

Form 1023 Checklist

(Revised December 2017)

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

Note: Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

- Assemble the application and materials in this order.
 - Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
 - Form 8821, *Tax Information Authorization* (if filing)
 - Expedite request (if requesting)
 - Application (Form 1023 and Schedules A through H, as required)
 - Articles of organization
 - Amendments to articles of organization in chronological order
 - Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.

- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.

- Employer Identification Number (EIN)

- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
 - You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.

- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A Yes ___ No ___

Schedule E Yes ___ No ___

Schedule B Yes ___ No ___

Schedule F Yes ___ No ___

Schedule C Yes ___ No ___

Schedule G Yes ___ No ___

Schedule D Yes ___ No ___

Schedule H Yes ___ No ___

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
 - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) _____
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law _____

- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - Signature at Part XI of Form 1023.

- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
P.O. Box 12192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
201 West Rivercenter Boulevard
Covington, KY 41011

**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 may be made public.**
 ▶ **Go to www.irs.gov/Form1023 for instructions and the latest information.**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

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)		2 c/o Name (if applicable)	
Plan A Health, INC.			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
2214 Frederick Douglass Blvd	101	83-2144751	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 – 12)	
New York, NY 10026		12	
6 Primary contact (officer, director, trustee, or authorized representative)		917 409 6961	
a Name:		b Phone:	
Caroline Weinberg		c Fax: (optional)	
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: planamobilehealth.org			
b Organization's email: (optional) contact@planamobilehealth.org			
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)		10 / 09 / 2018	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability company), 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): **PAGE 1, SECTION 3**
- 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.
- b 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 1, SECTION 7**
- c 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)

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**? If "Yes," identify the individuals and explain the relationship. **Yes** **No**

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? **Yes** **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. **Yes** **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? **Yes** **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. **Yes** **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.
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- 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. **Yes** **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. **Yes** **No**
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- 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. **Yes** **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. **Yes** **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. **Yes** **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. **Yes** **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 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? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b 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. Yes No
- 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 nonprofit 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. See instructions. **Yes** **No**

- | | |
|--|--|
| <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 type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input checked="" 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 childcare 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 childcare, 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 VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|--|---|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input checked="" type="checkbox"/> Yes | <input 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 checked="" type="checkbox"/> Yes | <input 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

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement 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:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. 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 1/1/19 To 12/31/19	(b) From 1/1/18 To 12/31/18	(c) From 1/1/20 To 12/31/20	(d) From 1/1/21 To 12/31/21	(a) From 1/1/19 To 12/31/19	(b) From 1/1/18 To 12/31/18	(c) From 1/1/20 To 12/31/20	(d) From 1/1/21 To 12/31/21	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	700,000	80	1,000,000	1,000,000					2,700,080
	2 Membership fees received	0	0	0	0					0
	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	700,000	80	900,000	1,500,000					3,100,080
	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	0	400,000	400,000					800,000
	10 Total of lines 8 and 9	700,000	80	1,300,000	2,100,000					3,900,080
	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	700,000	80	1,300,000	2,100,000					3,900,080
Expenses	14 Fundraising expenses	3,000	0	5,000	5,000					
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	300	0	1,000	1,000					
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0	0					
	17 Compensation of officers, directors, and trustees	110,000	0	118,000	118,000					
	18 Other salaries and wages	10,000	0	250,000	300,000					
	19 Interest expense	0	0	0	0					
	20 Occupancy (rent, utilities, etc.)	1,000	0	20,000	20,000					
	21 Depreciation and depletion	0	0	0	0					
	22 Professional fees	4,000	0	4,000	4,000					
	23 Any expense not otherwise classified, such as program services (attach itemized list)	400,000	1,103.26	300,000	900,000					
	24 Total Expenses Add lines 14 through 23	528,300	1,103.26	692,000	1,342,000					

Part IX Financial Data (Continued)

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

Year End: 2018 (Whole dollars)

Table with 19 rows for assets, liabilities, and fund balances. Assets total 80, liabilities total 1103.26, and fund balances total 80. Total liabilities and fund balances total 1023.26. Question 19 asks about substantial changes, with 'Yes' checked.

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 [x] 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. []
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. [x]
d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. []

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)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 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.
- i 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).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

- a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses _____
- (ii) 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," state this.
- b (i) 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 and amount received from each **disqualified person**. If the answer is "None," state this.
- (ii) For each year amounts were 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," state this.

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 and Signature

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. 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 "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: 600

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)

Caroline Weinberg

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

Schedule C. Hospitals and Medical Research Organizations

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital** or **medical care**. Complete Section I below.

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II.

Section I Hospitals

- 1a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. **Yes** **No**
- 2a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain. **Yes** **No**
- b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. **Yes** **No**
- c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. **Yes** **No**
- 3a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. **Yes** **No**
- b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain. **Yes** **No**
- 4a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. **Yes** **No**
- b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy. **Yes** **No**
- c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. **Yes** **No**
- 5a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e. **Yes** **No**
- b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
- c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
- d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule. **Yes** **No**
- 6a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. **Yes** **No**
- b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. **Yes** **No**
- 7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. **Yes** **No**
- 8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. **Yes** **No**
- 9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. **Yes** **No**

Note: Make sure your answer is consistent with the information provided in Part VIII, line 8.

Schedule C. Hospitals and Medical Research Organizations (Continued)**Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. **Yes** **No**
- Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. **Yes** **No**
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. **Yes** **No**
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. **Yes** **No**
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. **Yes** **No**

Section II Medical Research Organizations

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "PLAN A HEALTH, INC.", FILED IN THIS OFFICE ON THE EIGHTH DAY OF OCTOBER, A.D. 2018, AT 8:03 O`CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.




Jeffrey W. Bullock, Secretary of State

7092635 8100
SR# 20187041871


Authentication: 203577667
Date: 10-09-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF INCORPORATION
A NON-STOCK CORPORATION

The undersigned Incorporator hereby certifies as follows:

1. The name of the Corporation is Plan A Health, Inc.
2. The Registered Office of the corporation in the State of Delaware is located at 1675 SOUTH STATE ST. STE B (street),
in the City of Dover, County of Kent
Zip Code 19901. The name of the Registered Agent at such address upon
whom process against this corporation may be served is CAPITOL SERVICES, INC
3. The purpose of the corporation is to engage in any lawful act or activity for which
corporations may be organized under the General Corporation Law of Delaware. (If the
Corporation is to be a nonprofit corporation, please add: "This Corporation shall be a
nonprofit corporation.") This corporation shall be a nonprofit corporation.
4. The corporation shall not have any capital stock.
5. The conditions of membership are stated in the bylaws
6. The name and mailing address of the incorporator are as follows:
Name Caroline Weinberg
Mailing Address 212 West 111th Street 2B
New York NY Zip Code 10026

By: Caroline Weinberg 
Incorporator

Name: Caroline Weinberg
Print or Type

STATE OF DELAWARE
CERTIFICATE OF INCORPORATION
A NON-STOCK CORPORATION

The undersigned Incorporator hereby certifies as follows:

1. The name of the corporation is Plan A Health, Inc.
2. The Registered Office of the corporation in the State of Delaware is located at CAPITOL SERVICES, INC, 1675 SOUTH STATE ST, STE B, in the City of DOVER, County of Kent, zip code 19901. The name of the Registered Agent at such address upon whom process against this corporation may be served is Capitol Services, Inc.
3. This corporation shall be a nonprofit corporation. Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
4. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Paragraph 3 hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office, Notwithstanding any other provision of these Articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provision of any future federal tax code, or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or the corresponding provision of any future federal tax code.
5. The corporation shall not have any capital stock,
6. The conditions of membership shall be stated in the by-laws.
7. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the

principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

8. The name and mailing address of the incorporator are as follows: Caroline Weinberg, 212 West 111th Street 2B, NY NY 10026.

The undersigned declares that she is the person who has executed this Certificate of Incorporation and hereby declares that this instrument is the act and deed of the undersigned.

DATED: October 10, 2018

By: /s/ Caroline Weinberg

Incorporator

Name: Caroline Weinberg

Print or Type

**ACTION OF INCORPORATOR OF
Plan A Health, INC.**

October 10, 2018

The undersigned, being the sole incorporator (the “Sole Incorporator”) of Plan A Health, Inc., a Delaware not-for-profit corporation (the “Corporation”), hereby adopts the following resolutions pursuant to Sections 107 and 108(a) of the General Corporation Law of Delaware with respect to the initial organization of the Corporation:

Adoption of Certificate of Incorporation

RESOLVED, that the Certificate of Incorporation attached hereto as Exhibit A (the “Certificate of Incorporation”), be, and hereby is, adopted as the Certificate of Incorporation for the Corporation and that the Certificate of Incorporation has been filed with the Delaware Secretary of State

Adoption of Bylaws

WHEREAS, the Sole Incorporator has deemed it advisable and in the best interest of the Corporation to adopt the Bylaws read in their entirety as set forth on Exhibit B hereto (the “Bylaws”);

NOW, THEREFORE, BE IT:

RESOLVED, that the Bylaws be, and they hereby are, adopted, approved, ratified and confirmed as the bylaws of this Corporation to take effect immediately, and to remain in effect until amended or repealed in accordance with applicable law; and

RESOLVED, that the Secretary of the Corporation (as appointed in the Bylaws) is hereby authorized and directed to execute a certificate of the adoption of the Bylaws and insert it in the Corporation’s minute book (the “Minute Book”).

Election of Directors

WHEREAS, the Sole Incorporator has deemed it advisable and in the best interest of the Corporation to appoint directors of the Corporation (the “Board of Directors”).

NOW THEREFORE, BE IT RESOLVED, that the following individuals are approved and appointed to the Board of Directors to serve as directors until their successors are duly elected and qualified:

Caroline Weinberg

212 West 111th Street 2B

NY NY 10026

Appointment of Officers

WHEREAS, the Sole Incorporator has deemed it advisable and in the best interest of the Corporation to appoint the initial officers of the Corporation.

NOW THEREFORE, BE IT RESOLVED, that the following individuals are approved and appointed as officers of the Corporation to serve until their successors are duly appointed and qualified:

Caroline Weinberg, President, Secretary,
Treasurer

Resignation as the Sole Incorporator

WHEREAS, the Sole Incorporator has deemed it advisable and in the best interest of the Corporation to appoint directors to the Board of Directors.

NOW, THEREFORE, BE IT:

RESOLVED, that the undersigned, being the Sole Incorporator of the Corporation, having taken all actions necessary and appropriate in connection with the incorporation of the Corporation, does hereby tender the undersigned's resignation as the Sole Incorporator to the Board of Directors as constituted above; and

RESOLVED, that the action of the Incorporator shall be filed in the Minute Book and shall be effective as of the date first written above.

Further Actions

RESOLVED, that the proper officers of the Corporation be, and each of them hereby is, authorized, empowered and directed to take all such further action and to execute, deliver, certify and file all such further agreements, undertakings, certificates, instruments and documents, in the name of and on behalf of the Corporation, and to pay all such costs, fees and expenses as such proper officers shall approve as necessary or advisable to carry out the intent and accomplish the purpose of the foregoing resolutions and transactions contemplated thereby, the taking of such actions and the execution, delivery, certification and filing of such documents to be conclusive evidence of such approval.

RESOLVED, that for purposes of the foregoing resolutions, the term "proper officers" shall mean and include the President, the Secretary and the Treasurer, or any of them.

[signature page following]

IN WITNESS WHEREOF, the undersigned has duly executed this Action as of the date first written above.

By:

Title: President Plan A Health, Inc.

BYLAWS AND AMENDMENTS OF
Plan A Health, Inc.
A 501(c)(3) Not-for-Profit Corporation

ARTICLE I

NAME

Section 1. Name. The name of the corporation is Plan A Health, Inc. (the “Corporation”).

Section 2. Purpose. The Corporation is organized to conduct any lawful business and engage in any lawful act or activity consistent with Federal and State law, including the General Corporation Law of the State of Delaware (the “DGCL”) and such other laws governing not-for-profit, Delaware corporations exempt from Federal income tax under Section 501(c)(3) of the Code.

Section 3. Registered Address. The registered address of the Corporation in the State of Delaware is 1675 SOUTH STATE ST, STE B DOVER DE 19901. The name of the Corporation’s registered agent at that address is Capitol Services, Inc. The location of the Corporation’s registered office in the State of Delaware, and the name of its registered agent at such address, may be changed from time to time in accordance with Delaware law.

Section 4. Principal Office. The principal office of the Corporation is New York or such other place or places as the Board of Directors may from time to time establish.

ARTICLE II

MEMBERSHIP

Section 1. Conditions of Membership. The members of the Corporation (the “Members”) shall have the rights set forth in these Bylaws and applicable law. The conditions of membership for the Members are as follows: each member shall be a natural person who is a Director of the Corporation. Upon becoming a director of the Corporation in accordance with the certificate of incorporation of the Corporation (the “Certificate of Incorporation”), the bylaws of the Corporation (the “Bylaws”) and applicable law, such director shall thereupon become a Member, and immediately upon the death, resignation, removal, retirement or disqualification of a director (or other event that results in a person ceasing to be a director), such person shall thereupon cease to be a Member, such that the Members at any time shall be the directors then duly elected and qualified and in office.

Section 2. Annual Meetings of Members. An annual meeting of Members for the election of directors and for the transaction of other proper business shall be held each year at a date, time and place, if any, determined by the Board of Directors.

Section 3. Special Meetings of Members. A special meeting of the Members for any purpose may be called at any time by the Board of Directors or the President. Such a meeting may be held either within or without the State of Delaware on such date and at such time and place, if any, as are designated in the notice of the special meeting.

Section 4. Notice of Meetings of Members. The President or the Secretary shall cause notice of each meeting of Members to be given in writing to each Member entitled to vote thereat as of the date of such notice: (i) by electronic transmission or (ii) by first class mail, postage prepaid, to such Member's postal address as shown on the records of the Corporation, not less than ten (10) nor more than sixty (60) days prior to the date of such meeting, except where a different notice period is required by applicable law. Such notice shall specify (i) the date, time and place, if any, of such meeting, (ii) the means of remote communications, if any, by which Members may be deemed to be present in person and vote at such meeting, (iii) in the case of a special meeting, the purpose or purposes for which such meeting is called, and (iv) such other information as may be required by applicable law or as may be deemed appropriate by the Board of Directors. The presence at any meeting of a majority of the Members entitled to vote thereat shall be necessary and sufficient to constitute a quorum for the transaction of business. Directors shall be elected by a plurality of the votes cast by Members entitled to vote generally in the election of directors. All other questions and matters submitted to Members shall, unless otherwise required by applicable law, the Certificate of Incorporation or the Bylaws, be determined by the vote of a majority of the Members entitled to vote, present in person or by proxy at any meeting.

ARTICLE III

GOVERNING BODY

Section 1. General Powers. Except as may otherwise be provided by law or by the Certificate of Incorporation, the business and affairs of the Corporation shall be managed by or under the direction of its governing body. The governing body shall be known as the "Board of Directors," and individual members thereof shall be known as "Directors." The Board of Directors shall have the authority to govern and manage the affairs of the Corporation in accordance with the purposes and principles as set forth in the Certificate of Incorporation and these Bylaws. The Directors shall act only as a Board of Directors, and the individual Directors shall have no power as such.

Section 2. Number, Election, and Term of Directors. The number of Directors that shall constitute the entire Board of Directors shall be fixed from time to time by resolution of the Board of Directors. Directors shall be elected by the Board of Directors and shall serve for a term of three (3) years.

Section 3. Meetings of the Board of Directors. The Board of Directors may hold meetings in such place or places within or without the State of Delaware as the Board of Directors may from time to time determine or as shall be specified in the notice of such meeting.

(a) Regular Meetings. Regular meetings of the Board of Directors shall be held at such date, time and place as shall be designated from time to time by resolution of the Board of Directors. Notice of such regular meetings shall not be required.

(b) Special Meetings. Special meetings of the Board of Directors may be called by the Board or by the President. Notice of each special meeting of the Board of Directors shall be in writing and shall be given to each Director personally, by mail or by electronic transmission not less than 48 hours prior to such meeting. Such notice shall state the date, time and place of such meeting. Notice sent by mail shall be deemed delivered when deposited in the United States mail, postage prepaid, addressed to the Director at his or her address as it appears on the books of the Corporation.

Section 4. Quorum; Voting. Any members of the Board of Directors who is also, at that time, a paid employee of the Corporation shall not have a vote on matters before the Board of Directors, but may cast a vote as a member of any Committee of the Corporation created under Article V. At all meetings of the Board of Directors, the presence of a majority of the total number of Directors then in office and eligible to

vote on matters before the Board of Directors shall constitute a quorum for the transaction of business. Except as otherwise required by law, the Certificate of Incorporation or these Bylaws, the vote of a majority of the voting Directors present at any meeting at which a quorum is present shall be the act of the Board of Directors.

Section 5. Presence by Telephonic Communications. Members of the Board of Directors may participate in any meeting of the Board of Directors by means of a conference telephone or other communications equipment by means of which all persons participating in the meeting can hear each other at the same time, and participation in a meeting by such means shall constitute presence in person at such meeting.

Section 6. Action Without a Meeting. Any action required or permitted to be taken at any meeting of the Board of Directors may be taken without a meeting if all members of the Board of Directors consent thereto in writing or by electronic transmission and such writing or writings or electronic transmissions are filed with the minutes of proceedings of the Board of Directors. Such filing shall be in paper form if the minutes are maintained in paper form and shall be in electronic form if the minutes are maintained in electronic form.

Section 7. Vacancies and Newly Created Directorships. Newly created directorships resulting from any increase in the authorized number of directors or any vacancies in the Board of Directors resulting from death, resignation, retirement, disqualification, removal from office or other cause may be filled by the affirmative vote of a majority of the remaining directors then in office, even though less than a quorum of the Board of Directors. Any Director so chosen shall hold office until the next election of the class for which such Director shall have been chosen and until his or her successor shall be elected and qualified. No decrease in the number of Directors shall shorten the term of any incumbent Director.

ARTICLE IV

OFFICERS

Section 1. Number and Qualifications. The officers of the Corporation shall include a President, a Secretary and a Treasurer. The Board of Directors from time to time delegate to any officer the power to appoint subordinate officers or agents and to prescribe their respective rights, terms of office, authorities and duties. Any number of offices may be held by the same person.

Section 2. Election of Officers. Each officer shall hold office until his or her successor shall have been elected or appointed and qualified, or until such officer's earlier death, resignation or removal.

Section 3. Removal and Resignation of Officers; Vacancies. Any officer may be removed for or without cause at any time by the Board of Directors. Any officer granted the power to appoint subordinate officers and agents may remove any subordinate officer or agent appointed by such officer, with or without cause. Any officer may resign at any time by delivering notice of resignation, either in writing signed by such officer or by electronic transmission, to the Secretary of the Corporation, and such resignation shall be deemed effective thirty (30) days after receipt. Any vacancy occurring in any office of the Corporation by death, resignation, removal or otherwise, shall be filled by the Board of Directors or by the officer, if any, who appointed the person formerly holding such office.

Section 4. Authority and Duties of Officers; Conflicts of Interest. The officers of the Corporation shall have such authority and shall exercise such powers and perform such duties as may be specified in these Bylaws, and in any event each officer shall exercise such powers and perform such duties as may be required by law.

Section 5. President. The President shall be the chief executive officer of the Corporation, have general control and supervision of the affairs and operations of the Corporation, keep the Board of Directors fully informed about the activities of the Corporation and see that all orders and resolutions of the Board of Directors are carried into effect. He or she shall manage and administer the Corporation's business and affairs and shall, perform all duties and exercise all powers usually pertaining to the office of a chief executive officer of a corporation. He or she shall have the authority to sign, in the name of and on behalf of the Corporation, checks, orders, contracts, leases, notes, drafts and all other documents and instruments in connection with business of the Corporation authorized by the Board of Directors. Any expenses totaling greater than \$10,000 require direct review and approval by the Board of Directors or Executive Committee.

Section 6. Secretary. The Secretary shall have all powers and perform all duties otherwise customarily incident to the office of secretary, subject to the control of the Board of Directors, and shall have such other powers and perform such other duties as may be specified in these Bylaws or as may be assigned to him or her from time to time by the Board of Directors or the President. Without limiting the foregoing, the Secretary shall act as secretary of all meetings of Members, the Board of Directors and any committee of the Board of Directors, and the Secretary shall keep a true record of all such meetings in: books provided for that purpose. He or she shall keep a register of the membership of the Corporation with the date of admission to membership of the Corporation and the place of residence of each Member. The Secretary shall cause all notices to be duly given in accordance with the provisions of these Bylaws and as required by law.

Section 7. Treasurer. The Treasurer shall have all powers and perform all duties otherwise customarily incident to the office of treasurer, subject to the control of the Board of Directors, and shall have such other powers and perform such other duties as may be specified in these Bylaws or as may be assigned to him or her from time to time by the Board of Directors or the President. Without limiting the foregoing, the Treasurer shall be the chief financial officer of the Corporation and shall have charge of and supervision over and be responsible for the funds, securities, receipts and disbursements of the Corporation.

ARTICLE V

COMMITTEES OF THE CORPORATION

Section 1. Designation of Committees. The Board of Directors may designate one or more committees of the Board of Directors. Each committee shall consist of such number of directors as from time to time may be fixed by the Board of Directors. Each committee shall have and may exercise all the powers and authority of the Board of Directors in the management of the business and affairs of the Corporation to the extent permitted by law and delegated to such committee by resolution of the Board of Directors.

Section 2. Committee Procedures. At any meeting of any committee of the Board of Directors, the presence of a majority of its members then in office shall constitute a quorum for the transaction of business, unless (a) such committee has only one or two members, in which case a quorum shall be one member, or (b) a greater quorum is established by the Board of Directors. The vote of a majority of the committee members present at a meeting at which a quorum is present shall be the act of the committee. Each committee shall keep regular minutes of its meetings and report to the Board of Directors when required. The Board of Directors may adopt other rules and regulations for the government of any committee not inconsistent with the provisions of these Bylaws, and each committee may adopt its own rules and regulations of government, to the extent not inconsistent with these Bylaws or rules and regulations adopted by the Board of Directors.

Section 3. Vacancies on Committees. If a vacancy occurs in any committee of the Board of Directors for any reason the remaining members of the committee may continue to act if a quorum is present. A committee vacancy may be filled by the remaining members of the: committee.

ARTICLE VI

ADVISORY COUNCILS

Section 1. Formation. The Board of Directors may designate one or more advisory councils which shall be authorized to act in an advisory capacity to the Board of Directors or any committee thereof. Each advisory council shall consist of such number as from time to time may be fixed by the Board of Directors. Members of any advisory council may, but need not, be directors of the Corporation.

Section 2. Authority. No advisory council, and no individual member of any advisory council, as such, shall have the power and authority to take action by or in the name of the Corporation.

ARTICLE VII

INDEMNIFICATION AND ADVANCEMENT

Section 1. Right to Indemnification. The Corporation shall indemnify and hold harmless, to the fullest extent permitted by applicable law as it presently exists or may hereafter be amended, any person (a "Covered Person") who was or is made or is threatened to be made a party or is otherwise involved in any action, suit or proceeding; whether civil, criminal, administrative or investigative (a "proceeding"), by reason of the fact that he or she, or a person for whom he or she is the legal representative, is or was a Director or officer of the Corporation or, while a Director or officer of the Corporation, is or was serving at the request of the Corporation as a Director, officer, employee or agent of another corporation or of a partnership, joint venture, trust, enterprise or nonprofit entity; including service with respect to employee benefit plans, against all liability and loss suffered and expenses (including attorneys' fees) reasonably incurred by such Covered Person. Notwithstanding the preceding sentence, except as otherwise provided in this Article VII, the Corporation shall be required to indemnify a Covered Person in connection with a proceeding (or part thereof) commenced by such Covered Person only if the commencement of such proceeding (or part thereof) by the Covered Person was authorized in the specific case by the Board of Directors

Section 2. Prepayment of Expenses. The Corporation shall to the fullest extent not prohibited by applicable law pay the expenses (including attorneys' fees) incurred by a Covered Person in defending any proceeding in advance of its final disposition, provided, however, that to the extent required by law, such payment of expenses in advance of the final disposition of the proceeding shall be made only upon receipt of an undertaking by the Covered Person to repay all amounts advanced if it should ultimately be determined that the Covered Person is not entitled to be indemnified under this Article VII or otherwise.

Section 3. Claims. If a claim for indemnification (following the final disposition such proceeding) or advancement of expenses under this Article VII is not paid in full within thirty days after a written claim therefor by the Covered Person has been received by the Corporation, the Covered Person may file suit to recover the unpaid amount of such claim and, if successful in whole or in part, shall be entitled to be paid the expense of prosecuting such claim to the fullest extent permitted by law. In any such action the Corporation shall have the burden of proving that the Covered Person is not entitled to the requested indemnification or advancement of expenses under applicable law.

Section 4. Nonexclusivity of Rights. The rights conferred on any Covered Person by this Article VII shall not be exclusive of any other rights which such Covered Person may have or hereafter acquire under any statute, provision of the Certificate of Incorporation, these Bylaws, agreement, vote of Members or disinterested directors or otherwise.

Section 5. Other Sources. The Corporation's obligation, if any, to indemnify or to advance expenses to any Covered Person who was or is serving at its request as a Director, officer, employee or agent of another corporation, partnership, joint venture, trust, enterprise or nonprofit entity shall be reduced by any amount such Covered Person may collect as indemnification or advancement of expenses from such other corporation, partnership, joint venture, trust, enterprise or non-profit enterprise.

Section 6. Amendment or Repeal. Any repeal or modification of the provisions of this Article VII. shall not adversely affect any right or protection hereunder of any Covered Person in respect of any proceeding (regardless of when such proceeding is first threatened, commenced or completed) arising out of, or related to, any act or omission occurring prior to the time of such repeal or modification.

Section 7. Other Indemnification and Advancement of Expenses. This Article VII shall not limit the right of the Corporation, to the extent and in the manner permitted by law, to indemnify and to advance expenses to persons other than Covered Persons when and as authorized by appropriate corporate action.

ARTICLE VII

GENERAL PROVISIONS

Section 1. Conduct of Business. The Corporation shall at all times conduct its business and affairs so as to qualify and remain qualified as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

Section 2. Execution of Instruments. Except as otherwise required by law, the Certificate of Incorporation or these Bylaws, the Board of Directors or any officer of the Corporation authorized by the Board of Directors may authorize any officer or agent of the Corporation to enter into any contract or to execute and deliver any instrument in the name and on behalf of the Corporation.

Section 3. Voting of Other Equity Interests. Unless otherwise determined by resolution of the Board of Directors, any officer of the Corporation shall have full power and authority on behalf of the Corporation to attend any meeting of stockholders or equity holders of any other entity in which the Corporation may hold stock or other equity interests, and to act, vote (or execute proxies to vote) and exercise in person or by proxy all other rights, powers and privileges incident to the ownership of such stock or equity interests at any such meeting, or through action without a meeting. The Board of Directors may by resolution from time to time confer such power and authority (in general or confined to specific instances) upon any other person or persons.

Section 4. Fiscal Year. The fiscal year of the Corporation shall be fixed by the Board of Directors; provided, however, that if such fiscal year is not fixed by the Board of Directors and the selection of the fiscal year is not expressly deferred by the Board of Directors, the fiscal year shall be the calendar year.

Section 5. Deposits. All monies received by the Corporation shall be deposited promptly to the credit of the Corporation in such banks, trust companies, or other depositories that are insured by the Federal Deposit Insurance Corporation as the Board of Directors may select.

Section 6. Payments. All checks, drafts, notes or other orders for payment of money or other evidence of indebtedness issued in the name of the Corporation may be signed by one of the following: the President, the Treasurer or the Board of Director's authorized designee.

PLAN A HEALTH, INC
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Section 7. Books and Records; Inspection. Except to the extent otherwise required by law, the books and records of the Corporation shall be kept at such place or places within or without the State of Delaware as may be determined from time to time by the Board of Directors.

Section 8. Prohibition Against Private Inurement. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributed to, its members, directors or trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes of the Corporation.

ARTICLE VIII

AMENDMENT; CONSTRUCTION

Unless otherwise provided in the Certificate of Incorporation, these Bylaws may be amended, altered or repealed by the Board of Directors or by the affirmative vote of a majority of the Members entitled to vote generally in the election of Directors. No amendment, alteration, change or repeal of these Bylaws shall be effected which will result in the denial of tax-exempt status to the Corporation under section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

Amendments

Resolution: April 1, 2019

WHEREAS the Board of Directors of Plan A Health, Inc., has considered the advisability of amending its Bylaws to provide for an Executive Committee and clarify Director voting rights; and adopting a Conflict of Interest Policy, Whistleblower Policy, and Confidentiality Policy, and has determined that making such changes to its structure and operations are advisable and in the best interests of the Corporation.

BE IT FURTHER RESOLVED, that the Board of Directors approves of and adopts the attached Bylaws as the Bylaws of the Corporation to take effect at the conclusion of this meeting, and directs that the Secretary of the Corporation file the amended Bylaws in the official records of the Corporation; and

BE IT FURTHER RESOLVED, that the Board of Directors, under the authority created by Article V of the Corporation's Bylaws, creates an Executive Committee as a Committee of the Corporation comprised of the President, Treasurer, and Secretary.

BE IT FURTHER RESOLVED, that Plan A Health, Inc. adopts the attached Conflict of Interest Policy, Whistleblower Policy, and Confidentiality Agreement as the policy of the Corporation.

Attest:



Secretary

Resolution: May 27, 2019

WHEREAS the Board of Directors of Plan A Health, Inc., has considered the advisability of amending its Bylaws and Articles of Incorporation to clarify director voting rights and expand its board of directors, and has determined that making such changes to its structure and operations are advisable and in the best interests of the Corporation.

THEREFORE BE IT RESOLVED, that following individuals are elected as Directors pursuant to Article III, Section 7 of the Corporation's Bylaws, with terms to begin at the start of the next board meeting:

Gretchen Borchelt, Dr. Pamela Payne Foster, Diana Salas, Ivana Thompson, and Mollie Williams.

BE IT FURTHER RESOLVED, that the Board of Directors clarifies that board members who serve a dual role as staff members of Plan A, Inc, including but not limited to the role of CEO/President, will serve as non-voting members of the Board of Directors.

Attest:



Secretary

PLAN A HEALTH, INC
EIN: 83-2144751

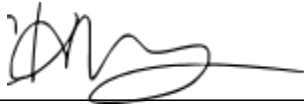
Resolution: August 9, 2019

WHEREAS the Board of Directors of Plan A Health, Inc., has considered the advisability of expanding its board of directors, and has determined that making such changes to its structure and operations are advisable and in the best interests of the Corporation.

THEREFORE BE IT RESOLVED, that following individual is elected as Director and to serve as treasurer pursuant to Article III, Section 7 of the Corporation's Bylaws, with terms to begin at the start of the next board meeting:

Sharon Weinberg

Attest:



Secretary

LOCAL COMMITTEE CHARTER

Purpose

The purpose of the local advisory boards is to ensure that mobile clinics meet the needs and wants of the communities they serve.

Authority and Responsibilities

The local advisory boards, comprised entirely of individuals from their represented region, will have oversight over the program within their area, including services offered, regions served, and resource development. With the board of directors and senior management, the Board takes the lead in mapping out the strategic direction of the local clinic. Additionally, they will play a central role in the hiring of all local staff. One elected member of each local board will serve on the national Board of Directors.

Board members are expected to exercise the duties and responsibilities of their positions with integrity, collegiality, and care according to the organization's bylaws, policies, codes, and resolutions. Their role as board members includes:

- Making attendance at all meetings of the board a priority, regularly attending board meetings and responding to emails in a timely manner between meetings
- Being prepared to discuss the issues and business on the agenda, and having read all background material relevant to the topics at hand and commented as appropriate.
- Responding to issues that may arise between board meetings in a timely manner.
- Cooperating with and respecting the opinions of fellow Board members, and leaving personal prejudices out of all board discussion.
- Showing respect and courteous conduct in all board and committee meetings and in all interactions with staff and volunteers of the organization.
- Maintaining confidentiality about all internal matters of the organization. This confidentiality extends beyond the individual's tenure as a board member.
- Serving as active advocates and ambassadors for the organization and fully engage in identifying and securing the partnerships necessary for the organization to advance its mission

Membership

The local advisory boards consist of no fewer than six committee members. Board members will serve a two year term with an opportunity to serve multiple terms at the board's discretion. Board members will not be compensated for their services.

Meetings

The frequency of local board meetings are contingent on the stage of the program development. Meeting schedule will be based on the judgment of the advisory board but will meet at minimum quarterly. Board members are expected to make attendance a priority.

PLAN A HEALTH, INC
EIN 83-2144751

Agenda, Minutes and Reports

The chair will be responsible for establishing the agendas for meetings. An agenda, together with any materials for review, will be sent to committee members at least 10 days in advance of the meeting. Minutes for all meetings shall be drafted by the program director and approved by committee members at the following meeting.

The committee chair shall report to the Board of Directors the committees actions and decisions no later than the next regular board meeting.

Plan A Health Conflict of Interest Policy

Article I Purpose

The purpose of this policy (the “Policy”) is to protect the interests of Plan A Health (the “corporation”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a Director, Officer, or Key Person of the corporation, or might result in a possible excess benefit transaction. The corporation will not enter into any such transaction or arrangement unless it is determined by the Board in the manner described below to be fair, reasonable and in the best interests of the corporation at the time of such determination.

This Policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to non-for-profit and charitable corporations.

Article II Related Party Transactions and Duty to Disclose

A Related Party Transaction is not necessarily a prohibited transaction. Under this Policy, if the Corporation contemplates entering into a Related Party Transaction, the Board must determine if the transaction is fair, reasonable, and in the best interests of the Corporation at the time of such determination.

If at any time during his or her term of service a Related Party acquires any Financial Interest or when any matter for decision or approval comes before the Board in which a Related Party has a Financial Interest, that Financial Interest or potential Related Party Transaction must be promptly disclosed in writing to each member of the Board and the President, together with all material facts. The Board will then follow the procedures in Article IV of this Policy.

Failure to disclose to the Board a known Financial Interest or a known potential Related Party Transaction may be grounds for removal from the Board or termination from the Corporation.

If a person is an interested person with respect to any entity in the health care system of which the organization is a part, he or she is an interested person with respect to all entities in the health care system.]

Article III Procedures

Article IV Duty to Disclose.

Any Related Party shall disclose in good faith all material facts of his or her Financial Interest to the Board.

Article V Non-Participation and Review.

All transactions, agreements or any other arrangements between the corporation and a Related Party, and any other transactions which may involve a potential conflict of interest, shall be reviewed by the Board. All Related Parties with a Financial Interest shall leave the room in which such deliberations are conducted. The Board will then determine whether the contemplated Related Party Transaction is fair, reasonable, and in the best interests of the corporation at the time of such determination. The corporation will not enter into any Related Party Transaction unless it is determined to be fair, reasonable and in the best interest of the corporation at the time of such determination.

Article VI Consideration of Alternate Transactions and Comparability Data.

If the contemplated Related Party Transaction pertains to compensation for services or the transfer of property or other economic benefit to a Related Party, the Board must determine that the value of the economic benefit provided by the corporation to the Related Party does not exceed the value of the consideration received in exchange by obtaining and reviewing appropriate comparable data prior to entering the transaction.

In those instances where the contemplated Related Party Transaction does not involve compensation, transfer of property or benefits to a Related Party, the Board must consider alternative transactions to the extent possible, prior to entering into such transaction.

Article VII Comparability Data.

Article VIII When considering the comparability of compensation, for example, the types of relevant Comparability Data which the Board may consider include, but are not limited to the following:

Article IX Compensation levels paid by similarly situated corporations, both exempt and non-exempt;

Article X The availability of similar services within the same geographic area;

Article XI Current compensation surveys compiled by independent firms; and

Article XII Written offers from similar institutions competing for the same person's services.

Article XIII When the transaction involves the transfer of real property as consideration, the relevant factors include, but are not limited to the following:

Article XIV Current independent appraisals of the property; and

Article XV Offers received in a competitive bidding process.

Article XVI Voting.

The Board or shall, after considering alternate transactions and/or comparability data, determine in good faith by vote of the Board whether the transaction or arrangement is fair, reasonable, and in the best interest of the corporation at the time of such decision. The transaction shall be approved by not less than a majority vote of the Directors present at the meeting. In conformity with the above criteria, the Board shall make its decision as to whether to enter into the transaction or arrangement and shall document the meeting contemporaneously under Article V of this Policy.

All Related Parties with a Financial Interest must not be present for deliberations and voting on the transaction or arrangement in which he or she has a Financial Interest. However, Related Parties are not prohibited from providing information regarding the transaction to the Board prior to the Board's deliberations. No Director or Officer shall vote, act, or attempt to influence improperly the deliberations on any matter in which he or she has been determined by the Board to have a Financial Interest. Any attempt to vote, act, or improperly influence deliberations by a Related Party on any matter with which such person has a Financial Interest may be grounds for removal from the Board or termination from the corporation.

Article XVII Compensation.

A voting member of the Board of Directors or an Officer who receives compensation directly or indirectly from the corporation for services or a Director serving as a voting member of any Committee whose jurisdiction includes compensation matters is precluded from voting or acting on matters pertaining to that Director's or Officer's compensation.

No voting member of the Board or any Committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the corporation, either individually or collectively, is prohibited from providing information to any Committee regarding compensation.

Physicians who receive compensation from the Organization, whether directly or indirectly or as employees or independent contractors, are precluded from membership on any committee whose jurisdiction includes compensation matters. No physician, either individually or collectively, is prohibited from providing information to any committee regarding physician compensation

**Article XVIII
Audit Committee Review**

The Board may delegate to the Audit Committee, which shall be composed solely of Independent Directors, the adoption, implementation of and compliance with this policy. The Board may delegate to the Audit Committee review and approval of any Related Party Transaction involving a Related Party and the corporation, as contained in this Policy; provided that if the Related Party Transaction is of a magnitude that would otherwise require full Board approval, the Committee shall submit the Related Party Transaction to the Board for consideration, providing its recommendation as to whether or not to approve it.

In the event the Board delegates the review and approval of Related Party transactions to a committee, all references to Board in this Policy shall be deemed to refer to such Committee and all references to a majority of the Board shall be deemed to refer to a majority of such Committee.

Article XIX Records of Proceedings

The minutes of all meetings of the Board and all Committee meetings at which a Related Party Transaction is considered shall contain:

Article XX The names of the persons who disclosed or otherwise were determined to have a potential or actual Financial Interest and/or conflict of interest, the nature of the potential or actual Financial Interest and/or conflict of interest, any action taken to determine whether a Financial Interest or conflict of interest exists, and the Board's decision as to whether a Financial Interest and/or conflict of interest exists.

Article XXI The names of the persons who were present for discussions and votes relating to any determinations under Article III above, including whether the Related Party left the room during any such discussions, the content of such discussions, including discussion of alternative transactions, and whether or not the transaction with the Related Party was approved by the Board.

Article XXII The minutes shall be documented contemporaneously to the decision and discussion regarding the Financial Interest or conflict of interest.

Article XXIII Initial and Annual Written Disclosures

Prior to a Director's initial election to the Board, or an Officer or Key Person's employment at the corporation, and thereafter on an annual basis, all Directors, Officers, and Key Persons shall disclose in writing to the Secretary of the corporation:

Article XXIV Any entity of which such person or a Relative of such person is an officer, director, trustee, member, owner, or employee and with which the corporation has a relationship;

Article XXV Any Financial Interest such person may have in any corporation, corporation, partnership or other entity which provides professional or other goods or services to corporation for a fee or other compensation; and

Article XXVI Any position or other material relationship such Director, Officer, Key Person, or Relative of such person, may have with any not-for-profit corporation with which the corporation has a business relationship.

A copy of each disclosure statement shall be kept in corporation's files and made available to any Director, Officer, or Key Person upon request.

Article XXVII Annual Statements

Each Director, Officer, and Key Person shall annually sign and submit to the Secretary of the corporation a statement which affirms such person: (a) has received a copy of this Policy, (b) has read and understands the Policy, and (c) has agreed to comply with the Policy.

Article XXVIII Definitions

Article XXIX Affiliate.

An affiliate of the corporation is a person or entity that is directly or indirectly through one or more intermediaries, controlled by, in control of, or under common control with the corporation.

Article XXX Board of Directors.

The body responsible for the management of the corporation.

Article XXXI Director.

Any voting or non-voting member of the governing board of a corporation, whether designated as a director, trustee, manager, governor, or by any other title.

Article XXXII Financial Interest.

A person has a Financial Interest if such person would receive an economic benefit, directly or indirectly, from any transaction, agreement, compensation agreement, including direct or indirect remuneration as well as gifts or favors that are not insubstantial or other arrangement involving the corporation.

Article XXXIII Independent Director.

A member of the Board of Directors who:

Article XXXIV Has not been an employee of the corporation or an Affiliate of the corporation within the last three years;

Article XXXV Does not have a Relative who has been a Key Person of the corporation or an Affiliate of the corporation within the last three (3) years;

Article XXXVI Has not received and does not have a Relative who has received more than \$10,000 in compensation directly from the corporation or an Affiliate of the corporation in any of the last three (3) years (not including reasonable compensation or reimbursement for services as a Director, as set by the corporation);

Article XXXVII Is not a current employee of, or does not have a substantial financial interest in, and does not have a Relative who is a current officer of, or has a substantial financial interest in, any entity that has provided payments, property, or services to, or received payments, property, or services from, the corporation or an affiliate of the corporation for property or services in an amount which, in any of the last three (3) fiscal years, exceeded:

Article XXXVIII Where the entity's consolidated gross revenue was less than \$500,000, the lesser of:

Article XXXIX \$10,000; or

Article XL 2% of such entity's consolidated gross revenue;

Article XLI Where the entity's consolidated gross revenue was greater than \$500,000 and less than \$10 million: \$25,000; or

Article XLII Where the entity's consolidated gross revenue exceeded \$10 million: \$100,000.

Article XLIII Is not in an employment relationship under control or direction of any Related Party and does not receive payments subject to approval of a Related Party;

Article XLIV Does not have and does not have a Relative who has any ownership interest in, or is a Director, Officer or employee of, the corporation's auditor, and has not worked on the corporation's audit at any time during the past three (3) years.

Article XLV Does not approve a transaction providing economic benefits to any Related Party who in turn has approved or will approve a transaction providing economic benefits to the Director.

Article XLVI **Key Person.**

A Key Person is a person who is in a position to exercise substantial influence over the corporation and, other than Directors and Officers, may include, without limitation, a person who:

Article XLVII Founded the corporation;

Article XLVIII Is a substantial contributor;

Article XLIX Has authority, alone or with others, to control a substantial portion of the corporation's capital expenditures, operating budget or employee compensation;

Article L Manages a discrete segment or activity of the corporation that represents a substantial portion of the activities, assets, income or expenses of the corporation (as compared to the corporation as a whole);

Article LI Receives compensation primarily based on revenues derived from the corporation's activities; and/or

Article LII Is "highly-compensated" by the corporation within the meaning of section 4958 of the Internal Revenue Code and guidance issued by the Internal Revenue Service (for example, receiving annual compensation greater than \$150,000), who is in a position to exercise substantial influence over the affairs of the Center.

Article LIII **Officer.**

A person who has the authority to bind the corporation as designated in the bylaws of the corporation.

Article LIV **Related Party.**

Persons who may be considered a Related Party of the corporation or an Affiliate of the corporation under this Policy include:

Article LV Directors, Officers, or Key Persons of the corporation or an Affiliate of the corporation;

Article LVI Relatives of Directors, Officers, or Key Persons;

Article LVII Any entity in which a person in (i) or (ii) has a 35% or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of 5%;

Article LVIII Founders of the corporation;

Article LIX Substantial contributors to the corporation (within the current fiscal year or the past five fiscal years);

Article LX Persons owning a controlling interest (through votes or value) in the corporation;

Article LXI Any non-stock entity controlled by one or more Key Persons.

Article LXII Related Party Transaction.

Any transaction, agreement or any other arrangement with the corporation or an Affiliate of the corporation in which a Related Party has a Financial Interest. Any Related Party Transaction will be considered a conflict of interest for purposes of this Policy.

Article LXIII Relative.

A Relative is a spouse, ancestor, child (whether natural or adopted), grandchild, great grandchild, sibling (whether whole or half blood), or spouse of a child (whether natural or adopted), grandchild, great grandchild or sibling (whether whole or half blood), a domestic partner, or the spouse or domestic partner of a sibling, child, grandchild or great-grandchild.

Name

Signature

Date

Executive Compensation

Directors of Plan A Health are the principal representative of Plan A and the people responsible for its efficient operation. Directors are hired and supervised by the Board. By giving feedback at least annually, the Board assists them in performing to the best of his or her abilities. The Board is also responsible for setting the compensation for senior management.

Therefore, it is the desire of the Nonprofit to provide a fair yet reasonable and not excessive compensation for all highly compensated employees and consultants according to the following executive compensation procedures:

According to section 162 of the Internal Revenue Service, reasonable compensation is “the valuation standard that is used to determine if there is an excess benefit in the exchange of a disqualified person's services for compensation (and is based on) the value that would ordinarily be paid for like services by like enterprises under like circumstances.” For determining the reasonableness of compensation, all items of compensation provided by Plan A Health will be taken into account, excepting those excluded in the IRS Instructions for 990 form.

In sum, following the IRS’ [recommendations](#) to determine that compensation is reasonable and not excessive, Plan A Health’s annual process for determining compensation is as follows:

1. In satisfying IRS requirements, Plan A Health relies on annual returns and publicly available data from similarly situated organizations. Data from a minimum of three comparable organizations will be compiled. This information will be compiled from salary and benefit compensation studies, posted job offers for positions at similar organizations, contacts with other non-profit organizations, and information from IRS Form 990 filings of similar organizations. As a remote workspace, the compensation determined will be based on organizations in the area of residence of the employee. The independent body will consider comparable salary and benefits data to determine what nonprofit employers with similar missions, size, and geographic region (of the employee) pay their executive leadership.
2. The comparative data for determining executive compensation will be compiled by an objective party and supplied to the Executive Committee to inform their recommendation for executive salary. This body will be overseen by the Chair of the board of directors, who is a volunteer and not compensated by the Nonprofit and who operates independently without undue influence from senior management. This information will then be presented to the board for confirmation. Board members with a conflict of interest in the transaction must recuse themselves from the discussion and this

information should be clearly documented in the session minutes. The employee whose salary is under review is prohibited from participating.

3. The authorized body must adequately and promptly document the basis for its determination, including the terms of the decision, their independence, the members present during the vote, the process used to conduct the review, and the data obtained.

Part II, Line I

Please see attached Articles of Incorporation and Certificate of Incorporation

Part II, Line 5

Please see attached adopted bylaws and amendments

Part IV

Background

Less than half of the counties in the United States have practicing obstetrician-gynecologists, severely limiting the ability of women in rural communities to obtain comprehensive reproductive health care. Nearly 45% of pregnancies in the United States are unintended, with those numbers as high as 62% in some rural areas. Women living in rural and non-metropolitan areas are less likely to receive reproductive health services than those living in urban communities. Areas with a lack of access to health care also suffer from higher rates of sexually transmitted infections and HIV in addition to high rates of hypertension and diabetes. The existing health care infrastructure in the United States fails to meet the needs of all community members. Mobile clinics bring health care directly to underserved communities, removing two of the major barriers to care: distance and cost. Mobile clinics are a cost effective means of providing medical care to communities and they can play a vital role in combating the social determinants of health. Plan A clinics work with local health clinics, hospitals, organizations, and telehealth providers to bring comprehensive reproductive health care and primary care screenings directly to communities in need for charitable purposes.

Activities

Direct Care

The majority (75%) of our work will be direct care, providing reproductive preventive health care to individuals in rural and low-income communities in the U.S. Medical services will be provided by on site staff including a nurse practitioner, who will be supervised by either an on site physician or one credentialed at a local health clinic. By bringing this needed care directly to communities, we further our efforts to improve access to comprehensive health care in rural areas. Our partnerships with local clinics will allow us to refer patients for additional care as needed to maintain their health.

Using a patient-centered approach, Plan A clinics offer a range of contraceptive options to ensure that women are able to choose the method of birth control that best fits their needs. Options range from barrier methods (condoms) to long acting reversible contraception (LARCs). Clinics services will also include STD and HIV testing and basic primary care screening for patients of all genders. Further details can be found in Part VI, Line 1a.

Nearly all direct care activities will be held at the mobile units. The clinic will serve multiple communities in a given area for at least 2 days per week including non-traditional office hours. Schedules will be clearly posted on the organization's website. As appropriate, the clinic may also provide limited services (primary care and infectious disease screenings) at special events including local festivals such as the State Fair or sporting events. Some services will also be provided seasonally, such as the influenza vaccine. Our first clinic is located in the Mississippi Delta region, with plans to expand to other communities both in Mississippi and other states in the future.

The Plan A clinics will accept Medicare, Medicaid, and private insurance. Insurance will not be required for treatment and no patient will be refused care due to inability to pay. Patients will not be charged co-pays or any fees for service.

Health Education

The remaining 25% of our activities will involve health education and outreach, focused on creating a culture of health within the community. These activities will be guided by community health workers and will be held either in the clinic or in shared community spaces such as schools and churches. While individuals will be counseled on healthy behaviors as patients at the clinic, larger outreach initiatives will allow us to speak with the community at large about issues ranging from health behaviors to nutrition. Further details can be found in Schedule C, Line 6b.

Conclusion

There is a significant need for improved access to healthcare in many communities in the United States. Plan A mobile clinics offer affordable and accessible care, expanding health care options for individuals underserved by the current healthcare system.

These activities will be funded by both foundation and philanthropic support. We will also be applying for government grants. The clinic will also accept medicaid and insurance and provide services on a sliding scale - reimbursements for medical services provided will also provide funding for our activities.

Part V, Line 1a, 3a

Name	Gretchen Borchelt
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Gretchen Borchelt is Vice President for Reproductive Rights and Health at the National Women’s Law Center. She oversees NWLC’s advocacy, policy, litigation, and education strategies to promote reproductive rights and access to comprehensive, affordable health care. Previously, she served as Senior Counsel and Director of State Reproductive Health Policy. Before joining NWLC, she worked at Physicians for Human Rights and was a Women’s Law and Public Policy Fellow at the National Partnership for Women and Families. She serves on the Steering Committee of the Women’s Preventive Services Initiative; the Advisory Board of If/When/How: Lawyering for Reproductive Justice; the Advisory Committee of COMS Project; the Reproductive Health and Access Advisory Group of Urban Institute; and the Advocates Advisory Board of State Innovation Exchange’s Reproductive Freedom Leadership Council.
Hours per month	3-5
Duties	Ms. Borchelt serves as a Director of Plan A Health, Inc.

Name	Pamela Payne Foster
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Dr. Pamela Payne Foster, MD, is a Preventive Medicine/Public Health Physician who is Professor in the Department of Community Medicine/Population Health and Deputy Director, Institute for Rural Health Research, at The University of Alabama School of Medicine. Her career has focused on a wide variety of interests including racial/ethnic health disparities, bioethics with an interest on the intersection between social justice and health, and community based participatory or engaged research. Most recently through her work in Alabama, she has more specifically focused on HIV/AIDS related stigma in rural faith based settings in the Deep South.

Hours per month	3-5
Duties	Dr. Foster serves as a Director of Plan A Health, Inc.

Name	Jackie Sanders Hawkins
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Jackie Sanders-Hawkins is the CEO and Founder of Delta Community Solutions, LLC. She recently retired from the Mississippi State Department of Health with 32 years of state services and over two decades of advocating for a better community utilizing public health strategies and interventions. Ms. Hawkins was the Community Bureau Director of Mississippi Delta Health Collaborative. Her work included developing and implementing policy systems and environmental changes in settings such as faith-based organizations, barbershops, beauty shops, health care systems, and county and local municipalities. Ms. Hawkins is a two time recipient of the Rural Health Champion Award.
Hours per month	3-5
Duties	Ms. Hawkins serves as a Director of Plan A Health, Inc.

Name	Diana Salas
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Diana Y Salas serves as the Senior Director of Community Engagement Programs at the National Latina Institute for Reproductive Health. Born in Ecuador and raised in NYC, she has nearly 20 years of experience as an organizer, advocate, and researcher. Diana works to be in service of movements that center strong grassroots leadership of women of color, particularly immigrants and Latinas. As the former Associate Director of the Women of Color Policy Network at New York University (NYU), she learned the importance of research for action, employing participatory models in design and implementation of research projects. Diana is currently

	writing her dissertation and holds a Master in Science in Public Policy from the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.
Hours per month	3-5
Duties	Ms. Salas serves as a Director of Plan A Health, Inc.

Name	Ivana Thompson
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Ivana Thompson, MD MSCI FACOG is an Obstetrician and Gynecologist and an Assistant Professor in the Department of Obstetrics and Gynecology (OB/GYN) at the Vanderbilt University School of Medicine (VUSM) in Nashville, Tennessee. She is a leader on the VUSM Department of OB/GYN Diversity Task Force and Research Committee. Dr. Thompson completed her Fellowship in Family Planning and a Master of Science in Clinical Investigation at the University of Utah School of Medicine in Salt Lake City, UT.. Dr. Thompson's clinical and academic interests include emergency contraception, complex contraception, adolescent health care, racial and ethnic health disparities.
Hours per month	3-5
Duties	Dr. Thompson serves as a Director of Plan A Health, Inc.

Name	Mollie Williams
Title	Director
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	Mollie Williams is the Executive Director of The Family Van and a Lecturer in Global Health and Social Medicine at the Harvard Medical School. She is a passionate advocate for access to health and health care. She has experience in nonprofit and public health leadership, organizational development, strategic planning, and fundraising. Prior to joining The

	Family Van, Mollie was a Senior Director at Planned Parenthood Federation of America. In this role, she led a national cross-department team and affiliate staff who worked to improve access to sexual and reproductive health care in the southern United States. Mollie holds an MPH from the University of Michigan at Ann Arbor and a DrPH in Health Policy and Management from the University of North Carolina at Chapel Hill.
Hours per month	3-5
Duties	Dr. Williams serves as a Director of Plan A Health, Inc.

Name	Sharon Weinberg
Title	Treasurer
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$0
Qualifications	
Hours per month	3-5
Duties	Ms. Weinberg serves as a Director and treasurer of Plan A Health, Inc.

Name	Caroline Weinberg
Title	President, Secretary
Mailing Address	2214 Frederick Douglass Blvd #101 NY NY 10026
Compensation	\$118,000
Qualifications	Caroline Weinberg, MD, MPH is the founder and Program Director of Plan A. She has almost 20 years of experience working in program development with a focus on improving access to reproductive health care and comprehensive sexual health education. Her prior work has included reproductive health program development and evaluation both in the United States and internationally in Uganda and Guatemala.

Form 1023 Attachments
Name: Plan A Health, Inc.
EIN: 83-2144751

Hours per month	160
Duties	Dr Weinberg is responsible for operationalizing the strategic plan and vision of Plan A Health, Inc. She is additionally responsible for maintaining board documents.

Part V, Line 1b

Plan A Health, Inc has not yet hired additional staff beyond the Program Director. We expect to do so in early 2020. As specific staff has not yet been hired, specific details of the individuals and their duties are missing from the below, but the roles and compensation expected are as follows:

Title	Nurse Practitioner
Compensation	\$100,000
Hours per month	160

Title	Community Health Worker
Compensation	\$50,000
Hours per month	130

Title	Community Health Worker
Compensation	\$50,000
Hours per month	130

Title	Administrative Director
Compensation	\$60,000
Hours per month	100

Part V, Line 5a

Plan A's Conflict of Interest Policy is consistent with the sample Conflict of Interest Policy provided by the Internal Revenue Service. A copy of the Policy is included in the application. It was adopted by the Board of Directors by resolution on April 1, 2019.

Part V, Lines 7a and 8a

Plan A may compensate some of its officers, directors, highly paid employees and highly paid contractors for their services. Plan A will have employment agreements with all employees and written or oral contracts with each of its independent contractors. Compensation will be set at a reasonable amount consistent with salaries at non-profit organizations. Apart from these payments for services, Plan A expects to purchase no other goods, services, or assets from any of its officers, directors, trustees, highest compensated employees or highest compensated independent

Part VI, line 1a.

Mobile Clinic: The mobile health clinic provides medical care to low-income community members regardless of their insurance status. Services provided include

Comprehensive Reproductive Health (condoms, oral contraceptives, long acting reversible contraceptives)

Infectious disease screening (gonorrhea, chlamydia, syphilis, HIV) and treatment

Vaccinations

Primary care screening (blood pressure test, diabetes screening, depression screening, domestic violence screening)

Services are provided on site by staff and volunteers.

Part VIII, Line 4a

Email solicitations: Plan A will occasionally email its mailing list for fundraising purposes. Once a month, Plan A may send emails exclusively for solicitation. Other emails sent to the mailing list for non-fundraising purposes will include a “Support Plan A” donation link.

Personal solicitations: Plan A may occasionally host fundraising events at which prospective donors will be solicited in-person by Plan A personnel.

Vehicle, boat, plan, or similar donations: Although there are no immediate plans to solicit such donations, in the future it is possible that we will seek donations of vehicles related to our work as a mobile clinic.

Foundation grant solicitations: Plan A’s fundraising activities will involve applying for grants from private foundations and other public charities.

Accept donations on organization's website: Plan A maintains a donations page on its website. It can be accessed at www.planamobilehealth.org/donate.

Receive donations on another organization's website: In the future, Plan A may collaborate with other organizations for joint fundraising. These plans are still only conceptual, but may involve establishing donations pages on other organizations' websites.

Part VIII, Line 4d

Plan A does not yet have a specific list of states in which it plans to fundraise, but may ultimately solicit contributions in all states. Plan A will comply with all charitable registration and reporting requirements in all jurisdictions in which it decides to Solicit.

Part VIII, Line 10

Plan A may publish the research it conducts and the data it collects. It will own copyrights to this material and publish it online for the public to access. Plan A also plans to design additional logos and artwork for use on its publications and merchandise.

Part VIII, Line 11

Although there are no immediate plans to accept real property, intellectual property, or vehicles, it is possible that we may in the future. Any donations accepted by the organization will be unconditional, with no restrictions imposed by or compensation paid to the donor other than acknowledgement of the donor.

Part VIII, Line 12b

There are no immediate plans to operate Plan A mobile clinics in foreign countries or regions. However, it is possible that in the future we may expand our services internationally.

Part VIII, Line 12c

Our operations in any addition country or region served outside the United States would be consistent with the operations in the U.S. as detailed in the activities narrative.

Part VIII, Line 12d

Many countries around the world face the same challenges we find in the U.S. around a lack of access to health care. Providing accessible and affordable care in these communities is consistent with our exempt purposes, expanding the range of rural and low income communities that we serve.

Part VIII, Line 15

Plan A Health, Inc is currently operating under a fiscal sponsorship arrangement with SisterLove, Inc (which has been recognized by the IRS as exempt under Sections 501(c)(3)). Until such time as Plan A Health is recognized as exempt under Section 501(c)(3), donors that want to be assured of a tax deduction for their support for the work of Plan A are asked to make grants instead to SisterLove. SisterLove then uses such funds to provide support to Plan A programs that SisterLove has ascertained are charitable or educational in nature. Once Plan A obtains recognition of its exemption, it will begin operating as an entirely independent organization funded by grants and contributions made directly and the close connection with SisterLove will be terminated.

Part IX, A Lines 9a-c

These amounts include anticipated revenue from services provided (Medicaid, Medicare, and Insurance).

Part IX, A, Lines 23a-c

A (Tax Year 2019)

Mobile Clinic	360,000
Medical Supplies	0
Email/Website Hosting	1000
Graphic Design	4,000
Insurance	10,000
Maintenance	0
Travel	25,000
Clinic Supplies	0

B (Tax Year 2018)

Travel Expenses	559.26
Filing Expenses	479
Email/Website Hosting	45

C (Tax Year 2020)

Medical Supplies	250,000
Email/Website Hosting	1,500
Graphic Design	0
Insurance	15,000
Maintenance	10,000
Travel	25,000
Clinic Supplies	20,000

D (Tax Year 2021)

Mobile Clinic	350,000
Medical Supplies	400,000
Email/Website Hosting	1,500
Graphic Design	3,500
Insurance	20,000
Maintenance	30,000
Travel	35,000
Clinic Supplies	60,000

Part IX, A Line 15

a

Donor and Supporter Gifts	\$300
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b

Donor and Supporter Gifts	\$1000
----------------------------------	---------------

d

Form 1023 Attachments
Name: Plan A Health, Inc.
EIN: 83-2144751

Donor and Supporter Gifts	\$300
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Part IX, B Line 19

In 2018, we had not started actively fundraising for the Plan A. Our expenses at the time were limited, as outlined in 23b. In 2019, the organization expanded, beginning active fundraising and investing in both the staff and infrastructure required to establish a mobile clinic. Details on this year's expected financials can be found in Part IX, section A.

Schedule C.

Section I, Line 4a

The Plan A clinics are designed to provide preventive care and reproductive health care. We will not provide emergency services or maintain an emergency room. Patients requiring urgent or emergency care will be connected with local clinics and hospitals.

Section I, Line 5b

All patients are eligible for screening and treatment at the Plan A clinics, regardless of their insurance or income status. Services will be provided for free to all patients, without exception. The clinic will accept medicaid, medicare, and private insurance but they are not required for care and no co-pays will be collected for services.

Section I, Line 5c

Plan A Health, Inc was only recently incorporated and we have not yet opened our first clinic to provide services. All services offered - including primary care screening and reproductive health care - will be available to all patients regardless of income level or insurance status.

Section I, Line 5d

We have no current arrangements with federal, state, or local governments or government agencies for paying the cost of treating patients. In the future, we may pursue a relationship with the Department of Health and Human Services to accept Medicaid and Medicare.

Section I, Line 6b

Plan A clinics will work with community health workers to improve health education in the community around a wide variety of issues including sexual and reproductive health. All curricula will be evidence based and developed in conjunction with community members, designed to serve the needs of the community. Community education classes will typically serve small groups (10-25 people) in community settings providing essential health knowledge and engaging communities in a dialogue around their health concerns and how to address them. Although the specifics of these classes have not yet been established, we intend to work closely with local clinics, schools, and community focal points to improve access to health education for all community members.

Section I, Line 8

Form 1023 Attachments

Name: Plan A Health, Inc.

EIN: 83-2144751

Plan A is a national network of mobile clinics providing care to rural and low income communities across the United States. Its board of directors reflects that, drawing people from different backgrounds, experiences, and locations for the organization. A listing of directors can be found in Part V. No board members have a prior or current business, financial, or professional relationship with the hospital with the exception of the current board president, who serves as the Program Director for Plan A Health, Inc as indicated in Part V, lines 1a and 3a.

Each individual clinic and state served is supported by an advisory board comprised of individuals from the community. These boards include stakeholders in the community ranging from physicians to clinic staff to individual community members and faith leaders. This board charter is included as part of the organization's attached bylaws. One member of that board will be placed on the national Board of Directors - details on board members can be found in Part V, lines 1a and a. That member will be elected by the advisory board.



PLAN A

Plan A mobile clinics provide comprehensive reproductive health care directly to women in low-income and rural communities across the country.

In the US

45%

OF PREGNANCIES
ARE UNINTENDED

ACCESSIBLE REPRODUCTIVE HEALTH CARE

In the US

22%

OF UNINSURED WOMEN
AGED 18-44 HAVE NEVER
HAD A GYNECOLOGIC EXAM

REPRODUCTIVE HEALTH

Nearly 45% of all pregnancies in the United States are unintended with the highest rates found among poor and low-income women, women aged 18-24, and women of color. Access to contraception and comprehensive sexual health education are both found to decrease the rates of unintended pregnancy and sexually transmitted disease, but women's access to care is increasingly unavailable as a result of restrictive laws and an overall lack of health care resources in these communities. Plan A clinics offer comprehensive reproductive health care, empowering women to make family planning decisions that best serve their needs and to access affordable and effective contraception.

INFECTIOUS DISEASE

The rate of sexually transmitted diseases in the United States continues to rise at an alarming rate. By providing testing and treatment for STDs and HIV, these clinics will help reduce the spread of sexually transmitted infections. We will also provide vaccinations, including HPV, to further improve the health of communities.

MATERNAL HEALTH

The United States has the highest rates of maternal mortality in the developed world. Over the past few decades, mortality rates have been increasing in the U.S., with 60% attributed to preventable causes. The health care disparities of maternal mortality are stark, with African American women nearly 3 times as likely to die of complications related to pregnancy and childbirth compared with white women. Maternal mortality is a critical issue that we can help address with improved access to prenatal care in underserved communities.

PREVENTIVE CARE

More than 26 million Americans are uninsured, with millions more reporting limited access to health care. Consistent primary care is key to preventing serious illness, but many children and adults lack access to basic screening. By providing blood pressure, blood sugar, infectious disease, and other screenings, we provide an accessible alternative directly in their community for people otherwise faced with a choice of long trips to a physicians office or forgoing medical care.

WHY MOBILE HEALTH?

Mobile clinics allow us to bring reproductive health care to under-served communities, removing two of the major barriers to care: distance and cost. Mobile clinics are a cost effective means of providing medical care to communities and that they can play a vital role in combating the social determinants of health. Women living in rural and non-metropolitan areas are less likely to receive reproductive health services than those living in urban communities. Less than half of rural women live within a 30 minute drive to the nearest hospital offering prenatal services. With mobile clinics, we bring care directly to where it's needed most.

Through relationships with local health clinics, hospitals, and telehealth providers Plan A will provide referrals and connections to local resources for patients in need of further care.





PLAN A

PILOT PROGRAM MISSISSIPPI DELTA

Mississippi state's health care outcomes consistently rank among the poorest in the nation. The disparity is particularly stark for women and girls of color. While 12% of residents are uninsured, that number is as high as 22% for women of reproductive age living in the Delta region. Rates of unintended pregnancies are almost 20% higher in Mississippi than the average rate in the United States, with these numbers significantly higher for women on public insurance. Rates of teen pregnancy are 62% higher in Mississippi than the rest of the nation. Statewide use of the most effective reversible contraceptives (LARCs) in women who receive care at publicly funded clinics is half the national rate. This is in part due to the fact that women may be more likely to receive care from family practice doctors, only half of whom are trained in LARC insertion and removal.

Mississippi suffers from a shortage of physicians, with the one of the lowest provider-to-patient ratios in the United States. Less than half of the counties in the state have practicing obstetrician-gynecologists, with most active providers concentrated in urban areas and facilities with labor and delivery units. Further, providers in the state are legally permitted to refuse to provide services related to contraception. In the majority of counties, women face more than an hour long drive for care - a costly and time consuming endeavor that drastically impacts their ability to obtain comprehensive reproductive health care. Publicly-supported family planning centers in Mississippi currently meet 39% of Mississippi women's need for contraceptive services and supplies.

62%

OF PREGNANCIES ARE
UNINTENDED

#3

HIGHEST RATE OF
TEEN PREGNANCY
IN THE UNITED
STATES

#1

HIGHEST RATE OF
GONORRHEA IN
THE UNITED STATES

#3

HIGHEST RATE OF
STIs IN THE UNITED
STATES

Through collaboration with the Department of Health, local clinics, and our relationships with community based organizations (CBOs) and local community leaders, we will identify the needs of the communities we serve and provide relevant, cost-effective services.

STAKEHOLDERS

MEDICAL COMMUNITY

The Plan A mobile clinics will help to fill gaps in the existing health infrastructure. Our close relationships with the counties' existing clinics and the Department of Health allow us to work together to serve communities with limited access to care. This collaboration also facilitates a referral process to ensure that patients receive the follow-up care they may require outside of the scope of our services.

COMMUNITY BASED ORGANIZATIONS

There are many CBOs throughout Mississippi that focus on the reproductive health of community members. Engaging with these organizations further enhances our understanding of the needs of the community and the many social determinants of health impacting the health of Mississippians. A continuing dialogue with organizations focused on reproductive justice have helped us to prioritize these issues as we develop the range of services provided by the clinics in the context of the history and current state of reproductive rights in the region.

COMMUNITY MEMBERS

Through focus groups with community members and meetings with community leaders, we work to ensure that the residents are invested in the clinics as a resource to improve the health of their communities. Engaging with community members is essential to serving their needs. These conversations take us beyond decision making based on data and allow us to develop a program that is truly rooted in the needs and wants of the community. Strong relationships with trusted messengers will ensure cultural competency in our work and build trust and awareness of the clinic.



PLAN A

SERVICES OFFERED

Based on feedback from community stakeholders, the services offered by Plan A clinics may vary from region to region.



COMPREHENSIVE REPRODUCTIVE HEALTH CARE

- Comprehensive Contraception Options including the birth control pill, condoms, and insertion and removal of long-acting reversible contraceptives (IUDs, Implanon).
- Pregnancy tests
- Sexual health education
- Sexual Assault screening and counseling



INFECTIOUS DISEASE

- HIV and STD testing and treatment
- HPV Vaccination
- PReP (HIV Prevention)
- Routine Vaccinations



PRIMARY CARE SCREENING

- Blood pressure screening
- Blood sugar screening (diabetes)
- Depression screening
- Domestic Violence screening
- Health education including healthy behaviors and nutrition



REFERRALS

Through relationships with local clinics and hospitals, Plan A will provide referrals to facilitate follow up care or options for additional treatment.



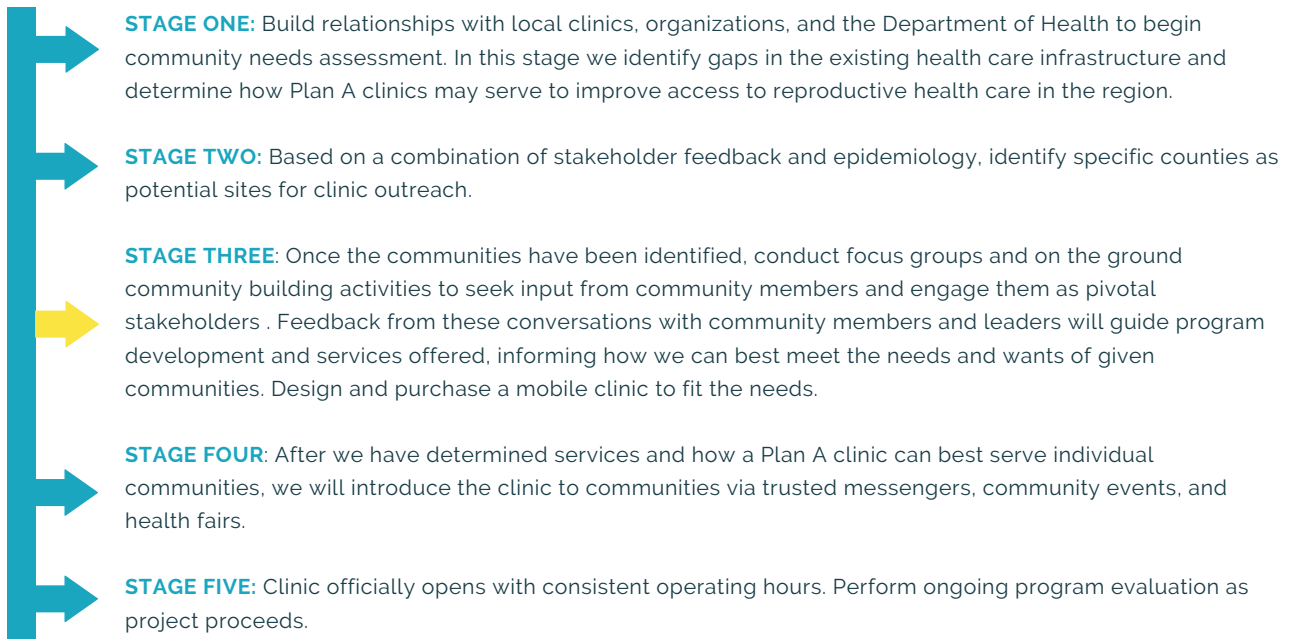
HEALTH EDUCATION

Health education is a critical part of improving health in our communities. Health educators will cover topics ranging from healthy behaviors to nutrition to health relationships.



PLAN A

PROJECT TIMELINE



The pilot clinic is currently on stage three.

ABOUT PLAN A

Plan A Health, INC is a non-profit incorporated in Delaware and currently seeking 501(c)(3) status. It was founded in 2018 by Dr. Caroline Weinberg, MD, MPH, a public health professional with a focus on reproductive health care in low-resource settings.

The pilot project in the Mississippi Delta is designed to develop into an established, sustainable program that will continue to provide comprehensive, reproductive health care to the communities it serves. At that time, Plan A will begin expanding to other counties in Mississippi. Over time, the organization will expand to other areas of the country with a focus on states with limited access to reproductive health care.

To purchase our first mobile unit and hire staff, we have an initial fundraising goal of \$1,000,000 to cover the cost of a mobile clinic (\$400,000) and two years of staff and program support.

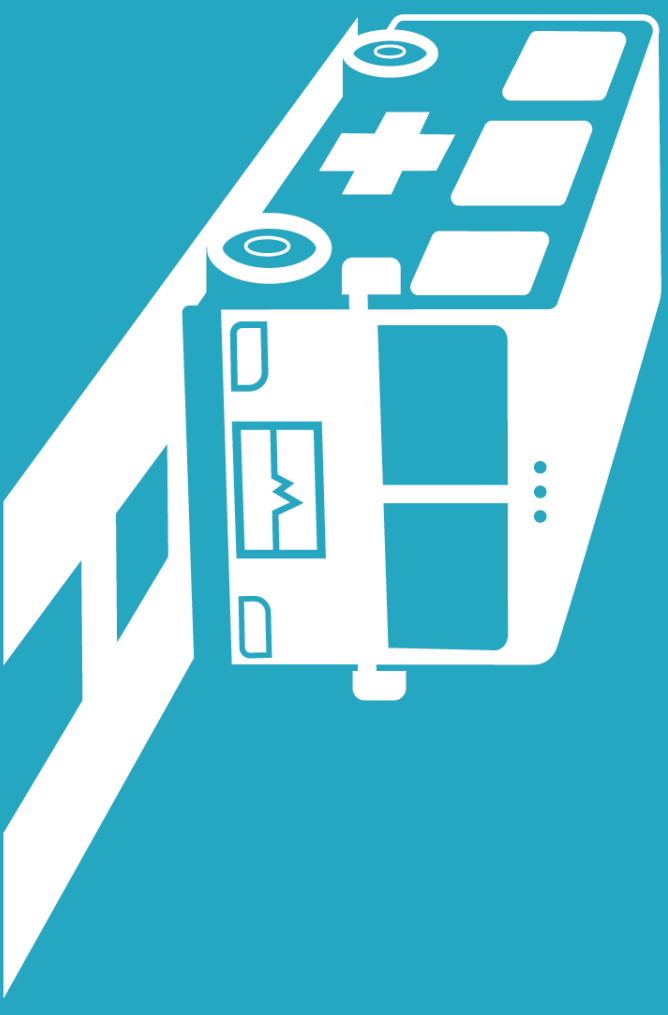
GOVERNANCE

Our board of directors reflects the interdisciplinary nature of community-based health care and includes Mollie Williams (The Family Van), Gretchen Borchelt (National Women's Law Center), Dr Pamela Payne Foster (Institute for Rural Health Research at the University of Alabama), Dr. Ivana Thompson (Vanderbilt University School of Medicine), and Diana Salas (National Latina Institute for Reproductive Health).

Each state in our network will have an advisory board comprised entirely of individuals based in that state to guide the development of programming and care in that area. Current board members include Jackie Sanders Hawkins (Delta Community Solutions), Wengora Thompson (March for Dimes), Dr Leandro Mena (University of Mississippi Medical Center), Robin Boyles (Delta Health Center), and Josh McCawley (Teen Health Mississippi).

PLAN A

COMPREHENSIVE REPRODUCTIVE HEALTH CARE ON WHEELS.



About Plan A

Plan A is a network of mobile health clinics providing affordable, accessible, comprehensive reproductive health care to low-income and rural communities.



Note: These images are of a planned PLAN A clinic



REPRODUCTIVE HEALTH BY THE NUMBERS

45%

IN THE US

OF PREGNANCIES
ARE UNINTENDED

27% of all pregnancies in the United States were "unwanted" and 18% of pregnancies were "unwanted." These rates are highest among low-income women, women aged 18-24, and women of color.

The teen pregnancy rate in the US has steadily decreased over the past decade, but at 26.6 births per 1,000 women aged 15-19, the rate remains one of the highest in the industrialized world.

The rates of maternal mortality in the United States continues to climb annually. With a rate of 26 maternal deaths per 100,000 women, American women die of pregnancy-related complications more than any other industrialized nation. More than 60% of these deaths are preventable. The health care disparities of maternal mortality are stark, with African American women nearly 3 times as likely to die of complications related to pregnancy and childbirth compared with white women.

2.3 Million

IN THE US

CASES OF STDS
DIAGNOSED IN 2017

Rates of sexually transmitted diseases in the US have consistently increased every year since 2014.

Rates vary widely across the country and are often higher in areas suffering from restrictive policies and resources including limited access to reproductive health care and abstinence-only education.

Only half of U.S. adolescents receive a complete HPV vaccination series, with rates lower in rural areas. HPV causes 70% of cervical cancers and is also associated with oropharyngeal cancer. In people of all genders, Black women are one and a half times more likely to die of cervical cancer than white women in the U.S.

Antibiotic-resistant Gonorrhea has been identified in several countries, bringing increased urgency to the need to halt the spread of disease and appropriately treat sexually transmitted infections.

22%

IN THE US

OF UNINSURED WOMEN
AGED 18-44 HAVE NEVER
HAD A GYNECOLOGIC EXAM

Women living in rural and nonmetropolitan areas are less likely to receive reproductive health services than those living in urban communities. Less than half of rural women live within a 30 minute drive to the nearest hospital offering prenatal services.

Almost half of the counties in the United States lack a practicing obstetrician-gynecologist. In many rural communities, family physicians provide 100% of gynecologic and obstetric care.

Access to long-acting, reversible contraceptives (LARCs) is associated with a decrease in unintended pregnancies. Although they are the most effective form of birth control, they are among the least commonly used in the United States with only 14% of female contraceptive users reporting LARC use in the last year. This is in part due to the barriers around their use, including a high upfront cost and a lack of providers trained for their insertion and removal.

Improving Access to Care

AFFORDABLE

Plan A clinics will provide health care to all patients, regardless of insurance status or ability to pay.

ACCESSIBLE

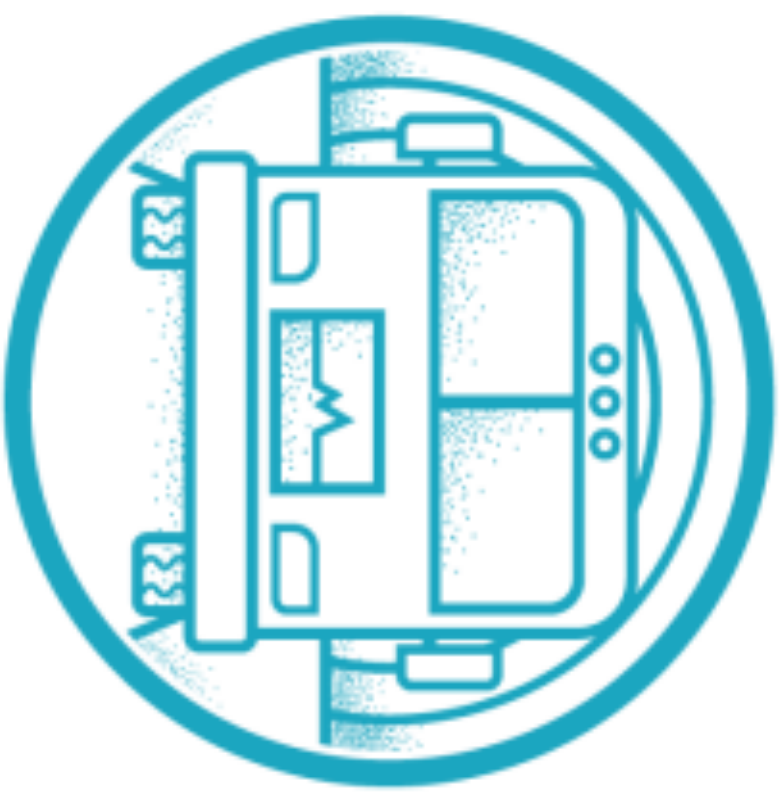
Plan A clinics will serve rural and low income communities in central locations. Mobile clinics bring reproductive health care directly to underserved communities, removing two of the major barriers to care: distance and cost.

COMPREHENSIVE

Using a patient centered approach, Plan A clinics offer a range of contraceptive options to ensure that women are able to choose the method of birth control that best fits their needs. Options range from barrier methods (condoms) to long acting reversible contraception (LARCs). Clinics services will also include STD and HIV testing and basic primary care screening for patients of all genders.

Why mobile clinics?

Mobile clinics remove two of the major barriers to health care access: distance and cost. Studies suggest that mobile clinics are a cost-effective means of providing medical care to communities and that they can play a vital role in combating the social determinants of health.



SERVICES OFFERED

Reproductive Health

- Comprehensive Contraception Options (including IUD and Implanon)
- Pregnancy Tests and Counseling
- Basic prenatal care

Infectious Disease

- HIV and STD testing and treatment
- HPV Vaccination
- PrEP (HIV Prevention)
- Routine Vaccinations

Primary Care

- Blood Pressure Screening
- Blood Sugar Screening (diabetes)
- Depression Screening
- Annual wellness checks (adolescents)
- Domestic Violence Screening

Health Education

- Comprehensive Sex Education
- Healthy behaviors
- Nutrition
- Healthy relationships

Based on feedback from community stakeholders, the services offered by Plan A clinics may vary from region to region.

The State of Healthcare in Mississippi

REPRODUCTIVE HEALTH

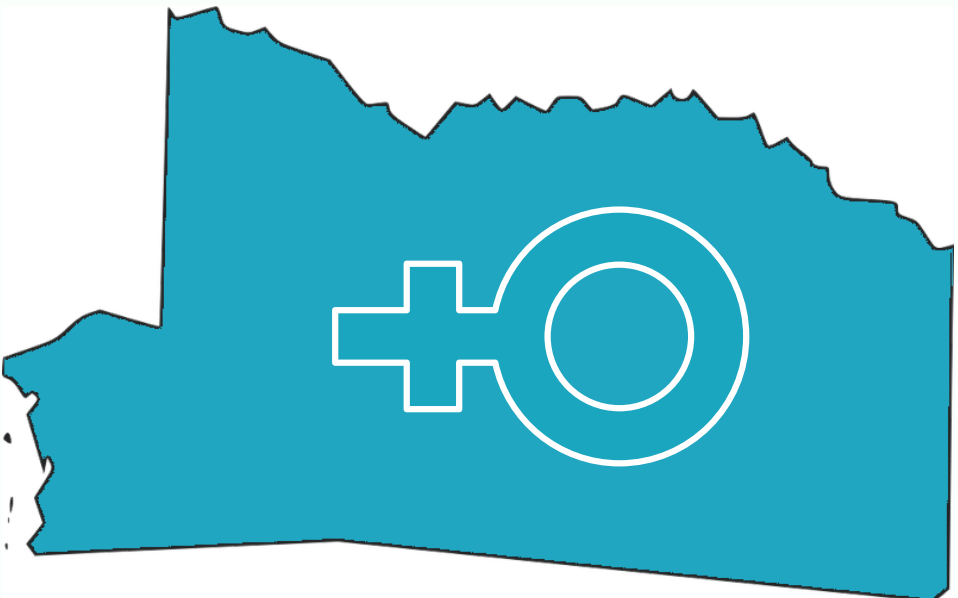
Sixty-two percent of pregnancies in Mississippi are unintended. The state has the second highest teen birth rate in the US. Rates of maternal mortality in the state also consistently rank among the highest in the country. Less than half of the counties in the state have practicing obstetrician-gynecologists, with most providers concentrated in urban areas or those with labor and delivery facilities.

INFECTIOUS DISEASE

Mississippi has the 3rd highest rate of STDs in the nation. The state also has one of the highest rates of new HIV infections in the US.

PRIMARY CARE

The State of Mississippi has the lowest life expectancy in the United States. Its communities also have among the highest rates of diabetes, kidney disease, heart disease, cancer, and chronic lower respiratory disease, in the US.



Pilot Program: Mississippi Delta

Mississippi state's health care outcomes consistently rank among the poorest in the nation. Twelve percent of the population is uninsured, ranking #6 in the US. Rates of unintended pregnancies are almost 20% higher in Mississippi than the average rate in the United States and publicly supported family planning centers in Mississippi currently meet only 39% of Mississippi women's needs for reproductive health services. Less than half of the counties in the state have practicing obstetrician-gynecologists, severely limiting access to comprehensive contraception options.

Based on a review of nation and state wide statistics and extensive conversations with state Departments of Health and local health care providers, we identified four counties in the Mississippi Delta to pilot the Plan A Health Clinics: Washington, Bolivar, LeFlore, and Holmes.

TEEN PREGNANCIES PER 1000

43.4

#2 IN US

PREGNACIES MISTIMED OR UNINTENDED

66%

RATE IN US: 45%

CASES OF HIV PER 100,000

453.6

RATE IN US: 303.5

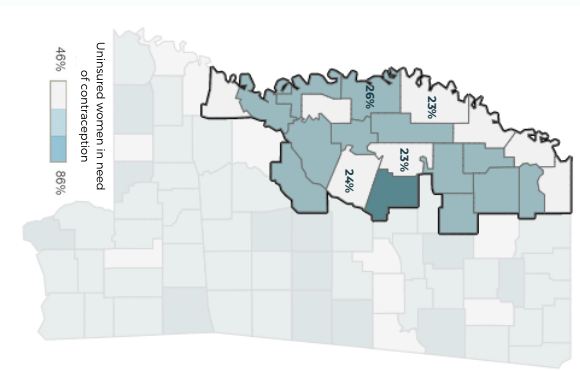
UNINSURED WOMEN AGE 18-64

up to **22.4%**

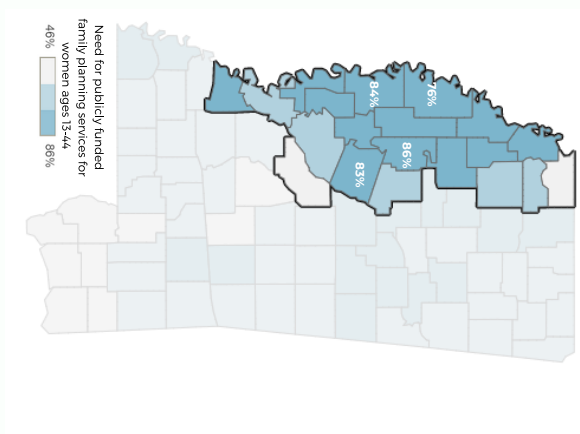
RATE IN MS: 16%. #1 IN US

BOLIVAR, WASHINGTON, LEFLORE, AND HOLMES COUNTIES

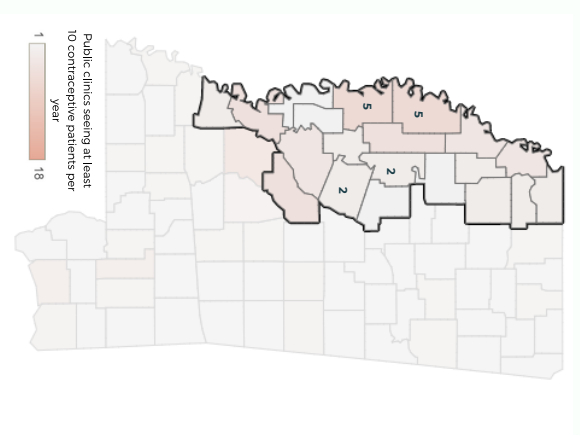
TOTAL
POPULATION
129,000



UNINSURED WOMEN
IN NEED OF
CONTRACEPTION
15,725



PUBLICLY FUNDED
CLINICS
PROVIDING
CONTRACEPTIVES
14



COMMUNITY STAKEHOLDERS

A clinic's success hinges on the trust of the community it serves.

MEDICAL COMMUNITY

Through collaborations with existing local clinics and the Department of Health, we can work together to address the gaps in existing health infrastructure. This collaboration also facilitates the referral process to provide continuing care beyond the scope of the clinic.

COMMUNITY BASED ORGANIZATIONS

Engaging with CBOs enhances our understanding of the history and needs of the community and the social determinants of health impacting them. Through these partnerships we can work together to improve the health and access of communities in need.

COMMUNITY MEMBERS

Conversations with community members take us beyond data to develop a program that is truly rooted in the needs and wants of the community. Through focus groups and meetings with community leaders, we work to ensure that the residents are invested in the clinics as a resource to improve the health of their communities.

Mississippi Timeline

Target Date: Fall 2019



The Mississippi pilot program is currently in phase 3. Following the pilot stage, Plan A will establish the Delta clinic as sustainable program that will continue to provide comprehensive, reproductive health care to the communities it serves. At that time, the organization will begin expanding to other counties in Mississippi. Over time, we will expand to other areas of the country with a focus on states with limited access to reproductive health care.