

**Short Form
Return of Organization Exempt From Income Tax**

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning November 1, 2013, and ending October 31, 2014

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Binaytara Foundation

Number and street (or P O box, if mail is not delivered to street address)

3502 Quailridge Drive

City or town, state or province, country, and ZIP or foreign postal code

Clarkston, WA 99403

Room/suite

D Employer identification number

26-1603676

E Telephone number

5092954224

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ <http://binayfoundation.org>

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization. Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **35036**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1 Contributions, gifts, grants, and similar amounts received																														20161		
	2 Program service revenue including government fees and contracts																														14875		
	3 Membership dues and assessments																														0		
	4 Investment income																														0		
	5a Gross amount from sale of assets other than inventory						0																									0	
	b Less: cost or other basis and sales expenses						0																									0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															0	
	6 Gaming and fundraising events																																
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																0
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																0
c Less: direct expenses from gaming and fundraising events																																0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															0		
Revenue	7a Gross sales of inventory, less returns and allowances																															0	
	b Less: cost of goods sold																															0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															0	
8 Other revenue (describe in Schedule O)																																0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																35036	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																															14667	
	11 Benefits paid to or for members																															0	
	12 Salaries, other compensation, and employee benefits																															0	
	13 Professional fees and other payments to independent contractors																															0	
	14 Occupancy, rent, utilities, and maintenance																															0	
	15 Printing, publications, postage, and shipping																															676	
	16 Other expenses (describe in Schedule O)																															753	
	17 Total expenses. Add lines 10 through 16																																16096
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																															18940	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																															11661	
	20 Other changes in net assets or fund balances (explain in Schedule O)																															0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20																																30601	

57

25

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11661	22 30601
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	11661	25 30601
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11661	27 30601

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? To promote health and education

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Updates in Hematology and Oncology: A multidisciplinary conference. November 15th, 2014, Lewiston, ID. Medical Conference to share latest updates in hematology and Oncology with cancer care providers. Over 65 cancer care providers participated. Indirect benefits to 100s of patients from care providers' new knowledge.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	589
29 <u>Bone Marrow transplant Center for Nepal</u> <u>A project to establish a bone marrow transplant center in Nepal. Sponsored the training of physicians & nurse to provide bone marrow transplant services to thousands of patients with blood cancer.</u> (Grants \$ 9320) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	9320
30 <u>Cervical Cancer Screening Project</u> <u>To screen for cervical cancer and pelvic inflammatory diseases, and to provide appropriate care to women between the ages of 30-60. A total of 1000 women received pap-smear test and follow up care.</u> (Grants \$ 5080) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	5080
31 Other program services (describe in Schedule O) (Grants \$ 267) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	267
32 Total program service expenses (add lines 28a through 31a)	32	15256

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Binay Shah</u> President	20	0	0	0
<u>Paul Tutcher</u> Secretary	3	0	0	0
<u>Tara Shah</u> Treasurer	20	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Tara Shah Telephone no. 99403-1784 Located at 3502 Quailridge Drive, Clarkston, WA ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No 46 [] [x]

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI []

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No 47 [] [x]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48 [] [x]

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a [] [x]

b If "Yes," was the related organization a section 527 organization? Yes No 49b [] []

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows contain 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A [x] Yes [] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Tara Shah, Treasurer Date: 1/19/2015

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [] No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Binayara Foundation

26-1603676

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

11g(ii)		
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 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
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 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		4407	1991	29287	20161	55846
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	16953	14875	31828
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5		4407	1991	46240	35036	87674
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						87674

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		4407	1991	46240	35036	87674
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)		4407	1991	46240	35036	87674
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Binaytara Foundation

Employer identification number
26-1603676

GRANTS AND SIMILAR AMOUNTS PAID - In response to Part I line 10

Bone Marrow Transplant Center Project trainees' housing **\$ 4750**

Bone Marrow Transplant Center Project trainees' stipend **\$ 4570**

Cervical Cancer Screening project grant **\$ 5080**

Medical Research Grant disbursements **\$ 267**

OTHER EXPENSES - In response to Part I line 16

Speakers air Travel for conferences **\$ 589**

Banking and payment processing fees **\$ 114**

Website development/maintenance **\$ 50**

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - In response to Part III line 31

Medical Research grants - provided research grants to medical students,

and other healthcare providers in training in order to promote the practice of

evidence based medicine.

Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

Information about Form 1128 and its separate instructions is available at www.irs.gov/form1128.

Attachment
 Sequence No. **148**

Part I General Information

Important: All filers must complete Part I and sign below. See instructions

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) Binaytara Foundation	Filer's identifying number 26-1603676
	Number, street, and room or suite no (if a P.O. box, see instructions) 3502 quailndge drve	Service Center where income tax return will be filed
	City or town, state, and ZIP code Clarkston, WA 99403	Filer's area code and telephone number/Fax number (509) 2954224 / ()
	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
	Name of person to contact (if not the applicant or filer, attach a power of attorney) Tara Shah	Contact person's area code and telephone number/Fax number () / ()

- 1** Check the appropriate box(es) to indicate the type of applicant (see instructions).
- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec. 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898) | <input type="checkbox"/> Homeowners Association (sec. 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec. 904(d)(2)(E)) | <input type="checkbox"/> Other _____
(Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | |

- 2a** Approval is requested to (check one) (see instructions):
- Adopt a tax year ending ► _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ► December 31 of each year
- Retain a tax year ending ► _____

- b** If changing a tax year, indicate the date the present tax year ends (see instructions). ► October 31, 2013
- c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ► November 1, 2014, and ending ► December 31, 2014

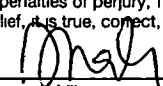
- 3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ► Yes No
- If "No," attach an explanation.

- 4** Indicate the applicant's present overall method of accounting.
- Cash receipts and disbursements method Accrual method
- Other method (specify) ► _____

- 5** State the nature of the applicant's business or principal source of income.
- The goals and activities of the Binaytara Foundation are listed below. The primary source of income is individual donations, grants, and sponsorships
- 1) To develop healthcare manpower in under-served areas.
 - 2) To improve access to cancer care by establishing direct care facilities and services.
 - 3) To promote the practice of evidence based medicine by providing research grants to young physicians and healthcare providers in training.
 - 4) To improve knowledge and competence of healthcare professionals by offering them continuing educational materials through live and virtual meetings, webinars, and other educational forums.

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of filer 		Date 11/15/2015		Tara Shah, Treasurer Type or print name and title	
	Preparer's name		Preparer's signature		Date	
Paid Preparer Use Only	Firm's name ►			Firm's EIN ►		
	Firm's address ►			Phone no		

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

- 1 Is the applicant a corporation... 2 Does the corporation intend to elect to be an S corporation... 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC?

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

- 4 Is the applicant a partnership, S corporation, PSC, or trust... 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year... 6 Is the partnership, S corporation, or PSC... 7 Is the S corporation requesting an ownership tax year... 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

- 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year?

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

- 10 Is the applicant a tax-exempt organization requesting a change?

Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

Section A—General Information

- 1 Is the applicant a partnership, S corporation, personal service corporation, or trust... 2 Has the applicant changed its annual accounting period... 3 Within the most recent 48-month period, has any accounting period application been withdrawn... 4a Is the applicant requesting to establish a business purpose... 4b If your business purpose is based on one of the natural business year tests... 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period.

Section C—S Corporations (see instructions)

	Yes	No
19 Enter the date of the S corporation election. ▶		
20 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

	Yes	No
23 Enter the date the partnership's business began. ▶		
24 Is any partner applying for a corresponding change in tax year? ▶		
25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

29 Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶	Yes	No
30 Date of organization. ▶ 10/30/2007		
31 Code section under which the organization is exempt. ▶ 501(c)3		
32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶		✓
33 Enter the date the tax exemption was granted. ▶ 01/13/2010 . Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 If the organization is a private foundation, is the foundation terminating its status under section 507? . . . ▶		

Section G—Estates

35 Enter the date the estate was created. ▶		
36 a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate. b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.		

Section H—Passive Foreign Investment Companies

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.		
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