

**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) DRN Foundation, Inc	2 c/o Name (if applicable) Ravindranath Draksharam
3 Mailing address (Number and street) (see instructions) 1116 W Pasadena Fwy	Room/Suite 83-1427354
City or town, state or country, and ZIP + 4 Pasadena, TX 77506	4 Employer Identification Number (EIN) 5 Month the annual accounting period ends (01 – 12) 12
6 Primary contact (officer, director, trustee, or authorized representative) a Name: Duane P Hill	b Phone: 617-905-2642 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. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9a Organization's website: (Not Applicable)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9b 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 checked="" type="checkbox"/> No
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 07 / 27 / 2018	
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): **Article 5 (pp 1-2); and in "Supplemental Provisions" (p 2)**
- 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. **"Supplemental Provisions" (p2)**
 - 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)
Draksharam, Ravindranath	Director; President; Treasurer	1116 W Pasadena Fwy Pasadena, TX 77506	5,200
George, Terence	Director	9901 Brodie Ln, Ste 160, #775 Austin, TX 78748	(None)
Hill, Duane P	Managing Director; Secretary	3000 Murworth Dr, Ste 1012 Houston, TX 77025	10,400

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)
(None - All listed in Part V, Line 1a)		-----	

- 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)
(None)		-----	

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** Yes No **relationships?** If "Yes," identify the individuals and explain the relationship.
- 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.
- 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.
- 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.
- 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.
- 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
- 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
- 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," Yes No describe each program that provides goods, services, or funds to individuals.
- b** In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," Yes No "Yes," describe each program that provides goods, services, or funds to organizations.
- 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.
- 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.

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.
- 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.

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.
- 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.
- 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.
- 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.
- 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.

- | | |
|--|--|
| <input type="checkbox"/> mail solicitations | <input type="checkbox"/> phone solicitations |
| <input type="checkbox"/> email solicitations | <input checked="" type="checkbox"/> accept donations on your website |
| <input checked="" type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input checked="" type="checkbox"/> vehicle, boat, plane, or similar donations | <input checked="" type="checkbox"/> government grant solicitations |
| <input checked="" type="checkbox"/> foundation grant solicitations | <input type="checkbox"/> 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.

- 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.
- 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.
- 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.
- 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. Yes No
- 16** Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain. Yes No
- 17** Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. Yes No
- 18** Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. Yes 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. Yes No
- 20** Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C. Yes No
- 21** Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F. Yes 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. Yes No

Note: **Private foundations** may use Schedule H to request advance approval of individual grant procedures.

COPY

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	07/27/18 12/31/18	(b) From To	01/01/19 12/31/19	(c) From To	01/01/20 12/31/20	(d) From To	N/A N/A	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)		5,000		20,000		40,000		N/A	65,000
	2 Membership fees received		0		0		0		N/A	0
	3 Gross investment income		0		50		100		N/A	150
	4 Net unrelated business income		0		0		0		N/A	0
	5 Taxes levied for your benefit		0		0		0		N/A	0
	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)		0		0		0		N/A	0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)		0		0		0		N/A	0
	8 Total of lines 1 through 7		5,000		20,050		40,100		N/A	65,150
	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)		0		0		0		N/A	0
	10 Total of lines 8 and 9		5,000		20,050		40,100		N/A	65,150
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)		0		0		0		N/A	0
	12 Unusual grants		0		0		0		N/A	0
	13 Total Revenue Add lines 10 through 12		5,000		20,050		40,100		N/A	65,150
Expenses	14 Fundraising expenses		0		250		250		N/A	
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)		0		2,500		20,000		N/A	
	16 Disbursements to or for the benefit of members (attach an itemized list)		N/A		N/A		N/A		N/A	
	17 Compensation of officers, directors, and trustees		1,200		15,600		15,600		N/A	
	18 Other salaries and wages		0		0		0		N/A	
	19 Interest expense		0		0		0		N/A	
	20 Occupancy (rent, utilities, etc.)		0		0		0		N/A	
	21 Depreciation and depletion		0		0		0		N/A	
	22 Professional fees		1,000		500		500		N/A	
	23 Any expense not otherwise classified, such as program services (attach itemized list)		500		500		500		N/A	
	24 Total Expenses Add lines 14 through 23		2,700		19,350		36,850		N/A	

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)		Year End: 2018 * (Whole dollars)
Assets		
1 Cash	1	0
2 Accounts receivable, net	2	0
3 Inventories	3	0
4 Bonds and notes receivable (attach an itemized list)	4	0
5 Corporate stocks (attach an itemized list)	5	0
6 Loans receivable (attach an itemized list)	6	0
7 Other investments (attach an itemized list)	7	0
8 Depreciable and depletable assets (attach an itemized list)	8	0
9 Land	9	0
10 Other assets (attach an itemized list)	10	500
Total Assets (add lines 1 through 10)	11	500
Liabilities		
12 Accounts payable	12	0
13 Contributions, gifts, grants, etc. payable	13	0
14 Mortgages and notes payable (attach an itemized list)	14	500
15 Other liabilities (attach an itemized list)	15	0
Total Liabilities (add lines 12 through 15)	16	500
Fund Balances or Net Assets		
17 Total fund balances or net assets	17	0
Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	500
19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. See instructions.

- 1a** Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you Yes No are unsure, see the instructions.
- 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). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 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, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI.
- 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. If "No," continue to line 4.
- 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.
- The organization is not a private foundation because it is:
- 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

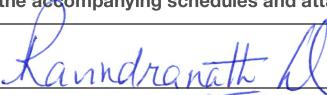
Part XI User Fee Information and Signature

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: \$600

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)

Ravindranath Draksharam

(Type or print name of signer)

President

(Type or print title or authority of signer)

09/28/2018

(Date)

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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 Policy**

Information 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 B. Schools, Colleges, and Universities (Continued)

- 5** Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather than percentages for each racial category.

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total						

- 6** In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial categories.

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total								

- 7a** Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.
- b** Do any of these individuals or organizations have an objective to maintain segregated public or private Yes No school education? If "Yes," explain.
-
- 8** Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure Yes No 75-50? If "No," explain. See instructions.

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. Yes No
- 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. Yes No
- 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. Yes No
- 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 Yes No to Section II. If "No," go to line 3.

- 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.

- 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.

- 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.

- 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.

- 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.

- 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.

- 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," Yes No explain and go to Section III. If "No," continue to line 6a.

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 Yes No to line 6b. See instructions.
- 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 Yes No activity? If “Yes,” explain.
- 7a** Does your organizing document specify the supported organization(s) by name? If “Yes,” state the article Yes No and paragraph number and go to Section III. If “No,” answer line 7b.
- 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 Yes No 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.
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the Yes No 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.

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.
- 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.
- 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.

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 Yes No Schedule A and stop here. Do not complete the remainder of Schedule E.

- 2a** Are you a public charity with annual **gross receipts** that are normally \$5,000 or less? If "Yes," stop here. Yes No Answer "No" if you are a private foundation, regardless of your gross receipts.

- 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.

- 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.

- 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.

- 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.

- 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 Yes No below.

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? Yes No
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.

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.
 - 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) Yes No and provide copies of all leases.

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

- 1a** 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
- 2a** 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
- 3a** 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
- 3a** 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 Yes No predecessor organization that resulted in your creation and complete line 1b.

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.

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.

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.

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.

- 5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe Yes No
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.

- 6a** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," Yes No 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.

- 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? Yes No
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.

- 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? 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? 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 N/A
- 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? 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) p1/Ar5 & p2/SuppProv
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law p2/SuppProv
- 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

COPY

General Statement Regarding Financial Figures

All financial data presented on the Form 1023, schedules, and other attachments represents proposed and/or estimated amounts. The DRN Foundation, Inc, has just recently been formed on July 27, 2018, and is in the process of beginning operations and planning for operations.

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Form 1023

Part I – Identification of Applicant

Line 7 – Authorized Representative

Duane P Hill

Firm Name / Address: (Not Applicable)

Form 2848 is attached.

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Form 1023**Part IV – Narrative Description of Your Activities**

The DRN Foundation, Inc, supports the furtherance of the educational endeavors of students and pre-licensure graduates who are actively pursuing a professional career in healthcare in the United States.

Making the path from entry into an academic program which provides formal education towards a career in healthcare to actual practice involves more than just matriculation into a college, university, or professional school and attending classes; and, it involves more than even just graduating – which is a notable achievement in its own right. This journey also includes (depending upon the exact career track which an individual student is pursuing) a series of standardized examinations which are required to become licensed and to practice the profession for which the student invested in their education and may include other standardized examinations which may be required to pass from one pre-licensure stage to the next. The cost of these examinations can range from as little as \$100 to as much as almost \$2,000; and, especially near the high end of this range, students who have already invested thousands (perhaps tens-of-thousands, or even hundreds of thousands) of dollars in their education and have maybe taken on considerable educational debt may find the cost of these examinations to be a barrier to their career goals and aspirations.

The thresholds for passing these exams can be quite high – as they should be, being as the examinees will be entering positions of trust and responsibility in the US healthcare system; however, many individuals are not innately strong performers on standardized examinations, despite having strong academic and professional skills. Additionally, these careers are, generally, quite competitive; and, selection committees often place considerable weight upon applicants' performance on these exams when making hiring decisions. As a result, these students often wish to take additional courses, which are typically not taught by their primary school or university but by private companies that specialize in exam preparation, to better prepare themselves for improved performance on these exams. Again, the cost of these preparation courses and related educational resources can range from \$100 to nearly \$10,000 – a potential barrier to a student who has already invested considerably in their formal education and may have already taken on considerable educational debt.

Finally, several of the healthcare professions utilize a common application system or service through which graduates apply for placement in initial, post-graduation-level training that is required before they can receive professional licensure and can work as an independently-responsible healthcare professional. Examples include physicians and osteopathic physicians. These individuals often spend as

much as \$5,000 for placement into this required pre-licensure training because, without placement they will be unable to become employed and to practice in the field for which they have already spent a considerable amount of money for their education and for which they may have already taken on considerable educational debt.

The DRN Foundation will support the educational endeavors of these individuals who have already demonstrated their ability to be successful on their pathway towards a professional career in healthcare by providing grants and scholarships to underwrite these other needed expenses – expenses which are critical to them making it to licensure and to practice in their chosen healthcare profession but which are generally not provided for by other financial aid programs and which may serve as impediments or barriers to their success.

Dr's Ravindranath Draksharam and Terence George are healthcare professionals themselves, and they understand – in very personal terms – how these ancillary (albeit necessary) expenses are so important to a healthcare student struggling to reach professional licensure. Over the years, they have also built extensive networks of physicians, nurses, other healthcare professionals, healthcare educators, etc who have found success in their careers and who wish to support the next generation of healthcare providers.

The DRN Foundation will leverage these relationships as Dr Draksharam and Dr George solicit contributions from their network of healthcare professionals – and from the second-level networks of those individuals – to fund the philanthropic purpose of the organization. Most of these contacts are in the greater Houston, Texas, metropolitan area. Outreach will begin as soon as 501(c)(3) exemption is obtained. Initial funding will likely take place over approximately 18-36 months; but, it is hoped that a long-term strategy of sustained giving can be developed for those who can and wish to do so. It is estimated that 99+% of donations will be made in cash; but, the organization is open to gifts of other permissible assets (e.g. cars, boats, etc), which would then be converted into cash.

The same networks which will be used to solicit donations will be leveraged to disseminate information about the organization's charitable program. Healthcare professionals often serve as informal advisors and mentors to others making their way through the educational pathway towards the same or similar professions; and, these individuals also often have ongoing relationships with alumni associations at the schools from which they graduated. Additionally, both Ravindranath Draksharam and Duane Hill have worked as educators and healthcare education advisors for many years; and, as a result, they have developed networks of fellow educators, education administrators, and prior students – all of whom will be leveraged to disseminate information about the organization's charitable program. Finally, the organization will develop a website which will include "marketing" information about its charitable program for prospective applicants.

[Note: While some of the individuals through whom we will share information about the organization's charitable program with prospective applicants may also be charitable contributors to the organization, no priority will be given to any applicant based upon their association with a contributor.]

Through email, postal, and campus-visit-based communication, along with the website, we will work to disseminate information about the organization's charitable program to financial aid officials and those in student advisory roles at as many medical schools, nursing schools, dental schools, and other schools with allied health professions programs as possible. In-person and personal-network-based outreach will be concentrated in the greater Houston, Texas, metropolitan area – but only because this is where there is a greater concentration of professional contacts of the Directors, who will be doing the outreach. However, whenever we can, we will be disseminating information about the charitable program as broadly as possible; and, eligibility is not restricted to those from and/or going to school in the greater Houston area.

Applicants will be able to make an application via the organization's website [not yet developed] for support for specific costs (per above) to assist them in moving forward with their healthcare training. The eligibility criteria and selection process are described elsewhere in this application. [Please see responses for Schedule H.]

The DRN Foundation, Inc, is a part-time undertaking for all three of the Directors, but it is anticipated that they will spend approximately 15-16 hours (collectively) per month, on average. The majority of that time will be spent on fundraising and program promotion activities, which will be based out of the greater Houston, Texas, metropolitan area. As sufficient funds are collected to enable making grants, the Directors will meet quarterly to review applications and select awardees.

Ravindranath Draksharam and Terence George will be primarily responsible for fundraising.
Ravindranath Draksharam and Duane Hill will be primarily responsible for program promotion.
Duane Hill will be responsible for awardee follow-up and will maintain the organization's records of use and outcome.

Any awardee who agrees in writing for us to share information about their outcomes will have their successes shared with contributors via quarterly communications (to those contributors who opt-in to receiving such communications). It is hoped that this will provide not only feedback to donors that their contributions are having the meaningful impacts for which they made their philanthropic gifts but will also encourage subsequent donations to enable long-term charitable distributions to students.

Form 1023

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

Line 2a

Terence George was previously a student of Ravindranath Draksharam.

Ravindranath Draksharam and Duane P Hill previously were co-workers at an unrelated organization.

Ravindranath Draksharam and Duane P Hill maintain a professional relationship wherein Duane P Hill occasionally advises on matters of educational program and curriculum design for unrelated work of Ravindranath Draksharam.

COPY

Line 2b

(See Part V, Line 2a (immediately preceding))

Line 3a

Draksharam, Ravindranath

Qualifications:	Ravindranath Draksharam graduated from medical school and did clinical rotations in the US Veterans Administration Health System, and he has conducted clinical research in cardiology. Dr Draksharam has spent the last 20+ years cultivating professional relationships in healthcare education and advising healthcare students and physicians on education and career pathways.
Average Hours Worked:	Approximately five (5) hours per week
Duties:	Director of the Corporation

Treasurer of the Corporation – Counter-signs all checks and other drafts for disbursements

President of the Corporation – In this capacity, Dr Draksharam is responsible for serving as the chief executive officer of the corporation. In furtherance of the organization's goals, Dr Draksharam is responsible for identifying potential donors and for soliciting contributions from potential donors. He is also responsible for long-term strategic planning.

George, Terence

Qualifications:

Terence George graduated from medical school and practiced medicine in Austin, Texas. He founded and currently operates an import/export company. Dr George has developed a broad network of healthcare and business professionals and is experienced in project management.

Average Hours Worked:

Approximately four (4) hours per month

Duties:

Director of the Corporation

Terence George will assist with identifying potential donors and soliciting contributions from potential donors.

Hill, Duane P

Qualifications:

Duane Hill has worked as an educator and as an education administrator for over 25 years. Additionally, he is experienced in managing and operating businesses, in bookkeeping and general taxation, and in customer support (including the nuanced needs and expectations of international students, of international healthcare professionals, and of healthcare professionals in general).

Average Hours Worked:

Approximately ten (10) hours per week

Duties:

Secretary of the Corporation

Managing Director – In addition to his general duties as a Director of the Corporation, as Managing Director, Duane Hill is responsible for daily administrative activities of the corporation. This includes attending to correspondence, bookkeeping, receiving requests for support from potential beneficiaries, compiling applications from potential beneficiaries for

consideration by the Board of Directors, responding to inquiries from potential donors, organizing fund-raising functions, and such other general assistance as may be requested by Dr Draksharam.

All Directors

Duties:

In their capacities as Directors of the Corporation, all three Directors are responsible to general oversight and guidance of the Corporations and its operations. Additionally, the Directors are responsible collectively for deciding which applications for charitable assistance to fund.

Line 4e

Information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services will be researched and will be part of and will inform the analysis in deciding upon compensation arrangements for Directors, Officers, other highest compensated employees and highest compensated independent contractors; however, other factors will also be a part of the decision-making process. Compensation agreements will not be structured algorithmically off of industry standards or statistics.

Compensation agreements will be set based in large-part upon what is generally considered to be fair, equitable, and competitive compensation for someone with a similar skillset and perceived aptitude for a position and who is being asked to perform similar tasks with similar responsibilities compared to the open employment marketplace.

Line 5a

A copy of the Corporation's Conflict of Interest policy is attached.

It was adopted by unanimous resolution of the Board of Directors at the first meeting of the Board of Directors of the Corporation on August 21, 2018.

Lines 8b and 8c

Ravindranath Draksharam holds a Promissory Note in the amount of \$500, payable by the corporation. The Note is in writing. (See Part IX, Part B, Line 14 and details thereto in these attachments, below.)

Line 8d

The organization has a Conflict of Interest Policy (a copy of which is attached) which requires disclosure and analysis whenever a conflict of interest may exist.

In this particular case, Ravindranath voluntarily made the requisite disclosure required by the Conflict of Interest Policy of the organization; and, the remaining Directors reviewed the transaction to determine whether or not it was likely to achieve comparable or better terms from a non-related party. (See response to Part V, Line 8e (immediately below).)

Line 8e

In accordance with the organization's Conflict of Interest Policy (a copy of which is attached), when the Board of Directors becomes aware of a related-party or of a potential related-party transaction, either by voluntary disclosure by the "interested person" or by other means, the Board undertakes a review to determine if comparable or better terms may be reasonably achieved from a non-related party. If not, the transaction is approved, subject to ongoing review/oversight. If so, the related-party transaction is voided.

In this particular case, it was determined that it would be extremely unlikely to find a non-related party willing to provide an unsecured loan at 0% interest rate and with the flexible repayment terms offered by Ravindranath Draksharam. This transaction was, therefore, approved by the Board of Directors (exclusive of Ravindranath Draksharam), subject to ongoing oversight by the remaining Directors.

Line 8f

Promissory Note held by Ravindranath Draksharam: (Copy Attached)

Form 1023

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

Line 1a

Healthcare professionals who have demonstrated excellent progress on initial stages of healthcare licensing examination and who can demonstrate a financial need in order to continue the process of preparing for and meeting healthcare licensing requirements can apply for financial assistance for:

- a) The cost of approved examination preparation courses and resources;
- b) The cost of healthcare licensing examination / testing fees;
- c) The cost of applying to graduate-level training programs through an organized common application system or service (such as, but not limited to, that used by physicians to seek placement in accredited medical residency and fellowship programs); and/or,
- d) Any combination of the above.

Such financial assistance, if awarded, will be in the form of a scholarship.

Awardees will be required to provide proof that the scholarship was used exclusively for the awarded purpose and will be required to provide proof that they used the course or took the exam or used the service for which the scholarship paid. Scholarships which are not used or utilized for the purpose(s) for which the scholarship was made must be repaid.

Awardees will be required to provide documentation of the results obtained; but, there is no requirement that a certain result/outcome must be attained.

Line 3

Note: Family members of any Director, Officer, or Advisor of the Corporation are not eligible for scholarships or other financial assistance awards from the Corporation.

Form 1023

Part VIII – Your Specific Activities**Line 4a – Description of fundraising programs**

Personal Solicitations: The organization will solicit donations and charitable gifts of cash primarily through the professional networks of individuals with whom Ravindranath Draksharam and Terence George have existing relationships. It is anticipated that conversations with these individuals will create new relationships with other individuals, from whom contributions and gifts to the organizations can also be solicited. These solicitations will be one-on-one and in-person.

Vehicle, Boat, Plane, or Similar Donations: The organization will gladly accept donations of vehicles, boats, or similar property (as permitted) as gifts, which will then be sold with the proceeds being used as unrestricted funds. These solicitations will be one-on-one and in-person; and, they will likely originate from the same pool of prospective donors from whom personal solicitations will be made.

Foundation Grant Solicitation: The organization will seek out other foundations which provide grants which can be used to further its own mission and will make applications for grants from those other foundations to fund both operations and charitable grants and scholarships awards.

Government Grant Solicitations: The organization will research government grants for which it might be eligible in order to support its own mission and will make applications for such grants (if any) to fund both charitable grants and scholarship awards and the administration of the same.

Accept Donations on Website: The organization anticipates making available an option on its future website where individuals desiring to do so may make cash contributions to the organization.

Line 4d – List of states and local jurisdictions in which fundraising is/will be performed

In all listed jurisdictions, the organization fundraises only for itself and no one fundraises on its behalf.

In most cases, fundraising activities will be based in the cities of Houston or Pasadena, both of which are in Harris County, Texas. However, given that fundraising will be on a one-to-one basis with potential donors, said fundraising could occur in the cities and towns (and counties) (listed below), making-up and near metropolitan Houston.

State of Texas

Harris County, Texas

Baytown

Bellaire

Bunker Hill Village

Deer Park

El Lago

Friendswood

Galena Park

Hedwig Village

Hilshire Village

Houston

Humble

Hunters Creek Village

Jacinto City

Jersey Village

Katy

La Porte

League City

Missouri City

Morgan's Point

Nassau Bay

Pasadena

Pearland

Piney Point Village

Seabrook

Shoreacres

COPY

South Houston

Southside Place

Spring Valley Village

Stafford

Taylor Lake Village

Tomball

Waller

Webster

West University Place

Galveston County, Texas

Bayou Vista

Clear Lake Shores

Dickinson

Friendswood

Galveston

Hitchcock

Jamaica Beach

Kemah

La Marque

League City

Santa Fe

Texas City

Brazoria County, Texas

Alvin

Angleton

Brazoria

Brookside Village

Clute

COPY

Danbury
Freeport
Friendswood
Lake Jackson
Liverpool
Manvel
Oyster Creek
Pearland
Richwood
Sandy Point
Surfside Beach
Sweeny
West Columbia
Fort Bend County, Texas
Arcola
Beasley
Fulshear
Houston
Katy
Kendleton
Meadows Place
Missouri City
Needville
Orchard
Pearland
Richmond
Rosenberg
Simonton

COPY

Stafford

Sugar Land

Weston Lakes

Waller County, Texas

Brookshire

Hempstead

Katy

Pattison

Prairie View

Waller

Montgomery County, Texas

Conroe

Cut and Shoot

Houston

Magnolia

Montgomery

Oak Ridge North

Panorama Village

Patton Village

Shenandoah

Splendora

Willis

Woodbranch

San Jacinto County, Texas

Coldspring

Point Blank

Shepherd

Liberty County, Texas

COPY

Ames
Cleveland
Daisetta
Dayton
Dayton Lakes
Devers
Hardin
Liberty
Mont Belvieu
Nome
North Cleveland
Old River-Winfrey
Plum Grove
Chambers County, Texas
Anahuac
Baytown
Beach City
Cove
Mont Belvieu
Old River-Winfrey
Seabrook
Shoreacres
Texas City
Jefferson County, Texas
Beaumont
Bevil Oaks
China
Groves

COPY

Nederland

Nome

Port Arthur

Port Neches

Taylor Landing

Line 7c

(Not Applicable)

Line 11

The organization will accept donations and charitable gifts of such property, as permitted by the IRC and other applicable laws and regulations, provided that there are no conditions imposed upon the donation by the donor and that there are no associated agreements requested by the donor as a part of the donation. It is the intention of the organization to convert such donations into cash in order to fund the organization's operations and charitable awards.

(See previous response to Part VIII, Line 4a above)

Form 1023

Part IX – Financial Data

General Notes

The corporation uses an accrual-based accounting system.

As the corporation has been in existence for approximately two (2) months, all numbers except for Balance Sheet figures (see General Notes thereto, below) are projections.

Section A – Statement of Revenues and Expenses

Line 14 – Fundraising expenses

The only anticipated fundraising expenses are reimbursement of travel expenses of Directors when traveling (principally by automobile) to meet with prospective donors / contributors.

Line 15 – Contributions, gifts, grants, and similar amounts paid out (attach itemized list)

(Projected, based upon estimated/projected revenues and other expenses)

Line 17 – Compensation of officers, directors, and trustees

Current Year (ending December 31, 2018): Salaries are not anticipated to be paid until the beginning of December 2018.

Line 23 – Any expense not otherwise classified, such as program services (attach itemized list)

	TY2018	TY2019	TY2020
General Office Supplies and Expenses	500.	500.	500.
	-----	-----	-----
Total (entered on line 23)	500.	500.	500.

Section B – Balance Sheet**General Notes**

As the organization has not reached the end of its first fiscal year, the Balance Sheet represents the financial condition of the organization as of August 31, 2018.

Line 10 – Other Assets (schedule)

Prepaid Expenses	396.
Capitalized Organizational Costs	104.

Total (entered on line 10)	500.

Line 14 – Notes Payable (schedule)

Single Note:	Lender:	Ravindranath Draksharam, as Organizer
Purpose:		To provide initial operating cash to begin paperwork and to make initial corporate filings
Original Amount:		500.
Interest Rate:		0%
Due Date:		Upon demand, but no later than June 30, 2019

Balance Due: 500.

Total Short-Term Notes Payable (entered on line 14) 500.

COPY

Form 1023

Part X – Public Charity Status

Line 1b

This organization satisfies the requirements of Section 508(e) of the Internal Revenue Code by operation of state law.

Further, the organization's Certificate of Formation states on page 2, in the "Supplemental Provisions / Information" article, as item c:

"Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code."

, and, as such, the corporation is mandated to be in compliance with Section 508(e) of the Internal Revenue Code.

Schedule H (Form 1023)

Section I – (Description of Program)

Lines 1a and 1b

(Please refer to answer (above) to Form 1023, Part VI, Line 1a)

Scholarship amount may range from \$100 to \$5,000, based upon the specific course, resource, and/or fees for which the applicant is requesting assistance.

Line 1c

(Not Applicable) – The organization will not provide loans.



Line 1d

The program will be publicized primarily by way of Ravindranath Draksharam's and Terence George's network of physicians and prior students, who are likewise connected to networks of medical students and pre-licensure physicians and other healthcare professionals.

The program will also be publicized by contacting financial aid offices and dean's offices at medical schools, informing them of the existence of the program and providing instruction on how they can refer potentially-eligible students to apply.

Line 1e

Considerable promotion/announcement of the program will be made personally by Dr Ravindranath Draksharam and Dr Terence George, who will encourage word-of-mouth distribution of notification of the program through their extended professional networks.

Promotional materials for distribution to medical school officials have not yet been created.

Line 1f

Applications will be submitted via the foundation's website, which has not yet been created.

The application will require:

- a) Basic personal information identifying the individual by name and providing contact information;
- b) Identification of the applicant's career track (e.g. medicine, nursing, dentistry, etc);
- c) Identification of the applicant's status in their career track (e.g. still in school, graduated, etc);
- d) Identification of the school where they are studying or from which they graduated;
- e) Proof of school and status (e.g. copy of transcript, copy of diploma, etc);
- f) Copies of score reports for any professional licensing/pre-licensing exams taken to-date;
- g) A statement of professional aspirations and goals;
- h) A detailed description of the costs for which they are requesting a grant/scholarship (including the exact amount, the exact description of the course/fee, the provider of the course and/or to whom the fee will be paid, and the date(s) when the course will be taken and/or when the fee will be paid);
- i) A statement describing how the course/fee is required and/or beneficial to their professional aspirations and/or career track;
- j) A statement of financial need (including a description of how the applicant will pay for the course/fee if they are not awarded a grant/scholarship from the organization);
- k) Proof of financial resources;
- l) Two (2) letters of reference from individuals (other than family or personal friends) who can speak to the applicant's character and their commitment to their professional aspirations;
- m) A commitment to use the grant/scholarship (if awarded) exclusively for the purpose requested;
- n) A commitment to provide proof of the same;
- o) A commitment to provide documentation of the outcome of the course, exam, etc for which the grant/scholarship (if awarded) was provided, afterwards; and,
- p) An agreement to repay the grant/scholarship (if awarded) if they do not use the award for the amount and purpose expressly requested and awarded.

Line 3

Eligibility is open to any student or pre-licensure graduate who is actively pursuing a professional career in healthcare in the United States and...

- 1) Who is required to pass standardized examinations in order to be licensed and/or to pass from one pre-licensure stage to another; and/or,

- 2) Who is required to seek placement in post-graduation-level training programs through an organized common application system or service (such as, but not limited to, that used by physicians to seek placement in accredited medical residency and fellowship programs).

Note: (See Schedule H, Section I, Line 7 and comments to Form 1023, Part VI, Line 3)

Line 4a

Quarterly, applications will be processed, as follows:

First, applications will be filtered positively if they meet the following criteria:

- 1) Applicant and their request falls within the eligibility criteria (as described above);
- 2) Application is complete;
- 3) Application includes a detailed description of a clearly defined and discreet cost for which the applicant is requesting a grant/scholarship which is necessary and/or appropriate for their stated career track and their place within that career track; and,
- 4) Letters of recommendation do not contain adverse indicators of prior academic performance or of personal characteristics that would create doubt that the individual will be able to make progress to their stated professional goals and/or that the individual will likely comply with terms and specifications of a grant/scholarship (if awarded).

Positively filtered applications will then be ranked/scored (as objectively as possible) based upon the following criteria, in order:

- 1) Perceived likelihood of academic / career-track success (based upon past academic performance, any prior exam scores, personal statements, and letters of recommendation); and,
- 2) Financial need.

Then, these applications will be awarded, in order of highest score/rank to lowest, until the quarterly funding pool is exhausted.

The organization may elect to award partial requests in situations when very deserving requests exceed the quarterly funding allocation and when it is felt that a partial award will benefit an applicant(s) and allow them to overcome an otherwise restrictive barrier to moving forward on their career track.

Unfunded applications may be rolled forward into subsequent quarters for potential funding/awarding if the date of the item for which the applicant is seeking support will not have passed by the next quarterly review and funding cycle.

Line 4b

The organization's Board of Directors will determine how much money will be disbursed in each quarterly funding cycle. The number of grants will be determined by the amount of funds allocated by the Board of Directors and the amounts requested by (and approved for) funded applications.

For example, if the Board of Directors allocates \$5,000 for funding applications in a given year and if the organization receives multiple applications for \$100, 50 grants/scholarships would be given; however, if the organization receives multiple applications for \$500 instead, only 10 grants/scholarships would be given. In practice, applications will be for variable amounts, and will be funded (in order (as described on Line 4a (immediately preceding))) until each quarter's funding allocation is exhausted.

Line 4c

(Please refer to answer (above) to Schedule H, Section I, Line 4a)

Line 4d

(Please refer to answer (above) to Schedule H, Section I, Line 1f)

Students must commit to:

- a) Using the grant/scholarship (if awarded) exclusively for the purpose requested/awarded;
- b) Providing proof of the same to the organization in a timely manner and/or when requested;
- c) Proving documentation of the outcome of the course, exam, etc for which the grant/scholarship (if awarded) was provided, at the end of the course and/or when requested; and,
- d) Repay the grant/scholarship (if awarded) if they do not use the award for the amount and purpose expressly requested and awarded.

Where specific outcomes are often outside of an applicant's immediate control, the applicant is not committed to achieving a certain outcome. They are only required to use the grant/scholarship for the exact purpose requested/awarded and to actually use/utilize that resource.

For example: If an applicant requests a scholarship to pay to take a USMLE Step 2CK examination and is awarded \$500 to pay for that exam, their only requirements are 1) to use the \$500 to pay for their USMLE Step 2CK examination fee, and 2) to actually sit for their USMLE Step 2CK examination which was paid for using their grant/scholarship. There is no requirement for them to achieve any minimum score.

Line 5

All awardees are placed into a database which is used to track compliance with the terms of their grant/scholarship.

Awardees are given specific instructions at the time of their grant/scholarship for providing follow-up documentation to demonstrate their compliance with the terms of their grant/scholarship.

Proof of proper expenditure must be provided showing that the awardee spent at-least the full amount of the grant/scholarship for the exact purpose expressly awarded in the form of a verifiable, official copy of a receipt, registration, or the like from the payee/vendor (as specified in their application).

If an awardee has not voluntarily provided proof of proper expenditure within sixty (60) days of disbursement, the organization will follow-up via email, telephone, and/or postal communication.

The organization will reserve the right to revoke the grant/scholarship and require repayment in full if such proof of proper expenditure is not received within 120 days of the date of disbursement.

Proof of utilization must be provided showing that the awardee actually utilized the resource for which they requested support (as specified in their application). Given the variable nature of documentation available from different vendors and for different types of resources, the exact form of the proof will not be specified as long as the proof clearly and obviously substantiates utilization of the resource and as long as the proof is verifiably from the vendor.

For example: If a grant is awarded for an applicant to take an examination preparation course, a letter from the school or a letter from the instructor stating that the individual actually attended classes will satisfy this requirement; however, an invoice for the tuition (while satisfying proof of the expenditure) will not satisfy the requirement for proof of utilization. If a grant is awarded for an application to pay for an examination fee, they would need to provide proof from the testing agency that they actually sat for the examination.

If an awardee has not voluntarily provided proof of utilization within thirty (30) days of the anticipated end of the resource (as determined by the application) (e.g. the end of a course or the reported due date for paying a certain fee, etc), the organization will follow-up via email, telephone, and/or postal communication.

The organization will reserve the right to revoke the grant/scholarship and require repayment in full if such proof of utilization is not received within 120 days of the anticipated end of the resource.

Documentation of outcome must be provided to show the actual result of the expenditure for which the awardee received their grant/scholarship. Given the variable nature of the resources for which grants/scholarships may be awarded, different recipients will be given different guidelines based on the resources they will procure with their award.

For example: If a grant is awarded for an examination preparation course, the awardee will be required to provide a copy of an official score report for that exam. If a grant is awarded to pay for a licensing examination fee, the awardee will be (likewise) required to provide an official score report for that exam. If a grant is awarded to help an applicant pay for fees associated with applying to medical residency programs, they will be required to provide proof of where they matched into a residency program or that they did not match into a program.

If an awardee has not voluntarily provided documentation of outcome within sixty (60) days of the anticipated end of the resource (as determined by the application) (e.g. the end of a course or the reported due date for paying a certain fee), the organization will follow-up via email, telephone, and/or postal communication.

The organization will reserve the right to revoke the grant/scholarship and require repayment in full if such documentation of outcome is not received within 120 days of the anticipated end of the resource.

In cases where terms are violated and/or if it appears that the applicant is unwilling to provide necessary proofs (even if a reasonable extension of time is provided), the organization will send the awardee a written statement of revocation and demand for repayment. The amount of the demand will become an account receivable, collection of which will be pursued as is deemed reasonable and prudent, based upon the amount and upon anticipated likelihood of recovery.

Line 6

The selection committee is the Board of Directors of the organization.

Current Members/Directors: (Please refer to Form 1023, Part V, line 1a)

Criteria for Membership and Replacement: (Please refer to Corporate Bylaws (copy attached), Article 5 (pp 2-4))

<end>

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

DRN Foundation, Inc
File Number: 803077786

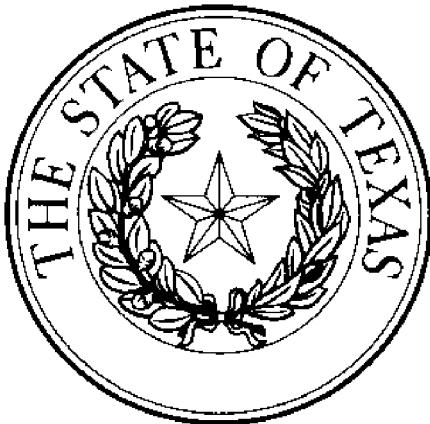
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Nonprofit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 07/27/2018

Effective: 07/27/2018



A handwritten signature in black ink that appears to read "RBP".

Rolando B. Pablos
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: Tiffany Garcia

Fax: (512) 463-5709
TID: 10306

Dial: 7-1-1 for Relay Services
Document: 827657010002

Form 202

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$25


**Certificate of Formation
Nonprofit Corporation**

**Filed in the Office of the
Secretary of State of Texas
Filing #: 803077786 07/27/2018
Document #: 827657010002
Image Generated Electronically
for Web Filing**

Article 1 - Corporate Name

The filing entity formed is a nonprofit corporation. The name of the entity is :

DRN Foundation, Inc

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Ravindranath Draksharam

C. The business address of the registered agent and the registered office address is:

Street Address:

1116 W Pasadena Freeway Pasadena TX 77506

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Management

A. Management of the affairs of the corporation is to be vested solely in the members of the corporation.

OR

B. Management of the affairs of the corporation is to be vested in its board of directors. The number of directors, which must be a minimum of three, that constitutes the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting or until their successors are elected and qualified are set forth below.

Director 1: **Ravindranath Draksharam**

Title: **Director**

Address: **1116 W Pasadena Freeway Pasadena TX, USA 77506**

Director 2: **Duane P Hill**

Title: **Director**

Address: **3000 Murworth Dr Suite 1012 Houston TX, USA 77025**

Director 3: **Kishore Draksharam**

Title: **Director**

Address: **1116 W Pasadena Freeway Pasadena TX, USA 77506**

Article 4 - Organization Structure

A. The corporation will have members.

or

B. The corporation will not have members.

Article 5 - Purpose

The corporation is organized for the following purpose or purposes:

To engage in any lawful act or activity, BOTH:

a) for which a non-profit corporation may be formed under the Texas Business Organization Code; AND,

b) which is exclusively for charitable, religious, educational, and/or scientific purposes (within the meaning of section 501(c)(3) of the Internal Revenue Code), including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or any corresponding section of any future federal tax code.

Supplemental Provisions / Information

Further:

- a) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 5 hereof.
- b) No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation; and, the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
- c) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- d) Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Organizer

The name and address of the organizer are set forth below.

Ravindranath Draksharam

1116 W Pasadena Freeway, Pasadena, TX 77506

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Ravindranath Draksharam

Signature of organizer.

FILING OFFICE COPY

COPY

CONFLICT OF INTEREST POLICY

of

DRN Foundation, Inc
(A Nonprofit Texas Corporation)

ARTICLE 1 – AUTHORITY

This Conflict of Interest Policy is binding upon the Directors, Officers, Advisors, committee members, employees, agents, and independent contractors of the **DRN Foundation, Inc**, upon the authority of the Board of Directors of the same.

ARTICLE 2 – PURPOSE

The purpose of this Conflict of Interest Policy is to protect this nonprofit, tax-exempt Organization's interests when it is contemplating entering into a transaction or arrangement that might benefit the private interests of a Director or Officer of the Organization or some other interested person or that might result in a possible excess-benefit transaction.

This policy is meant to supplement – but not to replace – any applicable state and/or federal laws governing conflict of interest which might be applicable to nonprofit and charitable organizations.

ARTICLE 3 – DEFINITIONS

The following definitions are made a part of this Conflict of Interest Policy:

1. Interested Person

An Interested Person is any Director, Officer, Advisor, committee member, employee, agent, or independent contractor who has a direct and/or indirect financial interest, as defined below.

2. A person has a financial interest if that person has, directly or indirectly, through business, investment, or family:

- a) An ownership or investment interest in any entity with which the Organization has a transaction or arrangement;
- b) A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement; and/or,

- c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article 4, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

ARTICLE 4 – PROCEDURES

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Board of Directors or to the members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts and after any discussion with the interested person, that person shall leave the governing body meeting (even if they be a member of such governing body) while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a) An interested person may make a presentation at the governing body meeting; but, after the presentation, he/she shall leave the meeting during the discussion of, and during the vote upon, the transaction or arrangement involving the possible conflict of interest.
- b) The chairperson of the governing body shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c) After exercising due diligence, the governing body shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing body shall determine by a majority vote of the disinterested members whether the transaction or arrangement is in the

Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether or not to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a) If a governing body has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it shall inform the individual of the basis for such belief and shall afford the individual an opportunity to explain the alleged failure to disclose.
- b) If, after hearing the individual's response and after making further investigation as may seem warranted by the circumstances, the governing body determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE 5 – RECORDS OF PROCEEDINGS

The minutes of the Board of Directors and all committees with board delegated powers shall contain:

1. The names of persons who disclosed or were otherwise found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing body's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion (including any alternatives to the proposed transaction or arrangement), and a record of any votes taken in connection with the proceedings.

ARTICLE 6 – COMPENSATION-RELATED MATTERS

With respect to compensation-related matters...

1. A voting member of the Board of Directors who receives compensation, either directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, either directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
3. No voting member of the Board of Directors or of any committee whose jurisdiction includes compensation matters and who receives compensation, either directly or indirectly, from the

Organization, either individually or collectively, is prohibited from providing information to any governing body regarding compensation.

ARTICLE 7 – ANNUAL STATEMENTS

Each Director, Officer, Advisor, and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

1. Has received a copy of the conflicts of interest policy;
2. Has read and understands the policy;
3. Has agreed to comply with the policy; and,
4. Understands that the Organization is charitable and, in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE 8 – PERIODIC REVIEWS

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted.

The periodic reviews shall, at a minimum, include the following subjects:

1. Whether compensation arrangements and benefits are reasonable, based on competent survey information and on the result of “arm's length” bargaining.
2. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies; are properly recorded; reflect reasonable investment or payments for goods and services; further the Organization's charitable purposes; and, do not result in inurement, in impermissible private benefit, or in an excess-benefit transaction.

ARTICLE 9 – USE OF OUTSIDE EXPERTS

When conducting the periodic reviews as provided for in Article 8, the Organization may, but is not required to, use outside advisors.

If outside experts are used, their use shall not relieve the Board of Directors of its responsibility for ensuring that periodic reviews are conducted.

< End of Policy Statement>