Date: JAN 25 2008

NURTURING MINDS INC C/O CHRISTOPHER J PIPPETT SAUL EWING LLP 1200 LIBERTY RIDGE DR STE 200 WAYNE, PA 19087 Employer Identification Number: 20-8870624 DLN: 17053173010017 Contact Person: MICHAEL E SHANNON ID# 31322 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: January 3, 2007 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2011 Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient

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NURTURING MINDS INC

organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Poret Cloi

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension

| Forn | 1023 (Rev. 6-2006) | Name: Nurturing Minds, In | c. | EIN: 20 _ 88706 | 24 | Page 1 |
|------|---|--|---|-----------------------------|----------------|-----------|
| Pa | rt X Public Charity | Status (Continued) | | | | |
| f | 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 operated by a governmental unit. | | | | | |
| g | 509(a)(1) and 170(b)(1)(of contributions from p | A)(vi)—an organization that ublicly supported organiza | receives a substantial part of its financial support in the form ons, from a governmental unit, or from the general public. | | | Z |
| h | investment income an | d receives more than one- | ot more than one-third of its financial support from gross nird of its financial support from contributions, membership s exempt functions (subject to certain exceptions). | | | |
| i | A publicly supported or decide the correct state | ganization, but unsure if it | is described in 5g or 5h. The | organization would like the | IRS to | |
| 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 r | | | | | |
| 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. | | | | | |
| | For Organization (Signature of Officer, Direct authorized official) | As Control of the con | Pauline Dolan (Type or print name of signer) President (Type or print title or authority of | (Date) | 14, 2007 | , |
| | For, IRS Use Only IRS Director, Exempt Orga | Set Co | | 1/14 (Date)! | ilas | |
| 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). | | | | | |
| | (b) Attach a list show | ing the name and amount | Statement of Revenues and toontributed by each person, he answer is "None," check the | company, or organization | whose | |
| | (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. | | | | | |
| | a list showing the payments were m | name of and amount rece | e 9 of Part IX-A. Statement of eived from each payer, other 1% of line 10, Part IX-A. State one," check this box. | than a disqualified person | ttach whose | |
| 7 | Revenues and Expenses | ? If "Yes," attach a list inc | he years shown on Part IX-A. luding the name of the contri nt, and explain why it is unusu | butor, the date and | Yes | ☑ ☑ No |
| | | | - | | | |