



General Information

(Rev. December 2013)

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

**Application for Recognition of Exemption (99)
Under Section 501(c)(3) of the Internal Revenue Code**

(Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

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

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

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) Humanitarian Social Innovations		2 c/o Name (if applicable) Linda Rentschler	
3 Mailing address (Number and street) (see instructions) 459 Berne Road		Room/Suite	4 Employer Identification Number (EIN) 46-4779591
City or town, state or country, and ZIP + 4 Hamburg, PA 19526-8918		5 Month the annual accounting period ends (01-12) 12	
6 Primary contact (officer, director, trustee, or authorized representative) a Name: Linda Rentschler		b Phone: 610-451-4798 c Fax: (optional) N/A	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a Organization's website: www.humanitariansocialinnovations.com			
b Organization's email: (optional) office@humanitariansocialinnovations.com			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 3 / 10 / 2014			
12 Were you formed under the laws of a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the country.			



Department of the Treasury
Internal Revenue Service

General Information

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Part II Organizational Structure

You must be a corporation (including a limited liability corporation), 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): **Pg. 5, Article II, Paragraph 2.01**

- 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. **Page 6, Article II, Paragraph 2.03 (c)**
- 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)
Linda Rentschler	President, CEO	459 Berne Road Hamburg, PA 19526	\$0 fut. est. \$20K/yr
Michael Planer	Executive Director, COO	124 Main Street Strausstown, PA 19559	None
John Ott	Chairman (Pres.) of the Board	459 Berne Road Hamburg, PA 19526	None
Paul Hodges	Vice-President of the Board	500 Schuylkill Street Schuylkill Haven, PA 17972	None
Anthony Rentschler	Treasurer	459 Berne Road Hamburg, PA 19526	None

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

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

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

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

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

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

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? **Yes** **No**
If "Yes," identify the individuals and explain the relationship.
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. **Yes** **No**
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

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

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

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

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? **Yes** **No**
- b** Do you or will you approve compensation arrangements in advance of paying compensation? **Yes** **No**
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? **Yes** **No**

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

d	Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f	Do you or will you record in writing both the information on which you relied to base your decision and its source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?		
c	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?		
	Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.		
6a	Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments , such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Describe any written or oral arrangements that you made or intend to make.		
c	Identify with whom you have or will have such arrangements.		
d	Explain how the terms are or will be negotiated at arm's length.		
e	Explain how you determine you pay no more than fair market value or you are paid at least fair market value.		
f	Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.		
9a	Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 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 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? Yes No
If "Yes," describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? Yes No
If "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. 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
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

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

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

Attach a description of each fundraising program.

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

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

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

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

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

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

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

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

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

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

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

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

Part VIII Your Specific Activities (Continued)

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

Part 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 <u>2/18/2014</u> To <u>7/31/2014</u>	(b) From <u>8/1/2014</u> To <u>12/31/2014</u>	(c) From <u>1/1/2015</u> To <u>12/31/2015</u>	(d) From <u>1/1/2016</u> To <u>12/31/2016</u>	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	694.88	1,805.12	45,000	90,000	137,500
	2 Membership fees received	0	0	1,000	1,000	2,000
	3 Gross investment income	0	0	0	0	0
	4 Net unrelated business income	0	0	0	0	0
	5 Taxes levied for your benefit	0	0	0	0	0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0	0	0
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)	0	0	0	0	0
	8 Total of lines 1 through 7	694.88	1,805.12	46,000	91,000	139,500
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	250	3,000	5,000	8,250
	10 Total of lines 8 and 9	694.88	2,055.12	49,000	96,000	147,750
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0	0	0
	12 Unusual grants	0	0	0	0	0
	13 Total Revenue Add lines 10 through 12	694.88	2,055.12	49,000	96,000	147,750
Expenses	14 Fundraising expenses	392.91	400	1,000	3,000	
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0	0	
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0	0	
	17 Compensation of officers, directors, and trustees	0	0	10,000	20,000	
	18 Other salaries and wages	0	0	0	0	
	19 Interest expense	0	0	0	0	
	20 Occupancy (rent, utilities, etc.)	0	0	400	2,500	
	21 Depreciation and depletion	0	0	0	0	
	22 Professional fees	991	800	1,500	2,000	
	23 Any expense not otherwise classified, such as program services (attach itemized list)	0	0	0	0	
	24 Total Expenses Add lines 14 through 23	1,383.91	1,200	12,900	27,500	

Part VIII Your Specific Activities (Continued)

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

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

Part IX Financial Data (Continued)

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

Assets			
1	Cash	1	633.19
2	Accounts receivable, net	2	0
3	Inventories	3	0
4	Bonds and notes receivable (attach an itemized list)	4	0
5	Corporate stocks (attach an itemized list)	5	0
6	Loans receivable (attach an itemized list)	6	0
7	Other investments (attach an itemized list)	7	0
8	Depreciable and depletable assets (attach an itemized list)	8	0
9	Land	9	0
10	Other assets (attach an itemized list)	10	0
11	Total Assets (add lines 1 through 10)	11	633.19
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable (attach an itemized list)	14	0
15	Other liabilities (attach an itemized list)	15	0
16	Total Liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	633.19
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	633.19
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- 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.

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 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.

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).

(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

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 \$850. 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 \$400. 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 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 \$400 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$850 (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)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

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

Form 1023 (Rev. 12-2013)

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.

Humanitarian Social Innovations (HSI) was formed for the charitable purpose of sponsoring the development of programs for sustainable social and economic development. HSI exists to assist and mentor individuals who have a passion for using their talents and gifts in the areas of sustainable agriculture, economic development, energy equality, or education to improve the condition of those less fortunate. Specifically HSI will provide administrative, accounting, banking, legal, marketing, communication, business development, leadership training and organizational development strategies. The overall goal is to grow the client nonprofit from idea to successful and well-run nonprofit organization, and to grow the client in nonprofit business leadership.

This organization was developed as Linda met over the course of several months with young entrepreneurs Mike and Paul. As they worked together to develop the charter HSI projects below, they realized a need existed for an organization that would mentor and develop these types of projects. They reflected on the benefits to humanity if people who were passionate about "doing good" could do so more easily because an organization had lowered the barrier to quality nonprofit business development through mentoring and business development assistance. Please refer to the website (www.humanitariansocialinnovations.com) for further explanation of the organization's mission.

As an umbrella organization, HSI has focused on internal organizational structure since its incorporation in February of 2014. HSI is run by a board of directors who meet monthly on the second Wednesday. Each project below is represented on the board of directors as outlined in the organizational bylaws (Page 8, Article IV, Section 4.04)

The first HSI project was a micro finance model known as Organizational Microfinance (OM.) Linda Rentschler, president and founder of HSI, began working on this model in Bulima, Tanzania during the summer of 2012. OM is a not-for-profit micro finance model that improves the economic base of an organization by focusing US Dollars on low-risk deposit as collateral for micro loans to stakeholders of the sponsoring organization. This is a novel blueprint for a fresh variation within the developing field of micro finance. It channels the profits of financing back into the sponsoring organization while reducing financial risk through the use of an established banking institution, mentoring for borrowers, and business education. In 2012, a ladies' church group in Pennsylvania gave Linda \$250 USD to improve the economic condition of a Tanzanian family. This one loan cycle has been completed to date. The funds remain on deposit in the account of the organization administering the program, The Lion of Judah Academy, in CRD Bank in Mwanza, Tanzania, however they have been significantly depleted by bank service charges. The once indigent family now runs a local market. OM was entered as an enterprise idea in a pitch contest at Lehigh University, Bethlehem PA, in December of 2013. After winning a first place award, the program was accepted for the summer of 2014 LaunchBayC Lehigh student idea accelerator program. Here it was determined that the model would not transfer to the United States due to bank loan collateralization laws. Future plans for Organizational Microfinance include developing a package of loan applications, contracts, and business lesson plans for support of the growth of this model, beginning in Tanzania.

The second project undertaken by HSI is an energy equality project known as Solar For Academics, or SFA. In October of 2013, HSI began to assist two young entrepreneurs named Paul Hodges and Mike Planer in the development of this model. SFA provides solar energy for schools without power or with intermittent power in order that students may have an uninterrupted source of energy. The model includes plans to train solar technicians on the ground at the project school for maintenance and new installations. SFA is a novel business plan in the breadth of its appeal in any geographic area that will support efficient use of solar power. SFA has located a school for the first iteration of their business plan and currently seeks funding to move forward. SFA is incorporated as a nonprofit corporation in the Commonwealth of Pennsylvania. A link to the SFA website has been established on the HSI website www.humanitariansocialinnovations.com

HSI is also developing nonprofit leadership and business management training modules. The vision is that these training modules be used in high school after-school or weekend programs for socially-conscious teens, in existing nonprofit organizations, or in longer summer camp programs for teens or college students.

Though still in the early stages, HSI expects that funding for individual projects will come from grants, donations, crowd-funding, and corporate philanthropy. HSI will operate on a portion of these funds as commonly accepted by ethics codes of not-for-profit organizations. As organizations launch out from under the umbrella, HSI will maintain equity in those organizations.

OM will use funds for program development such as development and dissemination of program materials and mentor training. Additional funds will be used to collateralize loans. In addition to donations, grants, and corporate philanthropy, OM will gain interest on loans commensurate with current market expectations. SFA has indicated a desire to sign a Fiscal Sponsorship Grant Agreement with HSI. The contracts intended for use are attached to this application.

Currently HSI can provide the following assistance and mentoring to our clients through the conduits noted below. Additionally HSI can provide these services ala carte to non-contracted clients.

- (a) Administrative assistant-contract labor-experienced in secretarial, establishing administrative structure-google apps, website domain
- (b) Business development-volunteer or consultant-MBA with experience in developing business plans, cost/revenue structures, boards, boardsmanship, leadership development, banking, marketing, volunteer management
- (c) Communications mentoring/editing-volunteer or consultant-PhD with editing experience to assist with producing company communications
- (d) Videography-contract labor-self-trained or tech school trained in photo, video, editing
- (e) Accounting-contract labor-H & R Block franchisee with extensive non-profit experience for consultation and yearly audits, IRS 990
- (f) Legal-contract labor- lawyer-legal consultation, contract review

HSI will screen for eligible projects through local entrepreneurial pitch contests, university business and sustainable development classes, word of mouth, and school community service and service learning organizations. Eligible projects will belong to one of the four sectors, education, sustainable agriculture, energy, and economics. Eligible entrepreneurs will have at least 10 hours per week for a three month period to devote to startup. HSI will intentionally serve a small number of entrepreneurs in order to focus a quality effort on a small group of organizations. However the number of people that will be served by this effort is potentially great considering the scope of influence of the successful nonprofit organizations it could help to produce and professionalize.

HSI currently operates as a web presence only. It holds no facilities or real property. Future plans are to own or lease office space and conference facilities for sublet to program participants.

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)
Kayla Maneval	Recording Secretary	22 Breezy Lane Auburn, PA 17922	

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

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.

Anthony Rentschler, Treasurer, is the son of Linda Rentschler, President and CEO.

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

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.

Name: Linda Rentschler
 Qualifications: Masters in Business Administration, Masters in Educational Leadership,
 Bachelor of Arts in Biology

Average Hours Worked: 30 per week

Duties: President/CEO-Directs the operation

Name: Michael Planer

Qualifications: Bachelor of Science in Energy Engineering, COO Solar for Academics

Average Hours Worked: 1 per week

Duties: Executive Director/COO-Carries out the strategy

Name: John Ott

Qualifications: Board and leadership training experience, Airline pilot

Average Hours Worked: 4 per week

Duties: Chairman of the board-presides over board meetings, advisor

Name: Paul Hodges, CEO Solar for Academics

Qualifications: Bachelor of Science in Political Science

Average Hours Worked: 1 per week

Duties: Vice president of the board-presides over the board in the absence of the board chairman

Name: Anthony Rentschler

Qualifications: Bachelor of Arts in Business Administration (2014 expected)

Average Hours Worked: 1 per week

Duties: Treasurer-banking and accounting

Name: Kayla Maneval

Qualifications: Bachelor of Science in Animal Science (2017 expected)

Average Hours Worked: 1 per week

Duties: Board Recording Secretary

Part V

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

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.

Humanitarian Social Innovations (HSI) Conflict of Interest Policy-Adopted by board decision on July 9, 2014

Section 1: General Principles

(a) Individuals who are neither compensated themselves, nor related to individuals who are compensated, shall constitute a majority of the board of directors.

(b) Primary responsibility for making all decisions subject to a conflict of interest, or possible conflict of interest, shall rest with the Board of Directors of HSI. The board may delegate decisions subject to this policy to a committee composed of individual board members unrelated to, and not subject to the control of, the person or persons involved in the proposed transaction.

(c) In matters of compensation, no board member or officer may receive compensation from HSI which exceeds the value of the services provided for such compensation. In any other transaction, no board member or officer may receive economic benefits from HSI which exceed the consideration provided for such transaction.

(d) Deliberation, decision-making, and written documentation of all arrangements subject to this Article shall take place before HSI makes payments of any kind.

Section 2: Basis for Decision Making

In making decisions subject to this policy, the board of directors, or decision making committee, shall, to the best of its ability, obtain and rely upon appropriate data as to comparability, such as information about compensation paid by similarly situated organizations for similar goods or services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations

Section 3: Conflict of Interest

(a) No Board member may vote upon a matter in which he or she has a direct financial interest. No Board member may vote upon a matter in which he or she has a business or family relationship with anyone who has a direct financial interest.

(b) Immediately upon becoming aware that such a conflict may exist, a Board member must disclose the existence of the potential conflict to the remaining Board members. If, by vote of the remaining Board members, a conflict of interest is found to exist, the Board member with the conflict shall withdraw from further deliberation and refrain from voting on the matter.

Section 4: Record Keeping

The basis for each decision subject to this Policy shall be fully documented, including:

- (a) the terms of the approved transaction and the date approved,
- (b) the members of the decision-making body who were present during debate on the transaction and those who voted on it,
- (c) the decision made by each individual who voted,
- (d) the comparability data that was relied on by the decision-making body and how the data was obtained, and
- (e) any actions by a member of the decision-making body having a conflict of interest HSI makes payments of any kind.

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

9b. Describe any written or oral arrangements that you made or intend to make.

If a sponsored organization has a member on the HSI board, HSI will have entered into a contractual agreement with that organization/board member. If the organization is an incorporated nonprofit, the arrangement will be a grant agreement between HSI (grantor) and the organization (grantee.) If the organization is not an incorporated nonprofit, the arrangement will be a contract to absorb that organization as an HSI project.

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

9c. Identify with whom you have or will have such arrangements.

HSI intends to present Solar For Academics' Paul Hodges and Michael Planer with a Fiscal Sponsorship Grant Agreement.

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

9d. Explain how the terms are or will be negotiated at arm's length.

Terms for the contract were adopted from Gregory Colvin's work in "Fiscal Sponsorships: 6 Ways To Do It Right." The contract intended for use has been read and approved by both legal and tax consultants. The contract is open for viewing by all members of the board and HSI community.

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

9e. Explain how you determine or will determine you pay no more than fair market value or you paid at least fair market value.

Fair market value is determined by conducting primary and secondary market research.

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

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.

HSI will provide business development services to individuals who have a desire to found a non-profit organization or conduct a project that addresses economic, educational, sustainable agriculture, or energy solutions in developing or developed countries. Additionally HSI will provide ala carte services to individuals that desire said services, who possess a mission that aligns with the charitable purposes of HSI, but do not desire to otherwise enter a contractual agreement with HSI. These services will be provided at rates that are scaffolded based on 1) the contractual relationship between HSI and the client, and 2) the client's resources and ability to pay.

HSI envisions providing the following services:

- (a) Business development consulting-Services include developing business plans, cost/revenue structures, board selection and operations, leadership development, marketing consulting, and volunteer management
- (b) Administrative/clerical assistance – Services include typing, copying, establishing Google accounts, purchasing, web domain searches and other similar tasks.
- (c) Banking-The young organization that is forming will come under the financial umbrella of HSI, signing a fiscal sponsorship agreement with the organization, and operating through an HSI restricted fund account. The bank itself receives market rate fees at the expense of the client.
- (d) Communications-Services include editing and writing
- (e) Visual design-Services include photography, videography, video editing, digital media, and consulting.
- (f) Accounting- Services include accounting consultation, yearly audits, IRS forms.
- (g) Legal-Services include consultation, IP, contract review.

HSI will explore adding services within this framework as needed in order to best serve our clients.

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

1b. 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.

HSI will provide business development services to 501(c)(3) organizations that possess a mission which addresses economic, educational, sustainable agriculture, or energy solutions in developing or developed countries. Additionally HSI will provide ala carte services to 501(c)(3) organizations that desire said services, who possess a mission that aligns with the charitable purposes of HSI, but do not desire to otherwise enter a contractual agreement with HSI. These services will be provided at rates that are scaffolded based on 1) the contractual relationship between HSI and the client organization, and 2) the client organization's resources and ability to pay.

HSI envisions providing the following services:

- (a) Business development consulting-Services include developing business plans, cost/revenue structures, board selection and operations, leadership development, marketing consulting, and volunteer management
- (b) Administrative/clerical assistance – Services include typing, copying, establishing Google accounts, purchasing, web domain searches and other similar tasks.
- (c) Banking-The young organization that is forming will come under the financial umbrella of HSI, signing a fiscal sponsorship agreement with the organization, and operating through an HSI restricted fund account. The bank itself receives market rate fees at the expense of the client.
- (d) Communications-Services include editing and writing
- (e) Visual design-Services include photography, videography, video editing, digital media, and consulting.
- (f) Accounting- Services include accounting consultation, yearly audits, IRS forms.
- (g) Legal-Services include consultation, IP, contract review.

HSI will explore adding services within this framework as needed in order to best serve our clients.

Part VIII Your Specific Activities

2b. 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.

This sheet created in error.

Part VIII Your Specific Activities

4a. Do you or will you undertake fundraising? Attach a description of each fundraising program.
Other (describe):

It is the intention of our organization to be completely transparent to both donors and regulatory organizations, to include the IRS. All donations will be clearly referred to as donations. Additionally donors will be clearly informed that their

donations are tax-deductible and will be provided with the appropriate receipts for that purpose.

- (a) Email solicitations-Periodically HSI will send out an email newsletter to inform its network of happenings, events, and milestones. These newsletters will also be an outreach for donations.
- (b) Personal solicitations-Through personal networking, individuals may be asked to consider supporting HSI with a donation.
- (c) Foundation grants-HSI will seek appropriate grants as they become available.
- (d) Accept donations on your website-Our accounting software will allow HSI to seek donations on the company website. Until 501 (c)3 status is granted, this will read "501 (c)3 status pending."
- (e) Government grant solicitations- HSI will seek appropriate grants as they become available.

Part VIII Your Specific Activities

4c. 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.

HSI will allow donors acquired through fundraising to designate donations to the general fund or to the restricted fund of the organizations it is sponsoring. In general, sponsored organization will conduct their own fundraising. A copy of both the Fiscal Sponsorship Agreement and the Fiscal Sponsorship Grant Agreement are attached.

Part VIII Your Specific Activities

4d. 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.

HSI envisions conducting fundraising for its own organization in southeastern Pennsylvania. In accordance with our Fiscal Agreements, we will also allow the option of designating funds for an organization under our umbrella.

Part VIII Your Specific Activities

6a. Do you or will you engage in **economic development**? If "Yes," describe your program.

HSI does not currently, but may in the future sponsor projects that seek:

- (a) to aid an economically depressed or blighted area;
- (b) to benefit a disadvantaged group, such as minorities, the unemployed or underemployed; and
- (c) to aid businesses that have actually experienced difficulty in obtaining conventional financing because of
 - (i) the deteriorated nature of the area in which they were or would be located, or
 - (ii) their minority composition, or
- (d) to aid businesses that would locate or remain in the economically depressed or blighted area and provide jobs and training to the unemployed or underemployed from such area only if HSI's assistance was available.

Part VIII Your Specific Activities

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.

HSI intends to develop logos, brochures and other materials relating to its fund raising efforts and those of its fiscal partners. HSI does not intend to, but may develop programs and curricula that will be marketed to the general public. If so, HSI will own the program or curriculum and the rights to the program or curriculum. Under this arrangement, fees, market, and distribution will be determined by market conditions at that time. Additionally, HSI will own rights to the intellectual property of client organizations as outlined in the Fiscal Sponsorship Agreement, section 2a.

Part VIII Your Specific Activities

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.

These types of contributions will be accepted under the following conditions:

- The ownership and control of the property must transfer from the donor to HSI.
- The property must be valued by a disinterested third party.
- The donor's tax exemption must be based on this third-party valuation of the real property.

Part VIII Your Specific Activities

12b. Name the foreign countries and regions within the countries in which you operate.

HSI is currently loosely affiliated with a school which operates in the lake region of Tanzania near Bulima.

Part VIII Your Specific Activities

12c. Describe your operations in each country and region in which you operate.

HSI has an unofficial relationship with a school in Tanzania near the lake in Bulima. We know and trust the people there, and so we intend to pilot some programs there to determine the broader efficacy of said programs.

Part VIII Your Specific Activities

12d. Describe how you operate in each country and region further your exempt purposes

Humanitarian Social Innovations (HSI) was formed for the charitable purpose of sponsoring the development of programs for sustainable social and economic development. These programs could conceivably operate in developing countries. It is prudent to pilot them in a known environment before scaling the idea into an independent nonprofit business.

Part VIII Your Specific Activities

13b. Describe how your grants, loans, or other distributions to organizations further your exempt purposes.

As HSI experiences fiscal development, it will be able to financially support and encourage newly-forming 501(c)3 organizations to a greater extent through grants and distributions. HSI will also contract with projects as grantees. When grant funds which align with said projects' mission and goals become available to HSI, HSI will in turn grant these funds to the client organization whose mission aligns with the charitable purpose of HSI.

Part VIII Your Specific Activities

13d. Identify each recipient organization and any relationship between you and the recipient organization.

No recipient organizations exist at this time.

Part VIII Your Specific Activities

13e. Describe the records you keep with respect to the grants, loans, or other distributions you make.

No grants, loans, or distributions currently exist. HSI will record project title, primary contact person, financially

responsible individual, grant, loan, or distribution amount, repayment schedule, and any other information necessary for the transparent maintenance of financial relationship and accountability. Additionally HSI will monitor the organization receiving distribution to insure its purpose continues to align with the charitable purpose of HSI.

Part VIII Your Specific Activities

13f. 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.
- (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.

(i) At this time we do not require an application form, however one may be required in future operations.

(ii) We do not require a grant proposal per se, but do require the Grantee provide a letter fully describing the project. Additionally the contract states in paragraph one that "Grantee shall provide Grantor with its governing documents."

Additional safeguards exist within paragraph 2 of the contractual agreement as follows:

"Grantee shall use the grant solely for the project described in the accompanying cover letter, and Grantee shall repay to Grantor any portion of the amount granted which is not used for that project. Any changes in the purposes for which grant funds are spent must be approved in writing by Grantor before implementation. Grantor retains the right, if Grantee breaches this Agreement, or if Grantee's conduct of the project jeopardizes Grantor's legal or tax status, to withhold, withdraw, or demand immediate return of grant funds, and to spend such funds so as to accomplish the purposes of the project as nearly as possible within Grantor's sole judgment."

Part VIII Your Specific Activities

13g. 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.

Paragraph 6 of the contractual agreement between Grantor and Grantee delineates safeguards and periodic reporting requirements as quoted below:

"Grantee shall submit a full and complete report to Grantor as of the end of Grantee's annual accounting period within which any portion of this grant is received or spent. The initial report shall be submitted by Grantee no later than _____, 201__, and subsequent reports, if any, shall be due on the anniversary date of the initial report. The report shall describe the charitable programs conducted by the Grantee with the aid of this grant and the expenditures made with grant funds, and shall report on the Grantee's compliance with the terms of this grant."

Part VIII Your Specific Activities

14b. 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.

HSI provides distributions to The Lion of Judah Academy (LOJ) in Bulima, Tanzania. HSI has an unofficial association with LOJ based on trust and mutual respect. Distributions to LOJ are for the sole purpose of supporting HSI pilot programs that would be beneficial in a school environment.

Part VIII Your Specific Activities

14d. 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. This information is provided to contributors in fundraising documentation.

Part VIII Your Specific Activities

14e. 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. The recipient organization must have a mission that aligns with the charitable purpose of HSI. It must be transparent with regard to its finances and open regarding the implementation of the pilot program and the communication of the results of that program. HSI requires documentation of the organization's tax-exempt status.

Part VIII Your Specific Activities

14f. 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.

Before funds are distributed the following steps are taken:

- HSI must have a complete understanding of the mission of the recipient organization. This includes screening the organization's website and relevant founding documentation as well as any existing financial statements.
- Recipient organization must communicate the intent of the program with HSI, must provide the CV of a contact person within the organization, and must submit to site visits by HSI representatives.
- Personal verification of use of funds by HSI or HSI representatives.