## Form **1023-EZ**

(June 2014)

Department of the Treasury Internal Revenue Service

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

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023.

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public in a section.

Part I **Identification of Applicant** 1a Full Name of Organization Russian Choral Heritage Foundation **c** City **b** Address (number, street, and room/suite). If a P.O. box, see instructions. Zip Code + 4 Encinitas 92024 **Employer Identification Number** 3 Month Tax Year Ends (MM) 4 Person to Contact if More Information is N Walter Vladimir Morosan 6 Fax Number (optional) Contact Telephone Number User Fee Submitted 619-917-4789 8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have five, see instructions.) Last Name: First Name: Walter President Morosan Zip Code + 4: Street Address: City: CA 527 Gardendale Road **Encinitas** 92024 First Name: Last Name: Andrew Cuneo Treasurer Street Address: City: State: Zip Code + 4: 1514 Calle Tulipanes Encinitas CA 92024 First Name: Last Name: Title: Klimova Julia Secretary Street Address: City: State: Zip Code + 4: 11791 Caminito de las Missiones San Diego CA 92128 First Name: Last Name: Title: Street Address: City: Zip Code + 4: State: First Name: Last Nam Title: Street Address: State: Zip Code + 4: www.orthodoxchoral.org 9 a Organization's Website (if available): b Organization's Email (optional): Part II Organizational Structu To file this form, you must be a poration, an unincorporated association, or a trust. Check the box for the type of organization. Corporation Trust Un proporated association X Check this box to atte bu have the organizing document necessary for the organizational structure indicated above. (See the instructions for a xplanation of necessary organizing documents.) Date incorporated if a co ration, or formed if other than a corporation (MMDDYYYY): or effer formation: that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3). attest that your organizing document contains this limitation. Section 501(1) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes. k his box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial your activities, in activities that in themselves are not in furtherance of one or more exempt purposes. 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by

you are formed for your dissolution provision.

tion of state law.

Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which

Form 1023-EZ (6-2014) Page **2** 

rai	rt III Your Specific Activities			
1	Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): A20		7.	
2	o qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of			
	following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the	il O	es	
	indicated. Check all that apply.	Y		
	☐ Scientific			
	☐ To foster national or international amateur sports competition ☐ Prevention of cruelty to children or a	anim	als	
3	To qualify for exemption as a section 501(c)(3) organization, you must:			
	Refrain from supporting or opposing candidates in political campaigns in any way.			
	<ul> <li>Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individual that is, board mer officers, key management employees, or other insiders).</li> </ul>	nber	S,	
	Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially			
	<ul> <li>Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s)</li> <li>Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you hade a section 501(h) election normally make expenditures in excess of expenditure limitations outlined in section 501(h).</li> </ul>			
Not provide commercial-type insurance as a substantial part of your activities.				
	Check this box to attest that you have not conducted and will not conduct activities that violate bese prohibitions and restriction	_	,	
4	Do you or will you attempt to influence legislation?	X	No	
	(If yes, consider filing Form 5768. See the instructions for more details.)		,	
5	Do you or will you pay compensation to any of your officers, directors, or trustees?	<b>.</b> L	No	
6	Do you or will you donate funds to or pay expenses for individual(s)?	X	No	
7	Do you or will you conduct activities or provide grants or other assistance to individuals) or organization(s) outside the United States?	X	No	
8	Do you or will you engage in financial transactions (for example, loans, payments, vents, etc.) with any of your officers, directors, or trustees, or any entities they own or control?	; [	No	
9	Do you or will you have unrelated business gross income of \$1,000 or not during a tax year?	x	No	
10	Do you or will you operate bingo or other gaming activities?	X	No	
	Do you or will you provide disaster relief?	X	No	
Par	rt IV Foundation Classification			
Part	t IV is designed to classify you as an organization partis either a private foundation or a public charity. Public ch	arit	,	
	tus is a more favorable tax status than private foundation status.	uiit	,	
	If you qualify for public charity status, check the appropriate box (1a – 1c below) and skip to Part V below.			
	a <a></a>	09(a)	(1) and	
ŀ	<b>Check this box</b> to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contribution fees, and gross receipts from permitted sources) from activities related to your exempt functions and normally receive than one-third of your support from investment income and unrelated business taxable income. <b>Section 509(a)(2)</b> .			
(	Check this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governme Sections 509(a)(1) and 170(b)(1)(A)(iv).	ntal	unit.	
2	If you are not described in its 17 – 1c above, you are a private foundation. As a private foundation, you are required by section 50 specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed these requirements 17 see specific provisions require that you operate to avoid liability for private foundation excise taxes under second 4941-4945.	d to	meet	
	Check this decrete that your organizing document contains the provisions required by section 508(e) or that your organizin does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particul meet the aguirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)			

Page 3 Form 1023-EZ (6-2014)

Part V	Reinstatement After Automatic Revocation	
file require	e this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to ed annual returns or notices for three consecutive years, and you are applying for reinstatement under section are Procedure 2014-11. (Check only one box.)	o or 7
tha	<b>Check this box</b> if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box you at nat you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedure of file required returns or notices in the future. (See the instructions for requirements.)	
	check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date voltage filling this pplication.	
Part VI	Signature	
	are under the penalties of perjury that I am authorized to sign this application on behalf of the above organization nat I have examined this application, and to the best of my knowledge it is true, correct and complete.	
	Walter Vladimir Morosan President	
PLEASE SIGN HERE		
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	(Signature of Officer, Director, Trustee, or other authorized official)  Form 1023-EZ (6-2)	
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