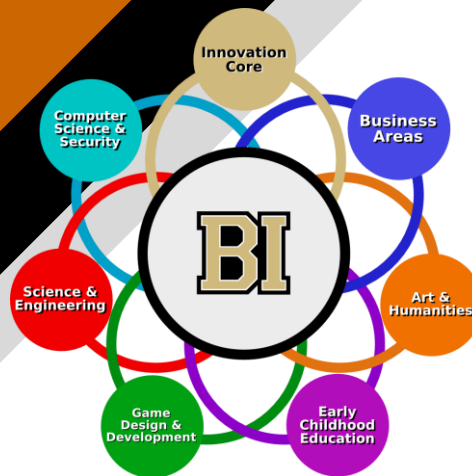


Feast and Famine Living

Fall 2019



Clayton Barr

cbarr3@uccs.edu

(719) 214-8532

Isaac Bosgraf

ibosgraf@uccs.edu

(304) 483-4282

Brandon Even

beven@uccs.edu

(719) 229-5616

Cheyenne Otten

cotten@uccs.edu

(719) 310-3194

Nathan Sanders

nsander2@uccs.edu

(970) 901-6977

Jono Schwan

jschwan2@uccs.edu

(719) 439-0238



University of Colorado
Colorado Springs

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Introduction

UCCS University of Colorado
Colorado Springs

Executive Summary

Feast and Famine Living was established to provide the public with tools and tips to improve their quality of life. Backed by scientific research, Feast and Famine Living provides individuals with a unique diet that's different from the rest. This diet creates an opportunity for someone to maximize their ability to feel younger, happier, and become healthier.

While Feast and Famine Living aims to expand their business and grow their customer base, they have been running into many startup setbacks. The Bachelor of Innovation fall team strives to help Feast and Famine Living move past these hurdles. This report includes several sections, each of which the team has researched and provided recommendations for Feast and Famine Living to consider when moving on step closer to becoming a profitable non-profit.

501(c)(3) status

Feast and Famine Living has been struggling to overcome the finances required to support a startup company. There are many new ideas Feast and Famine Living wants to implement into the business, but Feast and Famine Living is a for-profit company. Finding potential funders for a for-profit company has proven to be a difficult challenge which hinders their ability to expand.

Grants

Feast and Famine Living has been a for-profit company since institution. However, now that non-profit status is a priority, there is a multitude of grants that Feast and Famine Living can meet the criteria for.

Fiscal Sponsors

Feast and Famine Living has been a for-profit company since institution. However, now that non-profit status is a priority, the team recommends that Feast and Famine Living partner with a fiscal sponsor to obtain 501(c)(3) status as soon as possible since the actual process takes 1-3 years.

Website

The current Feast and Famine Living website needs to expand into a secure database and a mobile application. The fall team aspired to recreate the website so that the needed expansion could be created easier with better groundwork.

Social Media

A big aspect of many businesses is their social media's. Feast and Famine Living was struggling to provide a convincing social media presence and was interested in expansion opportunities.

Background

Feast and Famine Living had a Bachelor of Innovation team in the summer. The summer team, made up of two members, only had time to clean up the website. The team reduced the amount of plugins that the website used and created a login/register system for the website.

Fall Team

The Bachelor of Innovations teams class is a collaboration amongst 4010, 3010, and 2010 students. Each of these students have different majors and experience being on an innovation team. 4010's are the leaders of the team and provide guidance and experience throughout the

project. 3010's and 2010's are still learning how the class functions and how the team dynamic works. Each student used his or her background and unique skill set to contribute to the project.

- Brandon Even (4010) was able to use previous experience working in Angular to help design the Feast and Famine Living website skeleton
- Isaac Bosgraf (3010) used his knowledge of fiscal sponsors to research and list many possible umbrella companies Feast and Famine Living could partner with
- Nathan Sanders (3010) was able to create and format the report as well as format the slide deck for both the midterm and final presentation
- Clayton Barr (2010) brought his research skills and understanding of grant research to find and recommend grant options
- Cheyenne Otten (2010) researched and developed a marketing plan for Feast and Famine Living and found out that Feast and Famine Living would have a difficult time obtaining funding as a for-profit startup
- Jono Schwan (2010) was able to use his knowledge of creating a non-profit and obtaining 501(c)(3) status



Bachelor of Innovation Overview

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The Bachelor of Innovation teaches students that innovation is “the transformation of ideas into impact.” Throughout all of the innovation and entrepreneurship classes, students harness this definition and practice it through real world experience. Students get the opportunity to innovate and fail in a safe environment and learn about the importance of using failure as a stepping stone to innovate. The Bachelor of Innovation seeks to teach students professionalism, communication and leadership, and strives to get students on the court.

One of the defining aspects of the Bachelor of Innovation is the team's class. Many classes at UCCS have all students entering the class as the same academic level. For example, every student in a MGMT 3900 class is having their first occurrence taking that class. However, the Bachelor of Innovation team’s class has three levels of students taking the same class. First years take INOV 2010, second years take INOV 3010, and third years take INOV 4010. Every team has multiple 4010, 3010, and 2010 students, and each student provides something unique to the overall team dynamic. 4010’s take a role of leadership and help guide their team through the class as well as contacting the client. 3010 offer a role of support and help 2010s better understand the structure of the class as well as better develop their leadership skills for when they become a 4010 the next year. 2010’s are constantly trying to learn about innovation and develop their skills. INOV 2010, 3010, and 4010 are just three of the classes Bachelor of Innovation students take to obtain an accredited degree. The rest of the degree is filled with upper level Innovation and Entrepreneurship classes as well as broad spectrum of other classes depending on the students major and cross disciplinary core.



501(c)(3) Status

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1. Determine the name of the corporation.

- Feast and Famine Living is currently available but not reserved.
- In California, a corporation name may be adopted if the name is not the same as or too similar to an existing name on the records of the California Secretary of State, or if the name is not misleading to the public.
- You can check the current database of existing names in the business search page on the Secretary of State website.
- You can also reserve a name for 60 days by mailing in a Name Reservation Request. You must also make sure the name does not infringe on another person's trademark rights.
- Run a trademark search on the U.S. Patent and Trademark Office database and a simple Google search.

2. File the articles of incorporation.

- A corporation is legally created with the filing of the articles of incorporation.
- Articles of incorporation typically identify:
 - The organization's name
 - Purpose or purposes of the nonprofit
 - Agent for service of process - that is, a person whose name and address are identified and who can receive lawsuits and other official correspondence and other matters
 - Any limitations on corporate powers.

- The articles of incorporation are typically signed by an "incorporator," which can be just one person but may also be signed by the initial board of directors if they are named in the articles.
- There is a form to fill in on the Secretary of State's website.
- *A broad specific purpose statement provides room for the organization's mission to evolve without requiring an amendment to the articles of incorporation.*
- *It may also make it easier to comply with charitable trust laws that require charitable funds be used consistent with the specific purpose of the organization at the time such funds were originally acquired.*
- It is also important to understand that the agent is responsible for receiving lawsuits and possibly other important legal documents on behalf of the organization and making sure those documents reach the President or other authorized officer in a timely manner. If the agent fails to do so (fails to have his or her mail checked regularly while away for an extended period) the organization could face negative consequences such as losing a default judgment for not showing up to defend a lawsuit.
- An organization can identify an individual as agent or may elect to pay for a corporate agent, which may be preferred if there is no person willing to accept this responsibility or if privacy concerns are an issue (the agent's street address will be a matter of public record).

3. Appoint the board of directors.

- If the initial directors are not named in the articles of incorporation, the incorporator can and should appoint the board through a written action.

- Under California law, a nonprofit board may be composed of as few as one director, but the IRS is unlikely to grant 501(c)(3) status to a nonprofit with only one director and most nonprofits have anywhere between 5 and 25 directors.
- These directors should understand their duties and responsibilities to provide direction and oversight over the organization's activities, finances, officers, and legal compliance.

4. Draft the bylaws and conflict of interest policy.

- A corporation's bylaws typically address, at a minimum, fundamental provisions related to the management of the activities and affairs of the corporation. Bylaws should provide guidance to the board and reassurance of sound governance practices to government authorities, funders, and other interested stakeholders.
- Bylaws typically contain specific provisions detailing:
 - The purpose or mission of the nonprofit
 - How directors are elected or otherwise selected (by majority vote of directors at the annual board meeting)
 - How the board may take an action (by majority vote of directors)
 - How board meetings are called and noticed (six times per year with 14 days advance notice by email)
 - How board meetings are conducted (the chair of the board presides)
 - The officers of the corporation (a president or chair of the board, secretary, and treasurer or chief financial officer are required by California law)
 - The duties and responsibilities of each officer

- o The authorization of board and non-board committees (committees tasked to act with the authority of the board versus committees that can only make recommendations)
- o The level of indemnification provided by the corporation to protect its directors, officers and other agents
- o The reports due to directors (financial reports).
- If the nonprofit has voting members, the bylaws will also need to contain additional provisions regarding member rights and processes.
- Separately articulated policies commonly supplement the bylaws in addressing key governance and management issues. For example, although not required by federal tax law, it is considered to be a best practice for any nonprofit to have an adopted conflict of interest policy. Additionally, a nonprofit must describe its policy regarding conflicts of interest in the IRS Form 1023.
- Form 1023 (see Appendix C).
- Bylaw examples / draft for FFL (see Appendix C).

5. Take the initial board actions at a board meeting or by unanimous written consent of the directors.

The board should take the following actions:

- Adopt the bylaws and conflict of interest policy
- Elect officers
- Adopt a fiscal year (such as a year ending December 31 or June 30)
- Approve establishing a bank account

- Approve applying for federal and state tax-exempt status
- Approve reimbursement of startup expenses (if applicable)
- Approve the compensation of the executive director (CEO) or the treasurer (CFO)

6. Obtain an employer identification number (EIN).

- An officer or authorized third party may apply for and obtain an EIN online.

7. File the initial registration form (Form CT-1) with the California Attorney General's Registry of Charitable Trusts.

- Must be filed within 30 days after receipt of assets.
- The CT-1 Form and Instructions (see Appendix C)
- The corporation's articles of incorporation and bylaws should be included in the initial filing.
- The Form 1023 application and federal determination letter should be submitted upon receipt of the determination letter to complete the filing.

8. File the Statement of Information (Form SI-100) with the Secretary of State.

- The Statement must initially be filed within 90 days of the date of incorporation.
- Identifies the organization's address, principal officers, and agent for service of process, can be filed online or by mail.
- SI-100 (see Appendix C).

9. Apply for federal tax exemption with the Internal Revenue Service (IRS) and receive a determination letter from the IRS.

- Be sure your Form 1023 application (see Appendix C) for exempt status under Internal Revenue Code (IRC) Section 501(c)(3) answers the following questions:

- o What is the activity?
- o Who conducts the activity?
- o When is the activity conducted?
- o Where is the activity conducted?
- o How does the activity further your exempt purposes?
- o What percentage of your total time is allocated to the activity?
- o How is the activity funded?
- o List any alternate names under which you operate
- Form 1023 also requires information regarding:
 - o Organizational structure
 - o Compensation and other financial arrangements with officers and directors, and certain highly paid employees and independent contractors
 - o members and other individuals and organizations that receive benefits from the organization; Organizational history (an organization that was spun off or previously fiscally sponsored by another organization may need to complete an additional schedule as a successor organization) Specific activities
 - o Actual and/or projected statement of revenues and expenses (which should be consistent with any identified activities).
- Part X is designed to determine the organization's classification as either a private foundation or a public charity.

- Public charity status is generally the more favorable tax status, but requires an organization to meet strict requirements.
- The filing fee for Form 1023 is currently \$850 for all but the smallest organizations.
- The IRS may typically take 3-4 months or longer to process a Form 1023 application for exempt status.
- However, the waiting period may be much longer if the application contains errors, omissions, or other information that requires additional development by a special IRS department.

10. Apply for California tax exemption with the California Franchise Tax Board (FTB) and receive an affirmation of exemption letter from the FTB.

- Organizations with a 501(c)(3) federal determination letter can request California affirmation of tax exemption under California Revenue & Taxation Code section 23701d from the FTB by filing Form 3500A (see Appendix C) along with a copy of the IRS determination letter.
- The FTB will recognize the organization's exemption from state income taxes as of the federal effective date.

An organization that does not have a 501(c)(3) federal determination letter is otherwise required to file the more complicated Form 3500 for state income tax exemption.



Grants

The Feast and Famine Living team worked on finding as many possible grant opportunities for the client as possible. 9 possible opportunities have been found. The team recommends these grants due to the client's company fitting their criteria.

1. US-Ireland Research and Development Partnership Programme
2. AHRQ Health Services Research Projects (R01)
3. AHRQ Health Services Research Projects (R03)
4. Short-term Mentored Career Enhancement Awards in Mobile and Wireless Health Technology and Data Analytics: Cross-Training at the intersection of Behavioral and Social Sciences and STEM Disciplines (K18 Independent Clinical Trial Not Allowed)
5. Dissemination and Implementation Research in Health (R03 Clinical Trial Not Allowed)
6. Innovator Awards from Wellcome Trust
7. Diet and Physical Activity Assessment Methodology (R01 clinical Trial not allowed)
8. Food Specific Molecular Profiles and Biomarkers of food and nutrient intake and dietary exposure
9. Grants Program from Allen Foundation



Fiscal Sponsors

In order to provide a more expedited method of accessing the grants and additional resources the team suggested that the company files for a membership to an umbrella organization, also referred to as fiscal sponsors. We have compiled a list of eight different organizations that serve the southern California area and are in line with the ambitions of Feast and Famine Living. Below is the list of potential companies to partner with, the client has received a file with all the following companies that contains more detail about the companies themselves such as what services they offer, what types of projects do they normally work with, and weblinks directly to the applications.

- 1. The Giving Back Fund**
- 2. Charitable Ventures A center for Social Change**
- 3. Community Partners**
- 4. Southern California Grantmakers**
- 5. Accelerating Nonprofit Success**
- 6. Institute for Education, Research, and Scholarships**
- 7. Heluna Health**
- 8. Public Health Institute**



Website

Angular

The current Feast and Famine Living website is made in a program called WordPress. WordPress is very easy for users to understand and create a quality product. However, WordPress has no way to transfer the website to a mobile application. A mobile application is one of the most efficient way to cater to today's current digital age. Feast and Famine needs to have a mobile application if it to expand to a wide range of users.

We initially had two options: make a mobile app separate from the website or remake the website with mobile app capability. The first option was quickly voted out because the client wanted the app and the website to communicate to the same currently implemented database. Getting a mobile application to communicate with the same database would be very complicated and was past our skill level. We decided to tackle the second option.

Since the fall team has experience in a program called Angular, which gives us the capability to create a mobile application and website that can share the same database in real time, we began coding. Angular uses a language called Java Script to design the website and mobile application. The fall team started creating the design of the website. This included drop down menus, login/register, and some pages to display the websites content.

Firestore

The fall team created a firestore data system for login/register information. Firestore is a Google ran database that is free to use. Firestore securely stores all of a user's information, such as emails, passwords, and security questions. Improving the security of the current website is one of the main focuses of the updates to the website. The Firestore database is already hooked up with the Angular website outline that was created.

Recommendation

After the major pivot half way through the semester, our team dropped all website creation and coding and moved into a research/partnership phase of the project. The outlined website that we have coded is on a website called Git which allows programmers to share code within teams and groups. The team used Git to better delegate and organize sections of the coding. The Git link is:

<https://github.com/beven1/feast-and-famine.git>

**For instructions on how to setup the website in Angular see Appendix A*

Our team recommends finishing this website in two to three years. As mentioned above, obtaining non-profit status takes about two to three years in the state of California. We believe that once this non-profit status is achieved Feast and Famine Living will be able to apply and receive many grants since it is such a unique organization. It is very important for Feast and Famine Living to have that infrastructure in place before there is a demand for it. The website and mobile application will look cleaner and beautiful, and will be more secure if Feast and Famine Living put in time before the demand for its products, processes, and services skyrockets.



Social Media

Social media would be a good way to bring in more traffic to the website. With some research our team learned just how vital social media is for other small businesses similar to Feast and Famine Living. Research has shown that social media has had a tremendous impact on the success of other small businesses, along with advertisements ran through social media outlets. Facebook advertising was a specific source that we looked at, as the University of Colorado Colorado Springs often uses it to advertise in their library.

Recommendation

We recommend looking into different forms of social media pages to try to draw more attention to Feast and Famine Living and their mission. With Feast and Famine Living working towards their non-profit status, it would be good for the possible umbrella companies to see that Feast and Famine Living has a social media presence. Once Feast and Famine Living has non-profit status, it would be good to use Facebook advertising to look for donations. Facebook advertising can be used to target a specific audience at a low cost. This form of advertising would be a good way for Feast and Famine Living to make its mark in the online world.



Appendices

Appendix A

Scope of Work

Michael Rothberg

Feast and Famine Living

Clayton Barr, Isaac Bosgraf, Brandon Even, Cheyenne Otten, Nathan Sanders, Jono Schwan

Name of the project: Feast and Famine Living

Name and contact information of the client, including name, address, phone, email:

Michael Rothberg, (719) 478-4097, micheal@feastandfamineliving.com, California

Purpose of the project: The client, Michael Rothberg, chartered this team for the purpose of to help find funding sources and make a website that is built for secure data input. Although, after we told the client that we could not find any funding opportunities for him, he decided to switch focus to making his organization into a non-profit. He wants the website so he can have people read and understand his idea for Feast and Famine Living. Through this website he wants to securely take information from users and provide a healthcare system to them. We will be getting the basic form of it made in Angular. Secondly, he needs funds to help research and development for a machine learning algorithm to help people live better. Lastly, he wants us to help him acquire non-profit status through getting a 501(c)(3) for his organization. In conclusion, we will be providing a basic website built for him to customize, we will be providing research on funding opportunities, and we will be providing assistance in getting non-profit status for his company.

Objectives and Success Criteria:

Objective 1 is to provide information to the client about funding.

- Look into funding opportunities to present to the client. Will involve getting the clients opinion on how to move forward.
- Compile a list of grants that the client would qualify for to provide them with options once they become eligible to apply for grants.

Objective 2 is to create a website framework for the client to easily add onto, that includes firebase for secure user login.

- Create a basic framework for the website using Angular. It should be easy for the client to update and continue working on it.

Objective 3 is to get the client 501(c)(3) status for his company.

- This will include finding out exactly what a company needs to do to be granted this.
- Getting all the necessary information to the client to allow him get the 501(c)(3) status.
- Assist the client through the process of him doing this.
- Research and recommend umbrella companies to get instant 5101(c)3 status while the official 501(c)(3) status is being processed

Objective 4 is to develop recommendations for how the client can have a better social media presence both in Feast and Famine Living's current state and with a non-profit status.

- Meeting With Joel Tonyan to develop an understanding for non-profits and how they market their products, processes, and services
- Develop recommendations for current steps and future steps for social media

High-level requirements – the deliverables:

- The project will deliver a course of action to generate funding for the desired research and development for the application.
- The project will deliver an application framework and the skeleton of a mobile application that connects to the AWS database in preparation for analysis.
- The project will deliver social media recommendations for Feast and Famine Living

Assumptions:

Technical Aspect:

- The project needs access to databases for creating an application.
- The project needs access to the client's website data.
- The project needs access to client's customer data.
- The project has a lot of ambiguity in overall app design and purpose
- The clients website is lacking in some needed areas

Financing Aspect:

- The project is in the early stages of creation
- The project has no income stream for potential investors
- The project is "for profit"
- The projects database isn't complete which hinders the information output ability that could be used in financial application to convey the problems at hand

Constraints:

- A possible constraint is the client's limited database.
- A possible constraint is the lack of expendable funds for a marketing outreach and application development.
- A possible constraint is being able to further develop the database already in place given the complexity of its nature.
- A possible constraint is other financial solutions for the company, while we have some experience in grants, we are not very well practiced in annual funding solutions and others.
- A possible constraint is expanding Feast and Famine Living's social media presence will be difficult since they have close to no social media presence.

High-level Project Description and Boundaries:

Inside Project:

- Working Prototype of website with some transferred organization from the current website
- Financial Plan in place with many possible routes for the client to take to receive funding
- Writeup of steps needed to be taken for 501(c)(3) status
- Potential Umbrella companies for instant 501(c)(3) status
- Recommended Marketing strategy for now and when 501(c)(3) status is achieved.

Outside Project:

- Fully fledged website with a database in place
- Applications for financial help in place and grant proposals complete

High-level Risks:

App Information

- For the app to be successful, there needs to be a great user interface and it needs to be informative and engaging for users. The risk is that this app will not have a lot of information since it's quite new, and will not have stunning user interface
- Medium
- Medium
- Since the apps purpose is to try to help get that data, we will try to use as much of the website as we can to develop the app

Summary Milestone Schedule:

Website Prototype

- Create basics of higher level website for client to use.
- Created on Angular with well written comments and inductions
- Middle November

Financial Options

- Find multiple financial options for Feast & Famine to pursue in the future
- Middle December

Marketing Plan

- Create a present and future plan for the social media of Feast and Famine Living
- Middle December

Stakeholder List:

Client

- Our client has put a lot of research, time, and money into this project. He is the founder and creator of Feast & Famine as well as website creating and database creation.

Client's Sons

- Both of our client's sons, Nathan and Jacob Rothberg, have put time into the project. Between looking and applying for financial solutions, getting AWS certifications for better understanding the database, as well as website creation and design, both sons have put time into this project as well as meeting in person with our team to discuss specific areas of the project.

By signing this document, I agree to uphold all of the statements listed above

Clayton Barr

Signature

09/17/2019

Date

Printed Name: Clayton Barr Email: cbarr3@uccs.edu

Isaac Bosgraf

Signature

11/12/2019

Date

Printed Name: Isaac Bosgraf Email: ibosgraf@uccs.edu

Brandon Even

Signature

11/12/2019

Date

Printed Name: Brandon Even Email: beven@uccs.edu

Cheyenne Otten

Signature

11/12/2019

Date

Printed Name: Cheyenne Otten Email: cotten@uccs.edu

Nathan Sanders

Signature

11/12/2019

Date

Printed Name: Nathan Sanders Email: nsander2@uccs.edu

Jono Schwan

Signature

11/12/2019

Date

Printed Name: Jono Schwan Email: jschwan2@uccs.edu

Appendix B

Angular Steps & Design

***Note - This guide is for Linux based operating systems, if operating on Windows, it is easiest to work using the Ubuntu distribution in Developer Tools. Guide listed below.**

<https://tutorials.ubuntu.com/tutorial/tutorial-ubuntu-on-windows>

Download and install Node and Angular

Start off by ensuring that NodeJS is installed on your computer. In terminal, enter command:

```
node -v
```

If an error occurs, download NodeJS from <https://nodejs.org/en/>

Once Node is installed, you should have access to the Node Package Manager (NPM), check by running:

```
npm -v
```

If Node and npm were already installed, you can update with the command:

```
npm install -g npm
```

*Note - may need to run as super user

Once running the latest version of npm, install the Angular CLI by running:

```
npm install -g @angular/cli
```

Now, everything needed to begin creating an Angular application should be installed

Creating new Angular application from scratch

To start building a new Angular application, first create the folder in which you want the application to be held, for example:

```
/user/Documents/AngularApplications/TestApp1
```

Switch to folder using cd command (see Ubuntu documentation for more)

Once inside of the desired folder, run:

```
ng new [application-name]
```

This will create the application inside the folder. This may take some time as all project folders will be created.

Downloading and running existing project from Github

Ensure git is downloaded, if not download at <https://git-scm.com/downloads>

To start building a new Angular application, first create the folder in which you want the application to be held, for example:

```
/user/Documents/AngularApplications/TestApp1
```

Switch to folder using cd command (see Ubuntu documentation for more)

Once inside of the desired folder, run:

```
git clone [git-url]
```

*Note - use Github url for our version of site

This will create a project folder inside the desired folder

Once this folder is there, switch to the folder and run:

```
npm install
```

This will install all of the node dependencies required by the application

To run the Angular server, run:

```
ng serve
```

To access the site, go to localhost:4200

Appendix C

Links to Grants

1. US-Ireland Research and Development Partnership Programme -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/042829> <https://www.hrb.ie/search/grant-scheme/grant/us-ireland-research-and-development-partnership-programme/>
2. AHRQ Health Services Research Projects (R01) -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/074865> <https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/PA-18-795.html>
3. AHRQ Health Services Research Projects (R03) -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/074880>
<https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/PA-18-794.html>
4. Short-term Mentored Career Enhancement Awards in Mobile and Wireless Health Technology and Data Analytics: Cross-Training at the intersection of Behavioral and Social Sciences and STEM Disciplines (K18 Independent Clinical Trial Not Allowed) -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/076604>
<https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/PAR-18-881.html>
5. Dissemination and Implementation Research in Health(R03 Clinical Trial Not Allowed) -Links-
<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/082216>
<https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/par-19-276.html>
6. Innovator Awards from Wellcome Trust -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/062085>
<https://wellcome.ac.uk/funding/schemes/innovator-awards>

7. Diet and Physical Activity Assessment Methodology(R01 clinical Trial not allowed) -Links-
<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/076238>
<https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/PA-18-856.html>
8. Food Specific Molecular Profiles and Biomarkers of food and nutrient intake and dietary exposure -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/073328>
<https://grants-nih-gov.libproxy.uccs.edu/grants/guide/pa-files/PAR-18-727.html>
9. Grants Program from Allen Foundation -Links-<https://spin-infoedglobal-com.libproxy.uccs.edu/Program/Detail/032137>
<https://allenfoundation.org/about/#eligible>

Appendix D

501(c)(3) forms



The form you are looking for begins on the next page of this file. Before viewing it, please see the important update information below.

New Mailing Address

The mailing address for certain forms have changed since the forms were last published. The new mailing address are shown below.

Mailing Address for **Forms 1023, 1024, 1024-A, 1028, 5300, 5307, 5310, 5310-A, 5316, 8717, 8718, 8940:**

Internal Revenue Service Center
TE/GE Stop 31A Team 105
P.O. Box 12192
Covington, KY 41042-0192

Deliveries by private delivery service (PDS) should be made to:

Internal Revenue Service Center
7940 Kentucky Drive
TE/GE Stop 31A Team 105
Florence, KY 41042

This update supplements the forms' instructions. Filers should rely on this update for the change described, which will be incorporated into the next revision of the form's instructions.

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form1023 for instructions and the latest information.**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I – XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) <i>Feast and Famine Living</i>		2 c/o Name (if applicable)	
3 Mailing address (Number and street) (see instructions)		Room/Suite	4 Employer Identification Number (EIN)
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 – 12)	
6 Primary contact (officer, director, trustee, or authorized representative) a Name: <i>Michael Rothberg</i>		b Phone: <i>(714)478-4097</i> c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If “Yes,” provide the authorized representative’s name, and the name and address of the authorized representative’s firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If “Yes,” provide the person’s name, the name and address of the person’s firm, the amounts paid or promised to be paid, and describe that person’s role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization’s website: https://feastandfamineliving.com/			
b Organization’s email: (optional)			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If “Yes,” explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) / /			
12 Were you formed under the laws of a foreign country ? If “Yes,” state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.
Location of Purpose Clause (Page, Article, and Paragraph): _____
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. _____
- c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

c List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. **Yes** **No**

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. **Yes** **No**

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? **Yes** **No**

b Do you or will you approve compensation arrangements in advance of paying compensation? **Yes** **No**

c Do you or will you document in writing the date and terms of approved compensation arrangements? **Yes** **No**

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
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- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
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- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No
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- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. See instructions.

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. See instructions.

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. See instructions.

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. See instructions. **Yes** **No**

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide childcare so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. **Yes** **No**
-
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. **Yes** **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. **Yes** **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. **Yes** **No**
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following.
- (i)** Do you require an application form? If "Yes," attach a copy of the form. **Yes** **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. **Yes** **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. **Yes** **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. **Yes** **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. **Yes** **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. **Yes** **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|-------------------------------------|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- Note: Private foundations** may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From _____ To _____	(b) From _____ To _____	(c) From _____ To _____	(d) From _____ To _____		
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)						
	2 Membership fees received						
	3 Gross investment income						
	4 Net unrelated business income						
	5 Taxes levied for your benefit						
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)						
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)						
	8 Total of lines 1 through 7						
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)						
	10 Total of lines 8 and 9						
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)						
	12 Unusual grants						
	13 Total Revenue Add lines 10 through 12						
Expenses	14 Fundraising expenses						
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)						
	16 Disbursements to or for the benefit of members (attach an itemized list)						
	17 Compensation of officers, directors, and trustees						
	18 Other salaries and wages						
	19 Interest expense						
	20 Occupancy (rent, utilities, etc.)						
	21 Depreciation and depletion						
	22 Professional fees						
	23 Any expense not otherwise classified, such as program services (attach itemized list)						
	24 Total Expenses Add lines 14 through 23						

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Table with columns for line numbers, descriptions of assets and liabilities, and year end. Includes sections for Assets, Liabilities, and Fund Balances or Net Assets.

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed.
b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3).
2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities...
3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI.
4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?
5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4) – an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv) – an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 509(a)(1) and 170(b)(1)(A)(vi) – an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- i 509(a)(2) – an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

- a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses _____
- (ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.
- b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each **disqualified person**. If the answer is "None," state this.
- (ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. **Yes** **No**

Part XI User Fee Information and Signature

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: _____

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

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Schedule A. Churches

1a	Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have a form of worship? If "Yes," describe your form of worship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a	Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have a distinct religious history? If "Yes," describe your religious history.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Do you have a literature of your own? If "Yes," describe your literature.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Describe the organization's religious hierarchy or ecclesiastical government.		
4a	Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	What is the average attendance at your regularly scheduled religious services?		
5a	Do you have an established place of worship? If "Yes," refer to the instructions for the information required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you own the property where you have an established place of worship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have an established congregation or other regular membership group? If "No," refer to the instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	How many members do you have?		
8a	Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b–8d, below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	May your members be associated with another denomination or church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Are all of your members part of the same family ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you conduct baptisms, weddings, funerals, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you have a school for the religious instruction of the young?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a	Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have schools for the preparation of your ordained ministers or religious leaders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is your minister or religious leader also one of your officers, directors, or trustees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Do you issue church charters? If "Yes," describe the requirements for issuing a charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule B. Schools, Colleges, and Universities

If you operate a school as an activity, complete Schedule B

Section I Operational Information

- 1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B. **Yes** **No**
- b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B. **Yes** **No**
-
- 2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. **Yes** **No**
- b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B. **Yes** **No**
-
- 3** In what public school district, county, and state are you located?
-
- 4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county? **Yes** **No**
-
- 5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. **Yes** **No**
-
- 6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. **Yes** **No**
-
- 7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
-
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

Section II Establishment of Racially Nondiscriminatory PolicyInformation required by **Revenue Procedure 75-50.**

- 1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Pub. 557. **Yes** **No**
-
- 2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? **Yes** **No**
- a** If "Yes," attach a representative sample of each document.
- b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.
-
- 3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? See the instructions for specific requirements. If "No," explain. **Yes** **No**
-
- 4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully. **Yes** **No**

Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below.

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II.

Section I Hospitals

- 1a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. **Yes** **No**
- 2a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain. **Yes** **No**
- b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. **Yes** **No**
- c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. **Yes** **No**
- 3a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. **Yes** **No**
- b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain. **Yes** **No**
- 4a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. **Yes** **No**
- b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy. **Yes** **No**
- c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. **Yes** **No**
- 5a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e. **Yes** **No**
- b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
- c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
- d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule. **Yes** **No**
- 6a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. **Yes** **No**
- b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. **Yes** **No**
- 7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. **Yes** **No**
- 8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. **Yes** **No**
- 9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. **Yes** **No**

Note: Make sure your answer is consistent with the information provided in Part VIII, line 8.

Schedule C. Hospitals and Medical Research Organizations (Continued)**Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**

Note: Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. **Yes** **No**
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. **Yes** **No**
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. **Yes** **No**
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. **Yes** **No**

Section II Medical Research Organizations

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

Schedule D. Section 509(a)(3) Supporting Organizations

Section I Identifying Information About the Supported Organization(s)

1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

Name	Address	EIN

2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3. Yes No

3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? Yes No

If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information.

- Part IX-A. Statement of Revenues and Expenses, lines 1–13, and
- Part X, lines 6b(i), 6b(ii), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

Section II Relationship with Supported Organization(s)—Three Tests

To be classified as a supporting organization, an organization must meet one of three relationship tests.

Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or

Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or

Test 3: "Operated in connection with" one or more publicly supported organizations.

1 Information to establish the "operated, supervised, or controlled by" relationship (Test 1)
Is a majority of your governing board or officers elected or appointed by the supported organization(s)? Yes No
If "Yes," describe the process by which your governing board is appointed and elected; go to Section III.
If "No," continue to line 2.

2 Information to establish the "supervised or controlled in connection with" relationship (Test 2)
Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," go to line 3. Yes No

3 Information to establish the "operated in connection with" responsiveness test (Test 3)
Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If "Yes," explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II, line 5. If "No," go to line 4a. Yes No

4 Information to establish the alternative "operated in connection with" responsiveness test (Test 3)

a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b. Yes No

b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4c. Yes No

c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If "Yes," explain and provide documentation. Yes No

d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If "Yes," explain and provide documentation. Yes No

e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

5 Information to establish the "operated in connection with" integral part test (Test 3)
Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a. Yes No

Schedule D. Section 509(a)(3) Supporting Organizations (Continued)**Section II Relationship with Supported Organization(s)—Three Tests (Continued)**

- 6** Information to establish the alternative “operated in connection with” integral part test (Test 3)
- a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If “Yes,” go to line 6b. See instructions. **Yes** **No**
- If “No,” state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
- b** How much do you contribute annually to each supported organization? Attach a schedule.
- c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.
- d** Do you or the supported organization(s) **earmark** your funds for support of a particular program or activity? If “Yes,” explain. **Yes** **No**

- 7a** Does your organizing document specify the supported organization(s) by name? If “Yes,” state the article and paragraph number and go to Section III. If “No,” answer line 7b. **Yes** **No**
- b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

Section III Organizational Test

- 1a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer “Yes.” If your organizing document does not comply with this requirement, answer “No,” and see the instructions. **Yes** **No**
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer “Yes,” and go to Section IV. If your organizing document does not comply with this requirement, answer “No,” and see the instructions. **Yes** **No**

Section IV Disqualified Person Test

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

- 1a** Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons. **Yes** **No**
- b** Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons. **Yes** **No**
- c** Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If “Yes,” (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. **Yes** **No**

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier.

- 1** Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E. **Yes** **No**
-
- 2a** Are you a public charity with annual **gross receipts** that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts. **Yes** **No**
- b** If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here. **Yes** **No**
-
- 3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4. **Yes** **No**
- b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here. **Yes** **No**
- c** If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here. **Yes** **No**
-
- 4** Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule. **Yes** **No**
-
- 5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6 or 7. If "No," go to line 6a. **Yes** **No**
-
- 6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? **Yes** **No**
- Note:** Be sure your ruling eligibility agrees with your answer to Part X, line 6.
- b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below. **Yes** **No**

Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)

- 7** Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

Type of Revenue	Projected revenue for 2 years following current tax year		
	(a) From _____ To _____	(b) From _____ To _____	(c) Total
1 Gifts, grants, and contributions received (do not include unusual grants)			
2 Membership fees received			
3 Gross investment income			
4 Net unrelated business income			
5 Taxes levied for your benefit			
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)			
7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)			
8 Total of lines 1 through 7			
9 Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)			
10 Total of lines 8 and 9			
11 Net gain or loss on sale of capital assets (attach an itemized list)			
12 Unusual grants			
13 Total revenue. Add lines 10 through 12			

Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing**Section I General Information About Your Housing**

- 1** Describe the type of housing you provide.
-
- 2** Provide copies of any application forms you use for admission.
-
- 3** Explain how the public is made aware of your facility.
-
- 4a** Provide a description of each facility.
- b** What is the total number of residents each facility can accommodate?
- c** What is your current number of residents in each facility?
- d** Describe each facility in terms of whether residents rent or purchase housing from you.
-
- 5** Attach a sample copy of your residency or homeownership contract or agreement.
-
- 6** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 8.
-
- 7** Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
-
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
-
- 9** Do you participate in any government housing programs? If "Yes," describe these programs. **Yes** **No**
-
- 10a** Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b. **Yes** **No**
- b** How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.
- c** Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases. **Yes** **No**

Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)**Section II Homes for the Elderly or Handicapped**

- 1 a** Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing. **Yes** **No**
- b** Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing. **Yes** **No**
-
- 2 a** Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived. **Yes** **No**
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. **Yes** **No**
- c** Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable. **Yes** **No**
-
- 3 a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy. **Yes** **No**
- b** Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements. **Yes** **No**
-
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements. **Yes** **No**
-
- 5** Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features. **Yes** **No**

Section III Low-Income Housing

- 1** Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing. **Yes** **No**
-
- 2** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. **Yes** **No**
-
- 3 a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents. **Yes** **No**
- Note:** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions. **Yes** **No**
-
- 4** Do you provide social services to residents? If "Yes," describe these services. **Yes** **No**

Schedule G. Successors to Other Organizations

1a Are you a **successor** to a **for-profit organization**? If "Yes," explain the relationship with the **predecessor** organization that resulted in your creation and complete line 1b. **Yes** **No**

b Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. **Yes** **No**

b Provide the tax status of the predecessor organization.

c Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. **Yes** **No**

d Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. **Yes** **No**

e Explain why you took over the activities or assets of another organization.

3 Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: _____ **EIN:** _____

Address: _____

4 List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Name	Address	Share/Interest (If a for-profit)

5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. **Yes** **No**

6a Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. **Yes** **No**

b Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. **Yes** **No**

c Provide a copy of the agreement(s) of sale or transfer.

7 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. **Yes** **No**

8 Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. **Yes** **No**

9 Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. **Yes** **No**

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures
Section I *Names of individual recipients are not required to be listed in Schedule H.*

Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.

- 1 a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
-
- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions. **Yes** **No**
-
- 3** Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
-
- 4 a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
-
- 5** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
-
- 6** Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
-
- 7** Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections? **Yes** **No**
- Note:** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

Section II **Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.**

- 1 a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? **Yes** **No** **N/A**
- b** For which section(s) do you wish to be considered?
- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution
 - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product
-
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? **Yes** **No**
-
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2? **Yes** **No**

Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (Continued)**Section II Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)**

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f. **Yes** **No**
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.) **Yes** **No**
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? **Yes** **No** **N/A**
 If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? **Yes** **No**
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? **Yes** **No** **N/A**
 If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e. **Yes** **No**
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? **Yes** **No** **N/A**
 If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.
Note: Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e. **Yes** **No**

Form 1023 Checklist

(Revised December 2017)

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

Note: Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order.
 - Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.

- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.

- Employer Identification Number (EIN)

- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
 - You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.

- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A Yes ___ No ___

Schedule E Yes ___ No ___

Schedule B Yes ___ No ___

Schedule F Yes ___ No ___

Schedule C Yes ___ No ___

Schedule G Yes ___ No ___

Schedule D Yes ___ No ___

Schedule H Yes ___ No ___

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) _____
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law _____

- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.

- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
P.O. Box 12192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
201 West Rivercenter Boulevard
Covington, KY 41011

Instructions for Completing the Statement of Information (Form SI-100)

For faster processing, the required statement for most corporations can be filed online at bizfile.sos.ca.gov.

Every **California nonprofit, credit union and general cooperative corporation** must file a Statement of Information with the California Secretary of State, **within 90 days** of registering with the California Secretary of State, and **every two years** thereafter during a specific 6-month filing period based on the original registration date, as described in the chart below. Changes to information contained in a previously filed Statement of Information can be made by filing a new Form SI-100, **completed in its entirety**. A California stock, agricultural cooperative or registered foreign corporation is not authorized to file Form SI-100 and must file a Statement of Information using [Form SI-550](#).

Status of Corporation: In order to file Form SI-100, the status of the corporation **must** be active or suspended on the records of the California Secretary of State. The status of the corporation can be checked online on the Secretary of State's Business Search at BusinessSearch.sos.ca.gov. See the [FTB Suspension](#) section below for information about resolving an FTB suspended status.

Fees: See chart below. Checks should be made payable to the Secretary of State.

Copies: To obtain a copy or certified copy of this filed Statement of Information, include payment for copy fees and certification fees at the time this Statement of Information is submitted. Copy fees are \$1.00 for the first page and \$.50 for each attachment page. For certified copies, there is an additional \$5.00 certification fee, per document.

Processing Times: For current processing times, go to www.sos.ca.gov/business/be/processing-times.

Type of Filing	Description	Form to Use	Fee
Initial Filing	The initial filing is due 90 days from the entity's registration date.	Statement of Information - Form SI-100	\$20.00
Required Periodic Filing	<ul style="list-style-type: none"> Credit Unions and Cooperative Corporations: This statement is due every year based on the entity's registration date. California Nonprofit Corporations: This statement is due every two years based on the entity's registration date. The filing period includes the registration month and the immediately preceding five (5) months. 	Statement of Information, - Form SI-100	\$20.00
No Fee Statement	A Statement of Information submitted before the next required statement is due but after the initial or required filing requirements have been met to update information including changes to information for the agent for service of process.	Statement of Information - Form SI-100	No Fee

Statutory Required 6 Month Filing Window for Corporations

Month of Registration	Statement of Information Applicable Filing Period	
	First Day of	Through Last Day of
January	August	January
February	September	February
March	October	March
April	November	April
May	December	May
June	January	June
July	February	July
August	March	August
September	April	September
October	May	October
November	June	November
December	July	December

If you are not completing this form online, please **type or print legibly** in black or blue ink. **Complete the Statement of Information (Form SI-100) as follows:**

Item	Instruction	Tips
1.	Enter the name of the corporation exactly as it appears on file with the California Secretary of State, including the entity ending (ex: "Jones & Company, Inc." or "Smith Construction Company").	
2.	Enter the 7-digit file number issued to the corporation by the California Secretary of State at the time of registration.	<ul style="list-style-type: none"> • The 7-digit file number is provided by the Secretary of State above the file stamp at the top of the corporation's registration document filed with the California Secretary of State. • To ensure you have the correct file number and exact name of the corporation, look to your registration document filed with the California Secretary of State and any name change amendments. • Secretary of State Records can be accessed online through our Business Search at BusinessSearch.sos.ca.gov. While searching the Business Search, be sure to identify your corporation correctly including the jurisdiction that matches your corporation.
3a.	Enter the complete street address, city, state, and zip code of the corporation's principal office in California, if any .	<ul style="list-style-type: none"> • If the corporation has a principal office in California, the complete street address is required, including the street name and number, city and zip code. • Address must be a physical address. • Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city.
3b.	If different from the address in Item 3a, enter the complete mailing address, city, state, and zip code of the corporation.	<ul style="list-style-type: none"> • This address will be used for mailing purposes and may be a P.O. Box address or "in care of" an individual or entity. • Do not abbreviate the name of the city.
4.	Enter the name and complete business or residential address of the corporation's: <ol style="list-style-type: none"> a. Chief Executive Officer (i.e. president) b. Secretary and c. Chief Financial Officer (i.e. treasurer). 	<ul style="list-style-type: none"> • Do not abbreviate the name of the city. • Every corporation is required to have at least these 3 officers • Any number of offices may be held by the same person unless the articles of incorporation or bylaws provide otherwise, except, in the case of a nonprofit <i>public benefit</i> or <i>religious</i> corporation, neither the secretary nor the chief financial officer or treasurer may serve concurrently as the president or chairperson of the board (Section 5213 or 9213). • An additional title for the Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered, except in the case of a general cooperative corporation, which may include the name and address of its general manager instead of the name and address of its chief executive officer. (Section 12570(a).) • Unless the articles of incorporation or bylaws provide otherwise, the president, or if there is no president, the chairperson of the board, is the chief executive officer of the corporation. • Unless the articles of incorporation or bylaws provide otherwise, if there is no chief financial officer, the treasurer is the chief financial officer of the corporation.

5.	<p>The corporation must have an Agent for Service of Process.</p> <p>There are two types of Agents that can be named:</p> <ul style="list-style-type: none"> • an individual (e.g. owner, director or any other individual) who resides in California with a physical California street address; OR • a registered corporate agent qualified with the California Secretary of State. 	<ul style="list-style-type: none"> • An Agent for Service of Process is responsible for accepting legal documents (e.g. service of process, lawsuits, subpoenas, other types of legal notices, etc.) on behalf of the corporation. • You must provide information for either an individual OR a registered corporate agent, not both. • If using a registered corporate agent, the corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505.
5a & b.	<p>If Individual Agent:</p> <ul style="list-style-type: none"> • Enter the name of the agent for service of process and the agent's complete California street address, city and zip code. • If an individual is designated as the agent, complete Items 5a and 5b ONLY. Do not complete Item 5c. 	<ul style="list-style-type: none"> • The complete street address is required, including the street name and number, city and zip code. • Do not enter a P.O. Box address, an "in care of" address, or abbreviate the name of the city. • Many times, a small corporation will designate an officer or director as the agent for service of process. • The individual agent should be aware that the name and the physical street address of the agent for service of process is a public record, open to all (as are all the addresses of the corporation provided in filings.)
5c.	<p>If Registered Corporate Agent:</p> <ul style="list-style-type: none"> • Enter the name of the registered corporate agent <i>exactly</i> as registered in California. • If a registered corporate agent is designated as the agent, complete Item 5c ONLY. Do not complete Items 5a and 5b. 	<ul style="list-style-type: none"> • Before a corporation is designated as agent for another corporation, that corporation must have a current agent registration certificate on file with the California Secretary of State as required by Section 1505 stating the address(es) of the registered corporate agent and the authorized employees that will accept service of process of legal documents and notices on behalf of the corporation. • Advanced approval must be obtained from a registered corporate agent prior to designating that corporation as your agent for service of process. • No California or foreign corporation may register as a California corporate agent unless the corporation currently is authorized to engage in business in California and is in good standing on the records of the California Secretary of State. • Provide your Registered Corporate Agent's exact name as registered with the California Secretary of State. To confirm that you are providing the exact name of the Registered Corporate Agent, go to https://businessfilings.sos.ca.gov/frm/1505s.asp.
6.	<p>Check the box if the corporation is formed to manage a common interest development. If the corporation is not formed to manage a common interest development, do not check the box and proceed to Item 7.</p>	<ul style="list-style-type: none"> • Common Interest Developments (CIDs) are a type of organization of property owners that allow property owners to pool resources to manage and share common areas and facilities. • Residential CIDs can be single-family detached houses, two-story townhouses, garden-style units with shared "party walls," and apartment-like, multistory high rises. • Commercial or industrial CIDs generally consist of individual owners of property that share common space or facilities and the use of the property is limited to only commercial and industrial purposes. • The most common type of association of property owners is organized as a nonprofit mutual benefit corporation.
7.	<p>Type or print the date, the name and title of the person completing this form and sign where indicated.</p>	

Mail Submission Cover Sheet (Optional): To make it easier to receive communication related to **this document**, including the purchased copy of the filed document, if any, complete the Mail Submission Cover Sheet. For the Return Address: Enter the name of a designated person and/or company and the corresponding mailing address. Please note that the Mail Submission Cover Sheet will be treated as correspondence and will not be made part of the filed document.

Where to File: The completed form along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, Sacramento, CA 95814.

Legal Authority: General statutory filing provisions are found in California Corporations Code sections [6210](#), [8210](#), [9660](#) or [12570](#) and California Financial Code section [14101.6](#). All subsequent statutory references are to the California Corporations Code, unless otherwise stated. Failure to file this Statement of Information by the due date may result in the assessment of a \$50.00 penalty. (Sections [6810](#), [8810](#), [9690](#) or [12670](#); California Revenue and Taxation Code section [19141](#).)

Common Interest Development Association: Every domestic nonprofit corporation formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (for example, a homeowners' association) or the Commercial and Industrial Common Interest Development Act also must file a Statement By Common Interest Development Association ([Form SI-CID](#)) together with the Statement of Information (California Civil Code sections [5405](#) and [6760](#)). Both forms are available on the Secretary of State's website at bizfile.sos.ca.gov.

FTB Suspension: If the corporation's status is FTB suspended, the status must be resolved with the California Franchise Tax Board (FTB) for the corporation to be returned to active status. For revivor requirements, go to FTB's website at <https://www.ftb.ca.gov> or contact FTB at (800) 852-5711 (from within the U.S.) or (916) 845-6500 (from outside the U.S.).



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, go to www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

Secretary of State Use Only	
T/TR:	
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Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

IMPORTANT — Read instructions before completing this form.

Filing Fee – \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State)

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Officers

The Corporation is required to enter the names and addresses of **all** three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code
b. Secretary	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code

5. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). [See Instructions.](#)

7. The Information contained herein, including in any attachments, is true and correct.

Date _____ Type or Print Name of Person Completing the Form _____ Title _____ Signature _____

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**INITIAL
REGISTRATION FORM
STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS**
(Government Code Sections 12580-12599.7)



NOTE: A \$25 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: Feast and Famine Living

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:

Address: 16 Estrade Ln.

City: Foothill Ranch

State: California

Zip Code: 92610

Organization's telephone number: 719-478-4097

Organization's e-mail address: michael@feastandfamineliving.com

Organization's fax number:

Organization's website: feastandfamineliving.com

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN):

Group Exemption FEIN (if applicable):

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: _____

Names and addresses of ALL trustees or directors and officers (attach a list if necessary):

Name Michael Rothberg	Position Owner
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Address 16 Estrade Ln

City Foothill Ranch	State CA	Zip Code 92610
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Name	Position
------	----------

Address

City	State	Zip Code
------	-------	----------

Name	Position
------	----------

Address

City	State	Zip Code
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Name	Position
------	----------

Address

City	State	Zip Code
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Name	Position
------	----------

Address

City	State	Zip Code
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Describe the primary activity of the organization. (A copy of the material submitted with the application for federal or state tax exemption will normally provide this information.) If the organization is based outside California, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property, and other assets held or expected to be held in California. Indicate whether you are monitored in your home state, and if so, by whom. Attach additional sheets if necessary.

Feast and Famine Living is an organization that helps its users maintain a healthier lifestyle by providing them with diets and nutrition information that are backed by scientific research.

The organization will be required to file financial reports annually. All organizations must file the Annual Registration/ Renewal Fee Report (RRF-1) within four months and fifteen days after the end of the organization's accounting period. Organizations with \$25,000 or more in either gross receipts or total assets are also required to file either the IRS Form 990, 990-EZ, or 990-PF. Forms can be found on the Charitable Trusts' website at <http://ag.ca.gov/charities/>.

If assets (funds, property, etc.) have been received, enter the date first received:

Date assets first received: _____

Registration with the Attorney General is required within thirty days of receipt of assets.

What annual accounting period has the organization adopted?

Fiscal Year Ending _____ Calendar Year

Attach your founding documents as follows:		
A) Corporations - Furnish a copy of the articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California.		
B) Associations - Furnish a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association).		
C) Trusts - Furnish a copy of the trust instrument or will and decree of final distribution.		
D) Trustees for charitable purposes - Furnish a statement describing your operations and charitable purpose.		
Has the organization applied for or been granted IRS tax-exempt status <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of application for Federal tax exemption: _____		
Date of exemption letter: _____	Exempt under Internal Revenue Code section 501(c) _____	
If known, are contributions to the organization tax-deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach a copy of the Application for Recognition of Exemption (IRS Form 1023) and the determination letter issued by the IRS.		
Does your organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer? If yes, provide the name(s), address(es), and telephone number(s) of the provider(s):		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____		
Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Telephone Number _____		
I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.		
Signature _____	Title _____	Date _____
If additional information is required, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.7), the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300-312.1).		
If you have questions regarding registration, or need assistance, information is available on our website at http://ag.ca.gov/charities/ or you can reach us by telephone at (916) 210-6400 or fax at (916) 444-3651.		

Reset Form

Print Form