form 8936, Schedule A, (edited bottom right margin of Page 2).

**Exhibit 3.24.12-270 (01-01-2025)****Form 1120-POL - Section 35, Form 4255**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
1	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "35".
2	Form 7207 Recapture Net EPE Amount	1AS\$	<ENTER>	Enter Part 1, Line 1a, Column s.
3	Form 7207 Excessive Payment Amount	1AT\$	<ENTER>	Enter Part 1, Line 1a, Column t.
4	Form 3468, Part III Recapture Net EPE Amount	1BS\$	<ENTER>	Enter Part 1, Line 1b, Column s.
5	Form 3468, Part III Excessive Payment Amount	1BT\$	<ENTER>	Enter Part 1, Line 1b, Column t.
6	Form 7210 Recapture Net EPE Amount	1CS\$	<ENTER>	Enter Part 1, Line 1c, Column s.
7	Form 7210 Excessive Payment Amount	1CT\$	<ENTER>	Enter Part 1, Line 1c, Column t.
8	Form 3468, Part IV Recapture Net EPE Amount	1DS\$	<ENTER>	Enter Part 1, Line 1d, Column s.
9	Form 3468, Part IV Excessive Payment Amount	1DT\$	<ENTER>	Enter Part 1, Line 1d, Column t.
10	Form 7218 Recapture Net EPE Amount	1ES\$	<ENTER>	Enter Part 1, Line 1e, Column s.
11	Form 7218 Excessive Payment Amount	1ET\$	<ENTER>	Enter Part 1, Line 1e, Column t.
12	Form 7213 Recapture Net EPE Amount	1FS\$	<ENTER>	Enter Part 1, Line 1f, Column s.
13	Form 7213 Excessive Payment Amount	1FT\$	<ENTER>	Enter Part 1, Line 1f, Column t.
14	Form 3468, Part V Recapture Net EPE Amount	1GS\$	<ENTER>	Enter Part 1, Line 1g, Column s.
15	Form 3468, Part V Excessive Payment Amount	1GT\$	<ENTER>	Enter Part 1, Line 1g, Column t.
16	Form 8936, Part V Recapture Net EPE Amount	1HS\$	<ENTER>	Enter Part 1, Line 1h, Column s.
17	Form 8936, Part V Excessive Payment Amount	1HT\$	<ENTER>	Enter Part i, Line 1h, Column t.
18	Form 7211 Recapture Net EPE Amount	1IS\$	<ENTER>	Enter Part 1, Line 1i, Column s.

**Exhibit 3.24.12-270 (Cont. 1) (01-01-2025)**  
**Form 1120-POL - Section 35, Form 4255**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
19	Form 7211 Excessive Payment Amount	1IT\$	<ENTER>	Enter Part 1, Line 1i, Column t.
20	Form 3468, Part VI Recapture Net EPE Amount	1JS\$	<ENTER>	Enter Part 1, Line 1j, Column s.
21	Form 3468, Part IV Excessive Payment Amount	1JT\$	<ENTER>	Enter Part 1, Line 1j, Column t.
22	Form 8835 Recapture Net EPE Amount	1KS\$	<ENTER>	Enter Part 1, Line 1k, Column s.
23	Form 8835 Excessive Payment Amount	1KT\$	<ENTER>	Enter Part 1, Line 1k, Column t.
24	Form 8933 Recapture Net EPE Amount	2AS\$	<ENTER>	Enter Part 1, Line 2a, Column s.
25	Form 8933 Excessive Payment Amount	2AT\$	<ENTER>	Enter Part 1, Line 2a, Column t.
26	Form 8911, Part I Recapture Net EPE Amount	2BS\$	<ENTER>	Enter Part 1, Line 2b, Column s.
27	Form 8911, Part I Excessive Payment Amount	2BT\$	<ENTER>	Enter Part 1, Line 2b, Column t.

**Exhibit 3.24.12-271 (01-01-2023)**  
**Form 4720 - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3a)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(3a)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number from the pre-printed label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(5)	TIN Type	TIN	<ENTER>	Enter the edited 0 or 2 following the TIN.
(6)	Tax Period	TAXPR	<ENTER>	Enter in YYYY format the Tax Period edited or underlined under "title of form". <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(7)	Condition Codes	CC	<ENTER>	Enter the edited characters as shown to the right of the printed year. <ul style="list-style-type: none"> <li>If a condition code is illegible, enter a "#" in its place.</li> </ul>

**Exhibit 3.24.12-271 (Cont. 1) (01-01-2023)**  
**Form 4720 - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(8)	Received Date	DATE	<ENTER> ★★★★★	<p>Enter the six digits for the received date in MMDDYY format from the face of the return.</p> <ul style="list-style-type: none"> <li>If a “G” Condition Code is present and return is a <u>non-remittance</u>, end the document after this element.</li> <li>If a “G” Condition Code is present and return is a <u>remittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-8 then proceed to Section 03.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(9)	Type Organization Code	TYPE	<ENTER>	Enter the edited digit from the Type of Annual Return box.
(10)	Audit Indicator	A...	<ENTER>	Enter the edited digit shown on the dotted portion of Line A.
(11)	Question A	A RT	<ENTER>	Enter a Yes or No from the yes/no box from Line A.
(12)	Question B	B RT	<ENTER>	Enter a Yes or No from the yes/no box from Line B.
(13)	CAF Indicator	B...	<ENTER>	Enter the edited digit shown on the dotted portion of Line B.
(14)	Correspondence Code	1...	<ENTER>	Enter the edited digits shown on the dotted portion of Line 1.
(15)	Correspondence Received Date	2...	<ENTER>	<p>Enter the edited digits shown on the dotted portion of Line 2.</p> <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(16)	Penalty and Interest Code	3...	<ENTER>	Enter the edited digit shown on the dotted portion of Line 3.
(17)	ERS Action Codes	BOTLFMAR	<ENTER>	Enter the edited ERS Action Code.
(18)	Signature Code	01SIG	<ENTER>	Enter a “1” if the signature is present and “2” if it is not signed.

**Exhibit 3.24.12-272 (02-03-2023)**  
**Form 4720 - Section 02**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	Tax on Undistributed Income	LN1	<ENTER>	Enter the amount from Part I, Line 1.
(3)	Tax on Excess Business Holding	LN2	<ENTER>	Enter the amount from Part I, Line 2.
(4)	Tax on Investments that Jeopardize	LN3	<ENTER>	Enter the amount from Part I, Line 3.
(5)	Tax on Taxable Expenditures	LN4	<ENTER>	Enter the amount from Part I, Line 4.
(6)	Tax on Political Expenditures	LN5	<ENTER>	Enter the amount from Part I, Line 5.
(7)	Tax on Excess Lob Expenditures	LN6	<ENTER>	Enter the amount from Part I, Line 6.
(8)	Tax on Disqualifying Lobbying Expenditures	LN7	<ENTER>	Enter the amount from Part I, Line 7.
(9)	Tax on Premiums Paid... Contracts	LN8	<ENTER>	Enter the amount from Part I, Line 8.
(10)	Tax on Entering Prohibited Tax Shelter Transactions	LN9	<ENTER>	Enter the amount from Part I, Line 9.
(11)	Tax on Taxable Distributions	L10	<ENTER>	Enter the amount from Part I, Line 10.
(12)	Tax on Unrelated Business Taxable Income	L11	<ENTER>	Enter the amount from Part I, Line 11.
(13)	Tax on Failure to Meet Requirements of 501(r)(3)	L12	<ENTER>	Enter the amount from Part I, Line 12.
(14)	Tax on Excess Executive Compensation	L13	<ENTER>	Enter the amount from Part I, Line 13.
(15)	Tax on Private Colleges and Universities	L14	<ENTER>	Enter the amount from Part I, Line 14.
(16)	Total Tax Part I	L15	<ENTER>	Enter the amount from Part I, Line 15.
(17)	Organization EIN	(B) EIN	<ENTER>	Enter the EIN from Part II Column (b)
(18)	Tax on Self-Dealing Part II, Line 1	(1) T	<ENTER>	Enter the amount from Part II, Line 1.

**Exhibit 3.24.12-272 (Cont. 1) (02-03-2023)**  
**Form 4720 - Section 02**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(19)	Tax on Investments that Jeopardize Part II, Line 2	(2) T	<ENTER>	Enter the amount from Part II, Line 2.
(20)	Tax on Taxable Expenditures Part II, Line 3	(3) T	<ENTER>	Enter the amount from Part II, Line 3.
(21)	Tax on Political Expenditures Part II, Line 4	(4) T	<ENTER>	Enter the amount from Part II, Line 4.
(22)	Tax on Disqualifying Lobbying Expenditures Part II, Line 5	(5) T	<ENTER>	Enter the amount from Part II, Line 5.
(23)	Tax on Excess Benefits Part II, Line 6	(6) T	<ENTER>	Enter the amount from Part II, Line 6.
(24)	Tax on Prohibited Tax Shelter Transactions Part II, Line 7	(7) T	<ENTER>	Enter the amount from Part II, Line 7.
(25)	Tax on Taxable Distributions Part II, Line 8	(8) T	<ENTER>	Enter the amount from Part II, Line 8.
(26)	Tax on Prohibited Benefits Part II, Line 9	(9) T	<ENTER>	Enter the amount from Part II, Line 9.
(27)	Total Tax Part II, Line 10	(10) T	<ENTER>	Enter the amount from Part II, Line 10.
(28)	Total Tax	PTIII1	<ENTER>	Enter the amount from Part III, Line 1.
(29)	Total Payments	PTIII2	<ENTER>	Enter the amount from Part III, Line 2.
(30)	Tax Due/Overpayment	PTIII3	<ENTER>	Enter the amount from Part III, Line 3 or 4.
(31)	Excess Grass Roots Expenditures	SCHG-1	<ENTER>	Enter the amount from Schedule G, Line 1.
(32)	Excess Lobbying Expenditures	G-2	<ENTER>	Enter the amount from Schedule G, Line 2.
(33)	Lobby Expenditures Tax	G-4	<ENTER>	Enter the amount from Schedule G, Line 4.
(34)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the Preparer PTIN line.
(35)	Preparer's PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
(36)	Preparer's EIN	PEIN	<ENTER>	Enter the Preparer's EIN from the Preparer's EIN box.



**Exhibit 3.24.12-272 (Cont. 2) (02-03-2023)**  
**Form 4720 - Section 02**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(37)	Preparer's Telephone Number	TEL#	<ENTER>	Enter the Preparer's phone number from the Preparer's phone number box.

**Exhibit 3.24.12-273 (01-01-2023)**  
**Form 4720 - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if it is already present on the screen otherwise enter "03".
(2)	Remittance Amount	RMT	<ENTER>	<p>Enter the edited amount shown in the top center margin of the return.</p> <ol style="list-style-type: none"> <li>Check the control document (Form 813) for the correct amount in case of illegibility.</li> <li>Press &lt;ENTER&gt; if Form 3893 is checked "Repro-cessable Document".</li> <li>Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green.</li> <li>This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered.</li> <li>The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.</li> </ol>

**Exhibit 3.24.12-274 (01-01-2023)**  
**Form 5227 - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	(auto)	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(5)	E.I. Number	EIN	<ENTER> ★★★★★	Enter the E.I. Number from the preprinted label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(6)	Address Check	ADDRESS CHECK?	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY	<ENTER>	See IRM 3.24.38.
(8)	ZIP Key	ZIP KEY	<ENTER>	See IRM 3.24.38.
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(10)	Computer Condition Codes	CCC	<ENTER>	Enter the code(s) from the center portion of the return below the entity section. If a condition code is illegible, enter a "#" in its place.

**Exhibit 3.24.12-274 (Cont. 1) (01-01-2023)**  
**Form 5227 - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(11)	Received Date	RDATE	<ENTER> ★★★★★	<p>Enter the stamped or edited date in MMDDYY format from the face of the return.</p> <ul style="list-style-type: none"> <li>If a "G" Condition Code is present and the return is a <u>non-remittance</u>, end the document after this element.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(12)	Type of Organization Code	ORGCD	<ENTER>	<p>Enter the number that correlates with the box 1-5 checked from the Type of Entity box marked in Item C of the entity area.</p> <p><b>Example:</b> If Box (1) is checked, you would enter a "1". If Box (5) is checked you would enter a "5". If more than one box is checked or no box is checked, enter either the edited digit or a "2" as a default.</p>
(13)	In Care of Name Line	C/O NAME	<ENTER>	<p>Enter the care of name, if shown.</p> <p><b>Note:</b> Downstream processing generates a (%) sign.</p>
(14)	Foreign Address	FGN ADD	<ENTER>	<p>Enter the foreign street address, if shown.</p> <ul style="list-style-type: none"> <li>See IRM 3.24.38 for additional instructions.</li> </ul>
(15)	Street Address	ADDR	<ENTER>	<p>Enter the street address from the address line.</p> <ul style="list-style-type: none"> <li>If a foreign address, enter the foreign city, province and postal code.</li> <li>If a "G" Condition Code is present on the return, do <u>NOT</u> enter any of the address information even if prompted. This occurs when a Name Control is entered.</li> <li>See IRM 3.24.38 for specific instructions.</li> </ul>

**Exhibit 3.24.12-274 (Cont. 2) (01-01-2023)**  
**Form 5227 - Section 01**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(16)	City	CITY	<ENTER>	Enter the city name from the city line or Major City Code, if appropriate. <ul style="list-style-type: none"> <li>If a foreign address, enter the edited foreign country's code.</li> </ul>
(17)	State	ST	<ENTER>	Enter the standard state abbreviation from the city/state line. <ul style="list-style-type: none"> <li>If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>If a foreign address, enter a period (.).</li> <li>See IRM 3.24.38.</li> </ul>
(18)	ZIP Code	ZIP	<ENTER>	Enter the ZIP Code. <ul style="list-style-type: none"> <li>If a foreign address, press &lt;ENTER&gt; only.</li> </ul>
(19)	Preparation Code	PREP	<ENTER>	Enter the edited code from the right of the Preparer PTIN line.
(20)	Preparer PTIN	PTIN	<ENTER>	Enter the Preparer's PTIN.
21	Preparer EIN	PEIN	<ENTER>	Enter the Preparer's EIN from the Preparer EIN box.
(22)	Preparer Telephone	PTEL	<ENTER>	Enter the Preparer's phone number from the Preparer's phone number box.

**Exhibit 3.24.12-275 (01-01-2023)****Form 5227 - Section 02, Form 5800 - Edit Sheet**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "02".
(2)	ERS Action Code	BOTLFMAR	<ENTER>	<p>Enter the edited digits from the bottom left margin of the return.</p> <ul style="list-style-type: none"> <li>If the ERS Action Code is in the "600" series and the return is a <u>non-remittance</u>, end the document after this element.</li> <li>If the ERS Action Code is in the "600" series and the return is a <u>remittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after this element and proceed to Section 03.</li> <li>If a "G" Condition Code is present and the return is a <u>remittance</u>, press &lt;ENTER&gt; followed by &lt;F6&gt; after E-3, then proceed to Section 03.</li> </ul>
(3)	Audit Code	LN2	<ENTER>	Enter the edited digit from Line 2, Form 5800.
(4)	CAF Code	LN3	<ENTER>	Enter the edited digit from Line 3, Form 5800.
(5)	Correspondence Code	LN4	<ENTER>	Enter the edited digits from Line 4, Form 5800.
(6)	Correspondence Received Date	LN5	<ENTER>	<p>Enter the edited digits from Line 5, Form 5800, in MMDDYY format.</p> <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(7)	Penalty and Interest Code	LN6	<ENTER>	Enter the edited digit from Line 6, Form 5800.
(8)	Daily Delinquency Penalty	LN7	<ENTER>	Enter the amount from Line 7, Form 5800.

**Exhibit 3.24.12-276 (01-01-2023)**  
**Form 5227 - Section 03**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "03".
(2)	Remittance Amount	RMT	<ENTER>	<p>Enter the edited amount shown in the margin at the top of the return.</p> <ul style="list-style-type: none"> <li>• Check the control document (Form 813) for correct amount in case of illegibility.</li> <li>• Enter the RPS amount printed on the upper right corner of the return <u>ONLY</u> if underlined in green.</li> <li>• If a "G" Condition Code is present, end the document after this element.</li> <li>• This is a MUST ENTER if Pre-journalized Credit Amount E-(5), Block Header, was entered.</li> <li>• The error message INVALID DATA appears if there is an amount in this field and no entry for Pre-journalized Credit Amount in the Block Header.</li> </ul>
(3)	Fair Market Value	BOXC \$	<ENTER> MINUS (-)	Enter the amount from Box D.
(4)	Gross Income	BOXD \$	<ENTER> MINUS (-)	Enter the amount from Box E.
(5)	Total Ordinary Income	LN8 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 8.
(6)	Total Capital Gain (loss)	L13 \$	<ENTER> MINUS (-)	Enter the amount from Part I, Line 13.
(7)	Total Deductions	L22 \$B	<ENTER> MINUS (-)	Enter the amount from Part I, Line 22.
(8)	Total Distributions of Principal	PTIII1 \$	<ENTER> MINUS (-)	Enter the amount <b>This is a dollar field only</b> from Form 5227, Part III, Section A, Line 4.
(9)	Total Distributions of Income	PTIII9 \$	<ENTER> MINUS (-)	Enter the amount <b>This is a dollar field only</b> from Form 5227, Part III, Section B, Line 9.

**Exhibit 3.24.12-276 (Cont. 1) (01-01-2023)**  
**Form 5227 - Section 03**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(10)	Total Assets (EOY)	PTIV13B	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 13, Column (b).
(11)	Total Assets (FMV)	PTIV13C	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 13, Column (c).
(12)	Total Liabilities (EOY)	PTIV 19B	<ENTER> MINUS (-)	Enter the amount from Part IV, Line 19, Column (b).
(13)	Total Annual Annuity	PTIV23B	<ENTER> MINUS (-)	Enter the amount from Part V, Line 1b.
(14)	NICRUT	PTVL2	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 1.
(15)	NIMCRUT	PTVL3	<ENTER>	Enter a yes or no from the yes/no box from Part VI, Line 2
(16)	Unitrust Amount	PTVL5B	<ENTER> MINUS (-)	Enter the amount from Part VI, Line 4b.



**Exhibit 3.24.12-277 (01-01-2023)**  
**Form 5227 - Section 04**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "04".
(2)	Engage in the Sale?	PTVIA1	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(1).
(3)	Borrow Money from?	PTVIA2	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(2).
(4)	Furnish Goods?	PTVIA3	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(3).
(5)	Pay Compensation?	PTVIA4	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(4).
(6)	Transfer any of your Income?	PTVIA5	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(5).
(7)	Agree to Pay Money?	PTVIA6	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1a(6).
(8)	Fail to Qualify Under Exceptions?	PTVIIIB	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1b.
(9)	Engage in Prior Year?	PTVIIC	<ENTER>	Enter a yes or no from the yes/no box from Part VIII, Line 1d.
(10)	Income Interest Expired?	PTIX1	<ENTER>	Enter a "1" if the box in Part IX, Line 1 is checked.
(11)	Making an Election Under Regulation	PTIXI2	<ENTER>	Enter a yes or no from the yes/no box from Part IX, Section D, Line 12.
(12)	Initial Return	PTIXI3	<ENTER>	Enter a yes or no from the yes/no box from Part IX, Section D, Line 13.
(13)	Trust Instrument Amended?	PTIXI4	<ENTER>	Enter a yes or no from the yes/no box from Part IX, Section D, Line 14.
(14)	Final Distributions Made?	D15a	<ENTER>	Enter a yes or no from the yes/no box from Part IX, Section D, Line 15a.

**Exhibit 3.24.12-278 (01-01-2023)**  
**Form 5227 - Section 05**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "05".
(2)	Accum. Dist. from Ordinary Excluded Income	2B(A)1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (a) ordinary excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(3)	Distributions from Ordinary Accumulated NII Income	2B(A)2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (a), ordinary accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(4)	Dist. from Capital Gain Excluded Income	2B(B)1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (b) capital gain excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(5)	Distributions form Capital Gain Accumulated NII Income	2B(B)2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (b), capital gain accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(6)	Distributions from Nontaxable Excluded Income	2B(C)1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (c), nontaxable excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>

**Exhibit 3.24.12-278 (Cont. 1) (01-01-2023)**  
**Form 5227 - Section 05**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(7)	Distributions from Nontaxable Accumulated NII Income	2B(C)2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 2b, Column (c), nontaxable accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(8)	Undist. Excluded Ordinary Income	3(A)1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (a) ordinary excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(9)	Undistributed Accumulated NII Ordinary Income	3A2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (a), accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(10)	Undist. Capital Gains Excluded Income	3(B)1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (b), capital gains excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(11)	Undistributed Capital Gains Accumulated NII Income	3B2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (b), capital gains accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(12)	Undistributed Nontaxable Excluded Income	3C1 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (c), nontaxable excluded income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>

**Exhibit 3.24.12-278 (Cont. 2) (01-01-2023)**  
**Form 5227 - Section 05**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(13)	Undistributed Nontaxable Accumulated NII Income	3C2 \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part I, Line 3, Column (c), nontaxable accumulated NII income. <ul style="list-style-type: none"> <li>Enter only the money amount in the first excluded column for 2012 and prior year returns.</li> </ul>
(14)	Simplified Net Investment Income Current Year	L4B \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (b), current year NII.
(15)	Simplified Net Investment Income Distributions	L4C \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (c), distributions.
(16)	Simplified Net Investment Ending NII	L4D \$	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part II, Line 1, Column (d), ending NII.
(17)	Additional Assets Contributed	LV1	<ENTER>	Enter a yes or no from the yes/no box from Schedule A, Part V, Line 1.
(18)	Total Fair Market Value of Assets	LV4C	<ENTER> MINUS (-)	Enter the amount from Schedule A, Part V, Line 4, total.
(19)	Early Termination Agreement Signed?	LV5	<ENTER>	Enter a yes or no from the yes/no box from Schedule A, Part V, Line 5.

**Exhibit 3.24.12-279 (01-01-2023)****Form 5227 - Section 13, Form 8995/8995A**

<b>Elem.</b>	<b>Data Element Name</b>	<b>Prompt</b>	<b>Fld. Term.</b>	<b>Instructions</b>
(1)	Section Number	SECT:	<ENTER>	Press <ENTER> if already present on the screen otherwise enter "13. "
(2)	Part IV Qualified Business Income	L5/L27	<ENTER>	Enter the amount from Line 5 or Line 27 as follows: a. Enter the amount from Form 8995 Line 5, if present and press Enter. b. Enter the amount from Form 8995-A, Part IV, Line 27, if present and press Enter.
(3)	Part IV REIT/PTP Component	L9/L31	<ENTER>	Enter the amount from Line 9 or Line 31 as follows: a. Enter the amount from Form 8995, Line 9, if present and press Enter. b. Enter the amount from Form 8995-A, Part IV, Line 31 if present and press Enter.
(4)	Part IV Net Capital Gains	L12/L34	<ENTER>	Enter the amount from line 12 or line 34 as follows: a. Enter the amount from Form 8995 line 12, if present, and press Enter. b. Enter the amount from Form 8995-A Part IV line 34, if present, and press Enter.

Exhibit 3.24.12-279 (Cont. 1) (01-01-2023)  
Form 5227 - Section 13, Form 8995/8995A

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(5)	Part IV Domestic Production Activities Section 199A(g)	L38	<ENTER>	Enter the amount from Form 8995-A Part IV line 38.

**Exhibit 3.24.12-280 (01-01-2023)**  
**Form 5578 - Section 01**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section "01" always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	Enter the last two digits of the 13-digit DLN from the upper portion of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	Name Control	NC	<ENTER>	If the Check Digit isn't present, enter the Name Control. <ul style="list-style-type: none"> <li>See IRM 3.24.12.3.5</li> </ul>
(5)	E.I.N.	EIN	<ENTER> ☆☆☆☆☆☆	Enter the E.I. Number from the preprinted label or from E.I. Number block. <ul style="list-style-type: none"> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.3.5</li> </ul>
(6)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the Tax Period edited or underlined under "title of form". <ul style="list-style-type: none"> <li>If not edited or underlined, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38 for special instructions.</li> </ul>
(7)	Condition Code	CC	<ENTER>	Enter the edited code as shown in the upper right corner of the return. <ul style="list-style-type: none"> <li>If illegible, enter a "#".</li> </ul>

**Exhibit 3.24.12-281 (01-01-2023)**  
**Form 5768 - Section 01 (Program 15502)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section "01" always generates. No entry required.
(2)	Serial Number	SER#	<ENTER>	<p>Enter the last 2 digits of the 13 digit DLN from the DLN box, upper right margin or top center margin of the form.</p> <ul style="list-style-type: none"> <li>• If the system generates the serial number verify it matches the document being entered.</li> <li>• See IRM 3.24.38.4.1.1</li> </ul>
(3)	Name Control	NC	<ENTER>	<p>Enter the Name Control as follows:</p> <ul style="list-style-type: none"> <li>• Enter the 4 character Name Control underlined or edited in the first name line area.</li> <li>• If less than 4 characters, enter those shown followed by &lt;ENTER&gt;.</li> <li>• If Name Control is illegible, enter 1 period and &lt;ENTER&gt;.</li> </ul>
(4)	EIN	TIN	Auto	<p>Enter the 9 digit number from the area labeled "EIN", or "Employer Identification Number" on the form.</p> <ul style="list-style-type: none"> <li>• If two account numbers are shown, enter 9 periods.</li> <li>• See standard rules in IRM 3.24.38.</li> </ul> <p><b>Note:</b> E–(5) thru (8) must be present for Document 00.</p> <p><b>Note:</b> If E–(5) thru (11) are the same as the previous document, press &lt;F6&gt; after the EIN/SSN.</p>
(5)	MFT Code	MFT	<ENTER>	<p>Enter the MFT Code as follows:</p> <ul style="list-style-type: none"> <li>• Form 5768 - enter "00".</li> <li>• If illegible or missing, enter a zero (0) and &lt;ENTER&gt;.</li> </ul>



**Exhibit 3.24.12-281 (Cont. 1) (01-01-2023)**  
**Form 5768 - Section 01 (Program 15502)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(6)	Report/Plan Number	RPT#	<ENTER>	Enter the edited 3 digit code shown to the right of the MFT Code. <ul style="list-style-type: none"> <li>If MFT is 46 or 76, then "RPT#" is a "MUST ENTER" field.</li> <li>If not present, enter one zero (0) and press &lt;Enter&gt;.</li> </ul>
(7)	Tax Period	TAXPR	<ENTER>	Enter the four digits in YYYY format. <ul style="list-style-type: none"> <li>Form 5768 - enter "0000"</li> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(8)	Transaction Code	CODE	<ENTER>	Enter the three digit Transaction Code from Line 1 or 2 left margin. <ul style="list-style-type: none"> <li>If illegible or missing, enter "000".</li> </ul>
(9)	Transaction Date	DATE	<ENTER>	Enter the digits from "Date Received" or "Date" in MMDDYY format. <ul style="list-style-type: none"> <li>If date isn't present, illegible or incomplete, enter the earlier of today's date or 4/15/19.</li> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(10)	Extension to Date	EXT DATE	<ENTER>	<ul style="list-style-type: none"> <li>press &lt;ENTER&gt; only.</li> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(11)	EO Group Code	EOGRP	<ENTER>	Enter the digit "7" or "8" shown in the right middle margin of the two dots. <ul style="list-style-type: none"> <li>Form 5768 - press &lt;ENTER&gt; only.</li> </ul>
(12)	Lobby Year Code	LOB YR	<ENTER>	Enter the 2 digits underlined on dotted portion of Line 1 or 2 in YY format. <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(13)	Account Number (TIN) Prefix	ANP	<ENTER>	Enter the edited zero (0) if present, following the TIN.
(14)	ERS Action Code	ERSCD	<ENTER>	Enter the ERS Action Code edited on the bottom left margin of the return.

**Exhibit 3.24.12-282 (01-01-2023)****Form 8872 - Section 01 (Program 16010)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	Section "01" always generates. No entry required.
(2)	DLN Serial Number	SER#	<ENTER>	Enter the last 2 digits of the 13-digit DLN from the DLN box, upper right margin or top center margin of the form. <ul style="list-style-type: none"> <li>If the system generates the serial number verify it matches the document being entered.</li> <li>See IRM 3.24.38.4.1.1</li> </ul>
(3)	Check Digit	CD	<ENTER>	Enter the Check Digit if present. <ul style="list-style-type: none"> <li>If not present, press &lt;ENTER&gt;.</li> <li>See IRM 3.24.12.3.5</li> </ul>
(4)	Name Control	NC	<ENTER>	If a Check Digit isn't present, enter the Name Control as follows: <ul style="list-style-type: none"> <li>Enter the 4 character Name Control underlined or edited in the first name line area.</li> <li>If less than 4 characters, enter those shown followed by &lt;ENTER&gt;.</li> <li>If Name Control is illegible, enter 1 period and &lt;ENTER&gt;.</li> </ul> <p><b>Note:</b> "ZZZZ" is valid.</p>
(5)	EIN	EIN	<ENTER>	Enter the 9-digit number from the area labeled "EIN", or "Employer Identification Number" on the form. <ul style="list-style-type: none"> <li>If two account numbers are shown, enter 9 periods.</li> <li>See standard rules in IRM 3.24.38.</li> <li>For error message CHECK DIGIT ERROR, see IRM 3.24.12.2.5</li> </ul>
(6)	Address Check	ADDRESS CHECK	<ENTER>	Enter "Y" or "N" as appropriate.
(7)	Street Key	STREET KEY#	<ENTER>	See IRM 3.24.28.
(8)	ZIP KEY	ZIP KEY	<ENTER>	See IRM 3.24.38.

**Exhibit 3.24.12-282 (Cont. 1) (01-01-2023)**  
**Form 8872 - Section 01 (Program 16010)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(9)	Tax Period	TAXPR	<ENTER>	Enter in YYMM format the edited digits to the left of the OMB Number. <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(10)	Condition Codes	CCC	<ENTER>	Enter the edited codes shown on Line B. <ul style="list-style-type: none"> <li>If a "G" Condition Code is present and the return is a non-remittance, end the document after the Received Date.</li> </ul>
(11)	Received Date	RDATE	<ENTER>	Enter in MMDDYY format. <ul style="list-style-type: none"> <li>For special instructions, see IRM 3.24.38.</li> </ul>
(12)	Correspondence Indicator	COR	<ENTER>	Enter the edited digits to the right of the City/State line.
(13)	Correspondence Received Date	CRD	<ENTER>	Enter the edited digits to the right of the Correspondence Indicator.
(14)	ERS Action Code	ERS	<ENTER>	Enter the edited digits in the lower left margin of the form.
(15)	Audit Code	AUD	<ENTER>	Enter from the bottom right margin of the form.

**Exhibit 3.24.12-283 (01-01-2023)**  
**Form 8872 - Section 02 (Program 16010)**

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	<p>&lt;ENTER&gt; if already present on the screen otherwise enter "02".</p> <p><b>Note:</b> 1: For good labels with no changes and a solid or broken black line above and to the left of the entity area, see IRM 3.24.38.</p>
(2)	Street Address	ADD#	<ENTER>	<p>Enter the street address from the address line - Line 2.</p> <ul style="list-style-type: none"> <li>If a "G" Condition Code or a foreign address is present on the return, do <b>NOT</b> enter any of the address information, even if prompted. This occurs when a Name Control is entered.</li> <li>See IRM 3.24.28 for specific instructions.</li> </ul>
(3)	Second/Foreign Address	ADD2	<ENTER>	<p>Enter the second/foreign street address, if shown.</p> <ul style="list-style-type: none"> <li>See IRM 3.24.38 for additional instructions.</li> </ul>
(4)	City	CITY	<ENTER>	<p>Enter the city name from the city line, or Major City Code, if appropriate.</p>
(5)	State	ST	<ENTER>	<ul style="list-style-type: none"> <li>Enter the standard state abbreviation from the city/state line.</li> <li>If a Major City Code was entered, press &lt;ENTER&gt; only.</li> <li>See IRM 3.24.38.</li> </ul>
(6)	ZIP Code	ZIP	<ENTER>	<p>Enter the ZIP Code.</p>

Exhibit 3.24.12-284 (01-01-2023)

Form 8872 - Section 03 (Program 16010)

Elem.	Data Element Name	Prompt	Fld. Term.	Instructions
(1)	Section Number	SECT:	<ENTER>	<ENTER> if already present on the screen otherwise enter "03".
(2)	Type of Report	LN8#	<ENTER>	Enter the digit edited to the right of Line 8. <ul style="list-style-type: none"><li>• If missing, enter a "1" through "8" representing the box checked for "a" through "h" on Line 8.</li></ul>
(3)	Amount of Reported Contributions	LN9 \$	<ENTER>	Enter amount shown on Line 9.
(4)	Amount of Reported Expenditures	L10 \$	<ENTER>	Enter amount shown on Line 10.



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**Form 990-Section 01 (2016 and 2017).....92**

