

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

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](http://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**

<b>1</b> Full name of organization (exactly as it appears in your <b>organizing document</b> )		<b>2</b> c/o Name (if applicable)	
One Purse, Inc.		N/A	
<b>3</b> Mailing address (Number and street) (see instructions)	Room/Suite	<b>4</b> Employer Identification Number (EIN)	
620 Glenridge Way		45-2860786	
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
Winter Park, FL 32789		12	
<b>6</b> Primary contact (officer, director, trustee, or <b>authorized representative</b> )		<b>b</b> Phone: 407-622-6751	
a Name: <b>Jeremy S. Sloane, Andrew H. Thompson</b>		<b>c</b> Fax: (optional) 866-389-2760	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9a</b> Organization's website: <b>www.onepurse.org</b>			
<b>b</b> Organization's email: (optional) <b>heather@onepurse.org</b>			
<b>10</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No SEE ATTACHMENT	
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		07 / 28 / 2011	
<b>12</b> Were you formed under the laws of a <b>foreign country</b> ? 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): **Attachment to Articles of Inc**

---

- 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.
- 2b 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. **Attachment to Articles of Incorporation**
- 2c 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)
Heather Case	President, Director	620 Glenridge Way Winter Park, FL 32789	\$0
Heath Hensley	Treasurer, Director	2955 Waumpi Trail Maitland, FL 32751	\$0
Tami Seybert	Secretary, Director	5320 Cypress Reserve Place Winter Park, FL 32792	\$0

**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)
<b>None</b>			

**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)
<b>None</b>			

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

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship.  **Yes**    **No**  
SEE ATTACHMENT
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  **Yes**    **No**
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  **Yes**    **No**  
N/A - SEE ATTACHMENT
- 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. SEE ATTACHMENT
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  **Yes**    **No**
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use. SEE ATTACHMENT
  - 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? SEE ATTACHMENT
- 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**  
SEE ATTACHMENT
- 
- 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**  
SEE ATTACHMENT
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
- 
- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  **Yes**  **No**

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

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

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

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

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

**Part VII Your History**

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

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

**Part VIII Your Specific Activities**

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

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

**Part VIII Your Specific Activities (Continued)**

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

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

Attach a description of each fundraising program.

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

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

**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. SEE ATTACHMENT

**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**  
N/A - SEE ATTACHMENT

**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**  
N/A - SEE ATTACHMENT

**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. N/A - SEE ATTACHMENT

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

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

**b** Do you provide child care 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 child care, 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**  
SEE ATTACHMENT

**Part VIII Your Specific Activities (Continued)**

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

**Part VIII Your Specific Activities (Continued)**

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

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

**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements 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 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (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 01/01/13 To 12/31/13	(b) From 05/11 To 12/31/11	(c) From 01/01/12 To 12/31/12	(d) From 01/01/14 To 12/31/14	
		PROJ				PROJ
	<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)	4400	5637	4973	4500	19509
	<b>2</b> Membership fees received	0	0	0	0	0
	<b>3</b> Gross investment income	0	0	0	0	0
	<b>4</b> Net unrelated business income	0	0	0	0	0
	<b>5</b> Taxes levied for your benefit	0	0	0	0	0
<b>Revenues</b>	<b>6</b> 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	0	0
	<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0	0	0
	<b>8</b> Total of lines 1 through 7	4400	5637	4973	4500	19509
	<b>9</b> 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)	5075	1940	2963	5250	15228
	<b>10</b> Total of lines 8 and 9	9475	7577	7936	9750	34737
	<b>11</b> Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0	0	0
	<b>12</b> Unusual grants	0	0	0	0	0
	<b>13</b> Total Revenue Add lines 10 through 12	9475	7577	7936	9750	34737
	<b>14</b> Fundraising expenses	0	0	0	0	
	<b>15</b> Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	6940	5737	4284	7125	
	<b>16</b> Disbursements to or for the benefit of members (attach an itemized list)	0	0	0	0	
<b>Expenses</b>	<b>17</b> Compensation of officers, directors, and trustees	0	0	0	0	
	<b>18</b> Other salaries and wages	0	0	0	0	
	<b>19</b> Interest expense	0	0	0	0	
	<b>20</b> Occupancy (rent, utilities, etc.)	0	0	0	0	
	<b>21</b> Depreciation and depletion	0	0	0	0	
	<b>22</b> Professional fees	500	0	0	500	
	<b>23</b> Any expense not otherwise classified, such as program services (attach itemized list)	1395	515	530	550	
	<b>24</b> Total Expenses Add lines 14 through 23	8835	6252	4814	8175	

**Part IX Financial Data (Continued)**

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

Year End: **2012**

Assets		(Whole dollars)
1	Cash . . . . .	1873
2	Accounts receivable, net . . . . .	0
3	Inventories . . . . .	1100
4	Bonds and notes receivable (attach an itemized list) . . . . .	0
5	Corporate stocks (attach an itemized list) . . . . .	0
6	Loans receivable (attach an itemized list) . . . . .	0
7	Other investments (attach an itemized list) . . . . .	0
8	Depreciable and depletable assets (attach an itemized list) . . . . .	0
9	Land . . . . .	0
10	Other assets (attach an itemized list) . . . . .	0
11	<b>Total Assets (add lines 1 through 10)</b> . . . . .	<b>2973</b>
Liabilities		
12	Accounts payable . . . . .	0
13	Contributions, gifts, grants, etc. payable . . . . .	3755
14	Mortgages and notes payable (attach an itemized list) . . . . .	0
15	Other liabilities (attach an itemized list) . . . . .	97
16	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	<b>3852</b>
Fund Balances or Net Assets		
17	Total fund balances or net assets . . . . .	(879)
18	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	<b>2973</b>
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.  Yes  No  
If you 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.  Yes  No
- 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.  Yes  No
- 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?  Yes  No
- 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, g, or h 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)(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.
- h 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).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

**6** If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.  N/A  
SEE ATTACHMENT

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization

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

.....  
(Type or print name of signer)

.....  
(Date)

.....  
(Type or print title or authority of signer)

For IRS Use Only

.....  
IRS Director, Exempt Organizations

.....  
(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).  N/A  
SEE ATTACHMENT
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) 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," check this box.
- (ii) (a) 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 of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are 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," check this box.

- 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  
N/A - SEE ATTACHMENT

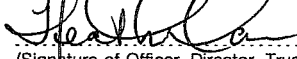
**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. 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](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  **Yes**  **No**  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

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)

**Heather Case**  
 (Type or print name of signer)

**10/21/13**  
 (Date)

**President**  
 (Type or print title or authority of signer)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

**Schedule A. Churches**

- 1a** Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.  Yes  No
- b** Do you have a form of worship? If "Yes," describe your form of worship.  Yes  No
- 2a** Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.  Yes  No
- b** Do you have a distinct religious history? If "Yes," describe your religious history.  Yes  No
- c** Do you have a literature of your own? If "Yes," describe your literature.  Yes  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.  Yes  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.  Yes  No
- b** Do you own the property where you have an established place of worship?  Yes  No
- 6** Do you have an established congregation or other regular membership group? If "No," refer to the instructions.  Yes  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.  Yes  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.  Yes  No
- c** May your members be associated with another denomination or church?  Yes  No
- d** Are all of your members part of the same family?  Yes  No
- 9** Do you conduct baptisms, weddings, funerals, etc.?  Yes  No
- 10** Do you have a school for the religious instruction of the young?  Yes  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.  Yes  No
- b** Do you have schools for the preparation of your ordained ministers or religious leaders?  Yes  No
- 12** Is your minister or religious leader also one of your officers, directors, or trustees?  Yes  No
- 13** Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.  Yes  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.  Yes  No
- 15** Do you issue church charters? If "Yes," describe the requirements for issuing a charter.  Yes  No
- 16** Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.  Yes  No
- 17** Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.  Yes  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 Publication 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
<b>Total</b>						

**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
<b>Total</b>								

**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 school education? If "Yes," explain.  **Yes**  **No**

**8** Will you maintain records according to the non-discrimination provisions contained in Revenue Procedure 75-50? If "No," explain. (See instructions.)  **Yes**  **No**

**Schedule C. Hospitals and Medical Research Organizations**

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

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

**Section I Hospitals**

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

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

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  
**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.  **Yes**  **No**
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies.  **Yes**  **No**
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease.  **Yes**  **No**
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals.  **Yes**  **No**
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings.  **Yes**  **No**

**Section II Medical Research Organizations**

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

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

**Section I Identifying Information About the Supported Organization(s)**

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

Name	Address	EIN
		-
		-

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

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

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

- Part IX-A. Statement of Revenues and Expenses, lines 1-13 and
- Part X, lines 6b(ii)(a), 6b(ii)(b), 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)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," continue to line 2.  **Yes**     **No**

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

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

**4** Information to establish the alternative "operated in connection with" responsiveness test (Test 3)  
**a** Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b.  **Yes**     **No**

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

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

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

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

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

- 5** Information to establish the "operated in connection with" integral part test (Test 3)  
Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a.  **Yes**  **No**
- 6** Information to establish the alternative "operated in connection with" integral part test (Test 3)
- a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If "Yes," go to line 6b. (See instructions.)  **Yes**  **No**  
If "No," state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
- b** How much do you contribute annually to each supported organization? Attach a schedule.
- c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.
- d** Do you or the supported organization(s)  **earmark** your funds for support of a particular program or activity? If "Yes," explain.  **Yes**  **No**
- 7a** Does your organizing document specify the supported organization(s) by name? If "Yes," state the article and paragraph number and go to Section III. If "No," answer line 7b.  **Yes**  **No**
- b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

**Section III Organizational Test**

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

**Section IV Disqualified Person Test**

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

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

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

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier. If you are not eligible for tax exemption under section 501(c)(3) from your date of incorporation or formation, Schedule E is also intended to determine whether you are eligible for tax exemption under section 501(c)(4) for the period between your date of incorporation or formation and the postmark date of your application.

- 1** Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E.  **Yes**  **No**
- 
- 2a** Are you a public charity with annual **gross receipts** that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts.  **Yes**  **No**
- b** If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here.  **Yes**  **No**
- 
- 3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4.  **Yes**  **No**
- b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here.  **Yes**  **No**
- c** If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here.  **Yes**  **No**
- 
- 4** Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule.  **Yes**  **No**
- 
- 5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6, 7, or 8. If "No," go to line 6a.  **Yes**  **No**
- 
- 6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? If "Yes," you are eligible for an advance ruling. Complete Part X, line 6a. If "No," you will be treated as a private foundation.  **Yes**  **No**
- Note.** Be sure your ruling eligibility agrees with your answer to Part X, line 6.
- b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below.  **Yes**  **No**

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

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

Type of Revenue	Projected revenue for 2 years following current tax year		
	(a) From ..... To	(b) From ..... To	(c) Total
<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)			
<b>2</b> Membership fees received			
<b>3</b> Gross investment income			
<b>4</b> Net unrelated business income			
<b>5</b> Taxes levied for your benefit			
<b>6</b> 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)			
<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)			
<b>8</b> Total of lines 1 through 7			
<b>9</b> 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)			
<b>10</b> Total of lines 8 and 9			
<b>11</b> Net gain or loss on sale of capital assets (attach an itemized list)			
<b>12</b> Unusual grants			
<b>13</b> Total revenue. Add lines 10 through 12			

**8** According to your answers, you are only eligible for tax exemption under section 501(c)(3) from the postmark date of your application. However, you may be eligible for tax exemption under section 501(c)(4) from your date of formation to the postmark date of the Form 1023. Tax exemption under section 501(c)(4) allows exemption from federal income tax, but generally not deductibility of contributions under Code section 170. Check the box at right if you want us to treat this as a request for exemption under 501(c)(4) from your date of formation to the postmark date.

▶

Attach a completed Page 1 of Form 1024, Application for Recognition of Exemption Under Section 501(a), to this application.

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

1 Describe the type of housing you provide.

2 Provide copies of any application forms you use for admission.

3 Explain how the public is made aware of your facility.

4a Provide a description of each facility.

b What is the total number of residents each facility can accommodate?

c What is your current number of residents in each facility?

d Describe each facility in terms of whether residents rent or purchase housing from you.

5 Attach a sample copy of your residency or homeownership contract or agreement.

6 Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements.  Yes  No

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

7 Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services.  Yes  No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

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

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

9 Do you participate in any government housing programs? If "Yes," describe these programs.  Yes  No

10a Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b.  Yes  No

b How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.

c Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases.  Yes  No

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

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

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

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

**b** Provide the tax status of the predecessor organization.

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

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

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

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

**Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures**

**Section I** *Names of individual recipients are not required to be listed in Schedule H.*

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

- 1a 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.)

- 4a 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.**

- 1a If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures?  Yes  No  N/A
- b For which section(s) do you wish to be considered?
  - 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution
  - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product

2 Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring?  Yes  No

3 Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2?  Yes  No

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures**  
(Continued)

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

**4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f.  **Yes**  **No**

**b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.)  **Yes**  **No**

**c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer?  **Yes**  **No**  **N/A**

If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?  **Yes**  **No**

**d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?  **Yes**  **No**  **N/A**

If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e.  **Yes**  **No**

**e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39?  **Yes**  **No**  **N/A**

If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.

**Note.** Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.

**f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e.  **Yes**  **No**

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code)**

**Applicant: One Purse, Inc.  
EIN: 45-2860786**

---

**PART I IDENTIFICATION OF APPLICANT**

*Line 7 – Authorized Representative*

Jeremy S. Sloane, Esq.  
Vasallo Sloane, P.L.  
301 E. Pine Street, Suite 250  
Orlando, Florida 32801

Andrew H. Thompson, Esq.  
Vasallo Sloane, P.L.  
301 E. Pine Street, Suite 250  
Orlando, Florida 32801

See attached IRS Form 2848: Power of Attorney and Declaration of Representative

*Line 10 – Requirement to file information return*

At this time, the annual gross receipts of One Purse, Inc. ("One Purse") do not exceed \$25,000; therefore One Purse should not have an obligation to file an information return.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION**  
**(Under Section 501(c)(3) of the Internal Revenue Code**

**Applicant: One Purse, Inc.**  
**EIN: 45-2860786**

---

**PART IV NARRATIVE DESCRIPTION OF ACTIVITIES**

One Purse focuses its efforts on relief of the poor, distressed, and underprivileged, and promoting social welfare domestically and abroad by combating community deterioration. Specifically, One Purse identifies projects and causes corresponding to this mission which need financial and other assistance, such as delivering a mechanism for Ethiopians to obtain a freshwater well or providing funding for a local transitional housing facility. One Purse then supports those projects and causes by, among other things, raising public awareness about the projects and causes and providing financial and other assistance to them.

One Purse will periodically partner with a local charitable organization with “boots on the ground” in order to complete these projects. One Purse will host “purse parties” at which numerous people will gather to hear about the project or cause that is the topic of that “purse party.” At the parties, One Purse representatives lead a discussion about the needs of the project or cause and seek donations, whether in exchange for donated purses or otherwise. All activities are conducted entirely by unpaid volunteers and all sales consist of the sale of donated goods.

In addition to monetary donations, One Purse obtains donations of “gently used” handbags, purses and related accessories. These donated items are then sold to attendees, with the proceeds going to the mission/cause selected by the purchaser.

Attached is an example of the type of charitable project One Purse conducts and supports.

# OnePurse

August 12, 2011

## Hope for the Horn of Africa

By Heather

Is there hope for the Horn of Africa? If you are like me, as you hear the news reports about the famine and drought conditions, you wonder what one person can do? The need is so great, the statistics are overwhelming, and the media coverage offers no vision of hope. It can be mind numbing, and our natural tendency is to turn the channel, or worse yet our backs, on the suffering of these people. We can choose to pass by on the other side of the road, or the other side of the world, pretending we do not know that other human beings are suffering, or we can follow in the footsteps of the Good Samaritan and give our best offering to help those in need, whatever that might be.

“We can do no great things, only small things with great love” ~ Mother Theresa

“Don’t fail to do something, because you can’t do everything” ~ Bob Pierce, Founder of World Vision

“Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.” ~ Jesus Christ (Matthew 25:40)

Will you join me in doing something, will you choose to bring hope and help to our neighbors in this region of the world? With One Purse I have been working on a project with many other supporters to help raise the funds for a freshwater well at a care-point in Ethiopia called Trees of Glory. TOG serves the needs of over 100 orphan and destitute children. They are feeling the effects of this drought at the care-point. Their crops are suffering, and food prices are rising. By completing this well project we will not only provide freshwater for the children at Trees of Glory, but we will be providing a source of clean water for many of the surrounding villages. Hundreds, if not thousands, will benefit from this one water source.

We are getting close to having the money needed for the well. We have less than \$7,000 to go. Will you help us cross the finish line? Please donate your most generous gift today. You may use the donate button that says “Trees of Glory Well Project” in the upper right hand corner of this website. For every \$5 donation given, you will be entered into a drawing for this gently used, authentic Coach handbag. We will hold the drawing for the purse on Sunday, August 21st, at 6pm EST!



<http://onepurse.files.wordpress.com/2011/08/carly-handbag.jpg>

If you have already given, THANK YOU! Please help me spread the word by sharing this link on Facebook, etc... God Bless You!

[About these ads \(http://en.wordpress.com/about-these-ads/\)](http://en.wordpress.com/about-these-ads/)

This entry was posted on Friday, August 12th, 2011 at 10:27 am and posted in Uncategorized. You can follow any responses to this entry through the [RSS 2.0](#) feed.

[Subscribe RSS](#)

Blog at WordPress.com. The Elegant Grunge Theme.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION**  
**(Under Section 501(c)(3) of the Internal Revenue Code)**

**Applicant: One Purse, Inc.**  
**EIN: 45-2860786**

**PART V COMPENSATION AND OTHER FINANCIAL ARRANGEMENTS WITH OFFICERS, DIRECTORS, TRUSTEES, EMPLOYEES AND INDEPENDENT CONTRACTORS**

*Line 2a – Relation of officers, directors or trustees through family or business relationships*

Heather Case, President and director, and Heath Hensley, Treasurer and director, are siblings.

*Line 2c – Relation of highest compensated employees / independent contractors to officers, directors or trustees through family or business relationships*

Not applicable. There are no employees or independent contractors who receive compensation of more than \$50,000 per year.

*Line 3a – Information about officers, directors, trustees and highest compensated employees and independent contractors*

<u>Name</u>	<u>Qualifications</u>	<u>Average Hours Worked</u>	<u>Duties</u>
Heather Case	Bachelor's degree in Business Administration;  Former Vice President of Servicing for independent specialty finance company;  Extensive business management experience	15 - 20 hours / week	President  Business development, marketing, inventory management, networking
Heath Hensley	Current Vice President of document management solution company;  Extensive computer engineering and business management experience	20 hours / month	Treasurer  Website development, business strategy
Tami Seybert	Bachelor's degree in Business Administration;  Owner of event management company	5 - 10 hours / month	Secretary;  Event planning

*Line 4 – Establishment of compensation for officers, directors, trustees, highest compensated employees and highest compensated independent contractors*

Although One Purse does not currently compensate its officers or directors and does not have any employees or independent contractors, it is possible that it may in the future elect to do so. If so, the individuals that approve compensation arrangements will implement the practices recommended in lines 4a-g.

*Line 5a – Conflict of interest policy*

See attached copy of Conflict of Interest Policy.

ONE PURSE, INC.

CONFLICT OF INTEREST POLICY

Article I: Purpose

The Board of Directors (the "**Board**") of One Purse, Inc., a Florida not-for-profit corporation (the "**Corporation**"), adopted this Conflict of Interest Policy (the "**Policy**") to obtain and preserve the Corporation's status as a corporation exempt from federal income tax under the Internal Revenue Code of 1986, as amended, and the Treasury Regulations promulgated thereunder (collectively, the "**Code**"). Specifically, the Policy is designed to address circumstances where the Corporation contemplates entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Corporation (or other person listed below) or might result in a possible excess benefit transaction.

The Policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to charitable organizations. It is designed to provide guidance to the Corporation for the resolution of potential conflict of interest issues that may arise from time to time in the conduct of the Corporation's operations. Conflict of interest issues that arise, but are not addressed by this Policy, shall be handled by the Board in a manner consistent with the language and intent of this Policy and the Corporation's status as a corporation exempt from federal income taxation under the Code. Each employee, officer and director of the Corporation shall be provided with a copy of this Policy.

Article II: Definitions

When used in this Policy, the following terms shall have the meanings ascribed to them by this Article II:

1. "**Committee**": a group of persons delegated powers by the Board to perform a specific task or series of tasks on behalf of the Board.
2. "**Compensation**": includes direct and indirect remuneration, bonuses, commissions, royalties, fringe benefits, retirement and pension benefits, expense allowances, insurance coverages, gifts or favors *provided that* they are not insubstantial. What constitutes "insubstantial" is subject to the final judgment of the Board, but reasonable standards consistent with the Code should be applied in making this determination.
3. "**Disinterested Person**": a person or entity that is not an Interested Person.
4. "**Interested Person**": a director, officer, manager or Key Employee of the Corporation, or any entity controlled by any such person, or a member of a Committee, who has a direct or indirect Financial Interest (as defined below) in the particular transaction or arrangement at issue.
5. "**Financial Interest**": a person has a financial interest in a transaction or arrangement with the Corporation if the person has, directly or indirectly, by virtue of a business, investment, or family relationship:
  - (a) an ownership or investment interest in any entity with which the Corporation has a transaction or arrangement;

(b) a compensation arrangement with the Corporation or with any entity or person with which the Corporation has a transaction or arrangement; or

(c) a potential ownership or investment interest in, or compensation arrangement with, any entity or person with which the Corporation is discussing a transaction or arrangement.

6. **“Key Employee”**: an employee of the Corporation who meets each of the three following tests:

(a) **\$150,000 Test**: the employee receives reportable compensation from the Corporation and all related corporations in excess of \$150,000 for the year;

(b) **Responsibility Test**: the employee: (i) has responsibility, powers, or influence over the Corporation as a whole that is similar to those of officers, directors, or trustees; (ii) manages a discrete segment or activity of the Corporation that represents 10% or more of the activities, assets, income, or expenses of the Corporation, as compared to the Corporation as a whole; or (iii) has or shares authority to control or determine 10% or more of the Corporation’s capital expenditures, operating budget, or compensation for employees; and

(c) **Top 20 Test**: the employee is one of the twenty (20) employees (that satisfy the \$150,000 Test and Responsibility Test) with the highest reportable compensation from the Corporation and related corporations for the year.

### **Article III: Procedures**

1. **Duty to Disclose.** Any Interested Person must promptly disclose to the Board the existence of a Financial Interest in a contemplated or existing transaction or arrangement involving the Corporation. Such Interested Person shall then disclose all material facts surrounding the conflict of interest or potential conflict of interest in writing to the members of the Board.

2. **Determining Whether a Conflict of Interest Exists.** Subsequent to compliance with the procedures of Article III, Section 1 above, the Board or a Committee thereof (the **“Conflict of Interest Committee”**) shall hold a meeting (a **“Conflict Determination Meeting”**) at which the Conflict of Interest Committee will determine by majority vote of Disinterested Persons that are members thereof whether a conflict of interest exists with respect to the transaction or arrangement at issue. Except for the presentation contemplated under Article III, Section 3(a) below, the Interested Person shall be excluded from the Conflict Determination Meeting, as well as the decision making and voting process of the Conflict of Interest Committee.

3. **Procedures for Addressing the Conflict of Interest.**

(a) **Presentation at the Conflict Determination Meeting.** At the Conflict Determination Meeting all material facts surrounding the Financial Interest and the actual or potential conflict of interest shall be presented. Notwithstanding, the conduct of the Conflict Determination Meeting, including, but not limited to, the order of presentation, the allotted time for the presentation, the materials to be presented and otherwise, shall be subject to the sole and absolute discretion of the Conflict of Interest Committee.

(b) **Appointment of Disinterested Person(s).** The Conflict of Interest Committee may, in its sole and absolute discretion, appoint a Disinterested Person(s) to investigate reasonable alternatives to the proposed transaction or arrangement raising the actual or potential conflict issues.

(c) **Determination as to More Advantageous Transaction.** After exercising reasonable diligence with respect to the investigation of, and determination as to, the actual or potential conflict of interest at issue, the Conflict of Interest Committee shall determine whether the Corporation can obtain with reasonable efforts and at reasonable cost a more advantageous transaction or arrangement from a person, entity or corporation that would not give rise to a conflict of interest.

(d) **Lack of Alternatives Not Raising a Conflict of Interest.** If the Conflict of Interest Committee determines that a more advantageous transaction or arrangement is not reasonably available under circumstances not producing a conflict of interest, the Conflict of Interest Committee shall determine by majority vote of those members thereof that are Disinterested Persons: (i) whether the transaction or arrangement is in the Corporation's best interest, for the sole benefit of the Corporation, and whether it is fair and reasonable under the circumstances; and (ii) whether to enter into the transaction or arrangement.

#### 4. **Violations of the Policy.**

If the Board has reasonable cause to believe that an Interested Person failed to disclose actual or potential conflicts of interest or a Financial Interest, or failed to disclose all material facts surrounding such actual or potential conflict of interest or Financial Interest, the Board shall inform the Interested Person of the basis for such belief and afford the Interested Person an opportunity to explain the alleged failure to disclose in a manner determined in the sole discretion of the Disinterested Persons who are members of the Board or a Committee thereof (the "**Disciplinary Committee**"). The Disciplinary Committee may, in its sole and absolute discretion, investigate the issue further or make a determination by majority vote as to whether the Interested Person failed to disclose an actual or possible conflict of interest, Financial Interest, or all material facts in connection therewith. If the Disciplinary Committee determines that such a failure to disclose occurred, it shall promptly take the disciplinary and corrective action that it deems necessary to address the failure to disclose, and to remedy the nondisclosure and actual or potential conflict of interest.

#### **Article IV: Records of Proceedings.**

The minutes of the Conflict of Interest Committee or Disciplinary Committee, as the case may be, shall contain:

- (i) the names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or possible conflict of interest;
- (ii) the nature of the Financial Interest;
- (iii) any action taken to determine whether a conflict of interest existed;
- (iv) the ultimate determination made by the Conflict of Interest Committee or Disciplinary Committee, as the case may be, as to whether a conflict of interest exists;
- (v) the names of the persons who were present for discussions and votes relating to the transaction or arrangement involving the actual or potential conflict of interest;
- (vi) the content of the discussion, including reasonable alternatives to the proposed transaction or arrangement; and

- (vii) a record of any votes taken in connection with the proceedings.

### **Article V: Compensation.**

1. **Disqualification of Interested Persons from Compensation Determinations.** A voting member of the Board or a Committee whose authority includes Compensation matters (a "**Compensation Committee**") who receives Compensation, directly or indirectly, from the Corporation for services (a "**Disqualified Person**") may not vote on matters pertaining to the Compensation of such Disqualified Person, nor may such Disqualified Person participate in any discussion or vote with regard thereto (except as expressly permitted in Article V, Section 2). No member of the Compensation Committee may be related to, or subject to the direct or indirect control of the person whose Compensation is being determined.

2. **Limited Participation of Disqualified Persons.** Notwithstanding Article V, Section 1, a Disqualified Person is not prohibited from appearing or providing information to a Compensation Committee regarding Compensation in response to questions therefrom, *provided that* such member does not participate in the discussion or vote with regard to the reasonableness determination.

3. **Factors Used for Compensation Determination.** Any Compensation paid by the Corporation to employees, officers or otherwise shall in all events be reasonable and not excessive. Among the factors that may be evaluated by the Compensation Committee in making a determination as to whether Compensation is reasonable under the circumstances are the following:

- (i) the Compensation paid by similar corporations (both taxable and tax-exempt) for comparable positions under like circumstances and within a comparable geographic area;
- (ii) the need of the Corporation for the services of the individual;
- (iii) the background, education, training, experience and responsibilities of the individual;
- (iv) whether the Compensation resulted from arm's length bargaining;
- (v) the size and complexity of the Corporation;
- (vi) the individual's performance;
- (vii) the Compensation paid to other employees of the Corporation; and
- (viii) the amount of time the individual devotes to the position.

4. **Minimum Considerations; Documentation of Determination.** All Compensation determinations (including, but not limited to annual or other increases to Compensation) shall consider, at a minimum, data as to comparable salaries paid by similar corporations (taxable and tax-exempt) in a similar geographic area for comparable skills and services. The Compensation Committee shall document in writing the basis for its determination as to the reasonableness of the salary, identifying its evaluation of the individual and its weighing of the factors and information relied upon in making its determination. Such documentation shall also include: (i) the terms of the transaction or arrangement that was approved, (ii) the date it was approved, (iii) the members of the Compensation Committee that were present during the discussion on the Compensation, and (iv) the members of the Compensation Committee that voted on the Compensation.

#### **Article VI: Annual Statements.**

Each Interested Person shall annually sign a statement which affirms that such person: (i) has received a copy of the Policy; (ii) has read and understands the Policy; (iii) has agreed to comply with the Policy; and (iv) understands the Corporation is exempt and in order to maintain its exempt status under the Code must engage primarily in activities that accomplish one or more of its tax-exempt purposes. In addition, on such statement, each Interested Person shall disclose or update his or her interests that could give rise to a conflict of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other corporations and those of family members.

#### **Article VII: Periodic Reviews.**

To ensure the Corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews of the activities and operations of the Corporation ("***Periodic Reviews***") shall be conducted no less than annually by the Board or a Committee thereof. The Periodic Reviews shall include at least the following subjects: (i) whether compensation arrangements and benefits are reasonable, based on competent market information, and the result of arm's length bargaining; (ii) whether partnerships, joint ventures and arrangements with management corporations conform to the Corporation's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in private inurement, impermissible private benefit or in an excess benefit transaction, as those terms are understood under the Code and the case law interpreting it; (iii) whether the Board and all Committees are properly implementing the Policy; and (iv) whether any improvements should be made to the Policy.

#### **Article VIII: Use of Outside Experts.**

When conducting the Periodic Reviews or otherwise attempting to comply with the Policy, the Board or a Committee thereof may, but need not, use outside advisors or consultants to assist in making determinations required by the Policy. Nevertheless, use of such outside advisors or consultants shall not relieve the Board from its responsibility for ensuring periodic reviews are conducted.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION**  
**(Under Section 501(c)(3) of the Internal Revenue Code**

**Applicant: One Purse, Inc.**  
**EIN: 45-2860786**

---

**PART V COMPENSATION AND OTHER FINANCIAL ARRANGEMENTS WITH OFFICERS,  
DIRECTORS, TRUSTEES, EMPLOYEES AND INDEPENDENT CONTRACTORS (cont'd)**

*Line 7b – Sale of goods, services or assets to officers, directors, highest compensated employees or highest compensated independent contractors*

The officers and directors of One Purse may from time to time purchase purses and accessories for themselves and/or as gifts for others. The purchase prices for these items would be the standard prices at which the items are offered for sale to others and there would be no special discounts or other benefits provided to the officers and directors. There are no written contracts or other agreements relating to any such sales.

*Line 8a – Leases, contracts, loans or other agreements with officers, directors, trustees, highest compensated employees or highest compensated independent contractors*

The officers and/or directors of One Purse may at some point advance funds, as necessary, to cover operating expenses, though no such advances are presently contemplated. Any such advances would be interest free or bear an interest rate and terms determined on an arm's length basis by disinterested members of the Board of Directors of One Purse.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code)**

**Applicant: One Purse, Inc.  
EIN: 45-2860786**

---

**PART VI MEMBERS OR OTHER INDIVIDUALS AND ORGANIZATIONS THAT RECEIVE  
BENEFITS FROM APPLICANT**

*Line 1a, b – Description of programs that provide goods, services or funds to individuals and organizations*

One Purse partners with non-profit organizations to help raise funds for and awareness of projects that meet the needs of vulnerable women and children. One Purse accomplishes this mission by collecting both new and used women's handbags, totes and related accessories and offering the items collected in exchange for monetary donations at home parties and public sale events focused on one or more charitable organizations. The parties/sale events are designed to inform the attendees about the mission of the charitable organization, raise awareness of the charitable organization and raise funds for the charitable organization.

IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code)

Applicant: One Purse, Inc.  
EIN: 45-2860786

---

**PART VIII SPECIFIC ACTIVITIES**

*Line 3a – Description of gaming activities*

One Purse may periodically conduct fundraising through raffles. In these raffles, One Purse suggests donations of a specific amount (e.g. \$5.00) in exchange for a chance to win a purse or accessory. Donations, however, are not required in order to obtain entry into the raffle. Solicitations are made via the internet and to e-mail contacts and all advertisements/solicitations indicate in clear language that no contribution or donation is necessary in order to receive a ticket. One Purse does not pay or expect to pay any third party expenses in operating the raffles.

*Line 3c – States / local jurisdictions in which gaming or bingo is or will be conducted*

One Purse conducts raffle drawings / auction bids through the use of social media.

*Line 4a – Fundraising programs currently conducted and to be conducted*

One Purse may conduct one or more of the fundraising programs listed in the future. Presently, One Purse conducts or contemplates conducting the following fundraising programs:

Raffles – See additional information provided at Line 3a, above.

Mail / E-mail solicitations – One Purse periodically sends out newsletters and updates to supporters informing them about needs of the organization and projects with which the organization is involved.

Personal solicitations – One Purse presents the needs of the organization and its projects via home parties, public events and social media.

Accept donations on website – One Purse plans to make giving directly to the organization and its projects an option for supporters via its website.

Other – One Purse may engage in fundraising through any means that are legal, ethical and consistent with the core values of the organization.

*Line 4c – Fundraising activities for other organizations*

One Purse is not contracted to engage in fundraising activities for other organizations. However, to the extent One Purse raises funds, it does so by giving forty percent (40%) of the purchase price of purses sold on its website to the following organizations:

Abolition International  
Chirombo Village Well Project  
Trees of Glory

Kind Hearts  
Madagascar Girl's School  
Orlando Union Rescue Mission

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION**  
**(Under Section 501(c)(3) of the Internal Revenue Code)**

**Applicant: One Purse, Inc.**  
**EIN: 45-2860786**

---

**PART VIII SPECIFIC ACTIVITIES (cont'd)**

*Line 4d – States / local jurisdictions in which fundraising is conducted*

One Purse conducts fundraising both for itself and other organizations in all fifty (50) states. No other organizations conduct fundraising for One Purse.

*Lines 7a-c – Development of facilities, management of activities / facilities, relationship between manager / developer and officers, directors or trustees*

Not applicable. One Purse does not currently have any facilities.

*Line 10 – Intellectual property*

One Purse owns its logo and, as such, has sole discretion as to how such logo will be produced, distributed and marketed.

*Line 12a – Operation in foreign countries*

Although One Purse does not presently operate in any foreign country, it is possible that it will do so in the future.

*Line 13b – Furtherance of exempt purposes through grants, loans or other distributions to organizations*

One Purse exists to meet the needs of at-risk women and children. It meets these needs through the sale of new, fair trade items which help impoverished artisans and their communities. The proceeds of the sales of these items are then reinvested back into similar communities in the form of aid to existing frontline projects of partner organizations which meet the needs of at-risk women and children. One Purse also collects the excess of women who are blessed and without need and uses those donations of purses and funds to help raise additional awareness and support for those same frontline projects and organizations.

*Line 13c – Written contracts with recipient organizations*

One Purse's relationship with each of its recipient organizations is at will and there are no binding contracts or written agreements in place at this time.

IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code)

Applicant: One Purse, Inc.  
EIN: 45-2860786

---

**PART VIII SPECIFIC ACTIVITIES (cont'd)**

*Line 13d – Recipient organizations of grants, loans or other distributions*

One Purse is currently conducting fundraising and raising awareness for the following organizations:

Abolition International  
Children's Hopechest  
Children of the Nations  
Orlando Union Rescue Mission  
First Presbyterian Church of Orlando

*Line 13e – Recordkeeping with respect to grants, loans or other distributions*

One Purse makes direct distributions to each recipient organization, either through the organization's website or by issuing a check to the organization, on a monthly basis. If payment is made through an organization's website, a receipt is generated to One Purse; if payment is made by check, the check serves as the record of distribution.

*Line 13f – Selection process for grants, loans or other distributions to organizations*

(i) *Application form*

One Purse has not historically required an application form, but anticipates creating and utilizing an application form in the near future.

(ii) *Grant proposals*

One Purse has not historically required a grant proposal, but anticipates adopting this requirement in the near future.

*Line 13g – Procedures for oversight of distributions*

There are no formal procedures in place for One Purse to engage in oversight of distributions. However, One Purse is in the process of developing formal policies / procedures to govern oversight of distributions. At present, the Board of Directors considers and evaluates a variety of charitable organizations based on assorted factors, including but not limited to (i) the reputation of the organization, (ii) the good standing of the organization, (iii) the length of existence of the organization, (iv) the financial viability of the organization, (v) the mission of the organization, (vi) the history of the organization and its prior successes / failures, (vii) the proposed uses of the funds, and (viii) publicly available information about the organization and information / documentation provided by the organization. These factors can be weighted differently by the Board of Directors in making the determination to which organization to make contributions, but generally, the most important factors are the mission of the organization and its viability as a going concern.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code**

**Applicant: One Purse, Inc.  
EIN: 45-2860786**

---

**PART VIII SPECIFIC ACTIVITIES (cont'd)**

*Line 14a – Grants, loans or other distributions to foreign organizations*

One Purse does not presently intend to make grants, loans or other distributions to foreign organizations. If at some point in the future One Purse decides to make grants, loans or other distributions to foreign organizations, it will adopt the appropriate policies and procedures to determine if contributions are earmarked for a specific country or organization, to notify contributors that One Purse has ultimate authority to use contributions made at its discretion for purposes consistent with its exempt purposes, to make pre-grant inquiries about the recipient organization and to otherwise ensure that grants, loans or other distributions are used in furtherance of One Purse's exempt purposes.

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION  
(Under Section 501(c)(3) of the Internal Revenue Code**

**Applicant: One Purse, Inc.  
EIN: 45-2860786**

---

**PART IX FINANCIAL DATA**

**PART A. STATEMENT OF REVENUE AND EXPENSES**

*Line 9 – Itemized list of gross receipts*

See attached Profit & Loss reports for January – December 2011 and 2012 and January – September 2013.

*Line 15 – Itemized list of amounts paid out*

See attached Profit & Loss Reports for January – December 2011 and 2012 and January – September 2013, together with detailed Transaction Reports for January – December 2011 and 2012 and January – September 2013.

*Line 23 – Itemized list of unclassified expenses*

See attached Profit & Loss Reports for January – December 2011 and 2012 and January – September 2013.

**PART IX FINANCIAL DATA**

**PART B. BALANCE SHEET**

*Line 15 – Itemized list of other liabilities*

See attached Balance Sheet as of December 31, 2012.

# One Purse Profit & Loss

January - December 2011

	Total
<b>Income</b>	
Charitable Donation Income	5,636.97
Sales	1,940.00
<b>Total Income</b>	<b>\$7,576.97</b>
<b>Cost of Goods Sold</b>	
Cost of Goods Sold	1,940.00
Freight & delivery - COS	19.79
<b>Total Cost of Goods Sold</b>	<b>\$1,959.79</b>
<b>Gross Profit</b>	<b>\$5,617.18</b>
<b>Expenses</b>	
Bank Charges	75.00
Charitable Contributions	5,737.00
Dues & Subscriptions	22.98
Office Expenses	17.50
Other General and Admin Expenses	75.00
Stationery & Printing	324.95
<b>Total Expenses</b>	<b>\$6,252.43</b>
<b>Net Operating Income</b>	<b>\$ -635.25</b>
<b>Other Income</b>	
Other Ordinary Income	100.00
<b>Total Other Income</b>	<b>\$100.00</b>
<b>Net Other Income</b>	<b>\$100.00</b>
<b>Net Income</b>	<b>\$ -535.25</b>

Friday, Oct 18, 2013 12:05:10 AM PDT GMT-4 - Accrual Basis

# One Purse Profit & Loss

January - September, 2013

	Total
<b>Income</b>	
Charitable Donation Income	3,293.92
Sales	3,806.44
Shipping, Delivery Income	30.00
<b>Total Income</b>	<b>\$7,130.36</b>
<b>Cost of Goods Sold</b>	
Cost of Goods Sold	1,895.00
Freight & delivery - COS	81.23
Merchant Service Fees	19.94
<b>Total Cost of Goods Sold</b>	<b>\$1,996.17</b>
<b>Gross Profit</b>	<b>\$5,134.19</b>
<b>Expenses</b>	
Charitable Contributions	4,634.10
Dues & Subscriptions	24.26
Legal & Professional Fees	315.00
Office Expenses	157.79
Promotional	844.49
Stationery & Printing	109.97
Taxes & Licenses	61.25
<b>Total Expenses</b>	<b>\$6,146.86</b>
<b>Net Operating Income</b>	<b>\$ -1,012.67</b>
<b>Net Income</b>	<b>\$ -1,012.67</b>

Thursday, Oct 17, 2013 11:44:39 PM PDT GMT-4 - Accrual Basis

**IRS FORM 1023: APPLICATION FOR RECOGNITION OF EXEMPTION**  
**(Under Section 501(c)(3) of the Internal Revenue Code)**

**Applicant: One Purse, Inc.**  
**EIN: 45-2860786**

---

**PART X PUBLIC CHARITY STATUS**

*Line 6a – Request for Advance Ruling*

Not applicable per Notice 1382 (Changes for Form 1023)

*Line 6b – Request for Definitive Ruling*

Not applicable per Notice 1382 (Changes for Form 1023). One Purse has not been in existence for five (5) or more tax years.

*Line 7 – Unusual grants*

Not applicable per Notice 1382 (Changes for Form 1023). One Purse has not been in existence for five (5) or more tax years.