## Form **1023-EZ**

(Rev. 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

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

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

Information about Form 1023-EZ and its separate instructions is at <a href="www.irs.gov/form1023">www.irs.gov/form1023</a>

OMB No. 1545-0056

**Note:** If exempt status is approved, this application will be open for public inspection.

26	ection 50 f(c)(3).										
Part I	Identification of Applica	nt									
1a	Full Name of Organization										
	ELM SOFTWARE FOUNDATION										
b	Mailing Address (number, street, and r	oom/suite)	). If a P.O. box, s	ee instruction	ıS.	<b>c</b> City			d S	State	e Zip code + 4
	Т					SAN FRANCISC	O		CA		94110-3808
2	Employer Identification Number	3 Mont	h Tax Year En	ds (MM)	4	Person to Contact if	f Moi	re Informatio	n is Ne	eded	
	9	12			E	EVAN CZAPLICKI					
5 Contact Telephone Number			<b>6</b> Fa			ax Number (optional)			7 User Fee Submitted		
	7									\$27	5.00
8	List the names, titles, and mailing addr	esses of yo	our officers, di	rectors, and	or trus	stees. (If you have n	nore	than five, see	instru	uctions	i.)
First Name: EVAN			Last Name: CZAPLICKI				Title: PRESIDENT				
Street A	Address:		1	City		NOICCO	Sta	te: CA		Zip c	ode + 4: 94110-3808
I			I and Name	- SAN FRANCISCO				Title			74110-3000
First Na	me: AARON		Last Name:	VONDE	RHAA	R		Title: TRE	ASUF	RER	
Street A	Address:			City: SAN FRANCISCO			Sta	tte: CA Zip code + 4: 94110-380			ode + 4: 94110-3808
First Na	me: RAVI	Last Name:	Last Namo:				Title: SECRETARY				
				CHUGH			Sta	SECRETARY			0de + 4:
Street Address:				City: SAN FRANCISCO			Jia	ate: CA Zip code + 4: 94110-380			94110-3808
First Na	me:	Last Name:	Last Name:			Title:					
Street A	Address:	City:			State:			Zip code + 4:			
First Na	me:		Last Name:				Title:				
Street Address:			City:			State:			Zip code + 4:		
			NDATION.ELM-LANG.ORG								
b	Organization's Email (optional):	100	INDATION.LI	LIVI-LAINO.C	, NO						
Part II											
1			nincorporated	d association	n. or a t	rust. Select the bo	x foi	r the type of c	organi	zation	
	To file this form, you must be a corporation, an unincorporated association, or a trust. <b>Select the box</b> for the type of organization.  Output  Description:  Output  Descripti										
	_			0							
2	Check this box to attest that you				-	=	nal s	structure indi	cated	above.	
	(See the instructions for an expla					•					
3 Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY):					YYYY):	01292016					
4	4 State of Incorporation or other formation: California										
5	Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).										
	Check this box to attest that your organizing document contains this limitation.										
6	Section 501(c)(3) 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.										
	Check this box to attest that your organizing document does 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.										
7	Section 501(c)(3) requires that your organization sources.										

dissolution provision.

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 you are formed for your

Form 10 Part II	)23-EZ (Rev. 6- <b>Your</b>	-2014) Specific Activities					Pag			
1		•	e that best describes your activitie	es (See the instructions):	U41					
2	To quality to	or exemption as a section 501(c)	(3) organization, you must be orga	anized and operated exc	clusively to further one or mo	ore of the folk	owing purposes. B			
	checking th	e box or boxes below, you attest	t that you are organized and opera	ated exclusively to furth	er the purposes indicated. C	heck all that	apply.			
	Charita	able	Religious		Educational					
	Scienti	Scientific Literary Testing for public safe				ty				
	To fost	er national or international ama	teur sports competition		Prevention of cruelty to	children or an	nimals			
3	To qualify fo	o qualify for exemption as a section 501(c)(3) organization, you must:								
	■ Refrain	from supporting or opposing ca	andidates in political campaigns ir	n any way.						
		that your net earnings do not in ement employees, or other insid	nure in whole or in part to the bene ders).	efit of private sharehold	ers or individuals (that is, bo	ard members	, officers, key			
	■ Not fur	ther non-exempt purposes (such	h as purposes that benefit private	interests) more than ins	ubstantially.					
	■ Not be	organized or operated for the p	rimary purpose of conducting a tr	rade or business that is r	ot related to your exempt p	urpose(s).				
			part of your activities attempting limitations outlined in section 501		or, if you made a section 50°	1(h) election, r	not normally make			
	■ Not pro	ovide commercial-type insuranc	e as a substantial part of your activ	vities.						
	Check	this box to attest that you have	not conducted and will not condu	uct activities that violate	these prohibitions and rest	rictions.				
4	Do you or w (If yes, consi	vill you attempt to influence legion ider filing Form 5768. See the ins	slation? structions for more details.)			Yes	<b>⊘</b> No			
5	Do you or w		of your officers, directors, or trust				<b>⊘</b> No			
6	Do you or w	vill you donate funds to or pay ex	xpenses for individual(s)?			Yes	<b>⊘</b> No			
7	Do you or w States?	will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United					√ No			
8		you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, trustees, or any entities they own or control?					√ No			
9	Do you or w	vill you have unrelated business	gross income of \$1,000 or more du	uring a tax year?		Yes	<b>⊘</b> No			
10	Do you or w	vill you operate bingo or other g	aming activities?			Yes	√ No			
11	Do you or w	vill you provide disaster relief?				Yes	√ No			
Part I\	/ Four	ndation Classification								
Part IV	is designed	d to classify you as an organ	nization that is either a priva	te foundation or a p	oublic charity. Public ch	arity status	is a more			
		us than private foundation								
1		-	the appropriate box (1a - 1c belo	•						
	a 🕢 Se	Ject this box to attest that you rule support from public sources a	normally receive at least one-third and you have other characteristics	of your support from pu of a publicly supported	organization. <b>Sections 509</b>	y receive at lea (a)(1) and 170	ast 10 percent of <b>0(b)(1)(A)(vi)</b> .			
	fee	es, and gross receipts (from perm	normally receive more than one-th nitted sources) from activities relat and unrelated business taxable inc	ted to your exempt func	tions and normally receive r					
		lect this box to attest that you a 9(a)(1) and 170(b)(1)(A)(iv).	are operated for the benefit of a co	ollege or university that i	is owned or operated by a g	overnmental ı	unit. Sections			
2	provisions in	n your organizing document, un	ive, you are a private foundation. A lless you rely on the operation of s to avoid liability for private found	state law in the state in v	which you were formed to m					
	ne	ed to include the provisions requ	organizing document contains the uired by section 508(e) because yo the the instructions for explanation	ou rely on the operation	of state law in your particula					

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Part V Reinstatement After Automatic Revocation							
	f exemption after being automatically revoked for failure to file required applying for reinstatement under section 4 or 7 of Revenue Procedure						
meet the specified requirements of section 4, that your failure to	Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)						
2 Check this box if you are seeking reinstatement under section 7	Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.						
Part VI Signature							
I declare under the penalties of perjury that I am authorand that I have examined this application, and to the b	orized to sign this application on behalf of the above organization best of my knowledge it is true, correct, and complete.						
EVAN CZAPLICKI	PRESIDENT						
(Type name of signer)	(Type name of signer) (Type title or authority of signer)						
	07192016						

(Date)

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