

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 02 2015

NEPALI AMERICAN ORGANIZATION OF
OHIO
29851 SUTTON DRIVE
NORTH OLMSTED, OH 44070-0000

Employer Identification Number:
46-3507307
DLN:
26053546001295
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 02, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

~~If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.~~

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

NEPALI AMERICAN ORGANIZATION OF

Sincerely,

A handwritten signature in black ink that reads "Tamesh Ripenda". The signature is written in a cursive, flowing style with a prominent initial 'T'.

Director, Exempt Organizations

Application for Employer Identification Number

OMB No. 1545-0047

0310

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN 46-350787

See separate instructions for each line. Keep a copy for your records.

Name of entity for whom the EIN is being requested

(FAC) AMERICAN ORGANIZATION OF OHIO (NAOO)

Name of business (if different from name on line 1)

SUNIL PRADHAN

Principal office address (suite, apt., suite no. and street, or P.O. box)

29851 SUTTON DR

Street address (if different, do not enter a P.O. box)

29851 SUTTON DR

State, and ZIP code (if foreign, see instructions)

OHIO, 44070

City, state, and ZIP code (if foreign, see instructions)

N. OLMASTED, OH 44070

City and state where principal business is located

OHIO, 44070 OH

Name of responsible party

SUNIL PRADHAN

SSN, TIN, or EIN

CHARTER # 2210935

Application for a limited liability company (LLC) or partnership?

No

If "Yes," enter the number of LLC members

"Yes," was the LLC organized in the United States?

No

Entity (check only one box). Caution: If "Yes," see the instructions for the correct box to check.

Employer (SSN)

Estate (SSN of decedent)

Partnership

Plan administrator (TIN)

Corporation (enter form number to be filed)

Trust (TIN of grantor)

State service corporation

National Oued

State/local government

Non-profit organization (specify)

Social + CULTURE PRESERV

Farmers' cooperative

Federal government/territory

Non-profit organization (specify)

REMIC

Indian tribal government/enterprise

Group Exemption Number (GEO) if any

Location, name the state or foreign country

State

Foreign country

State (where incorporated)

Reason for applying (check only one box)

Starting purpose (specify purpose)

Started new business (specify type)

Changed type of organization (specify new type)

Acquired business

Purchased going business

Added employees (Check the box and see line 13)

Created a trust (specify type)

Compliance with IRS withholding regulations

Created a pension plan (specify type)

Business started or acquired (month, day, year)

JULY 2013

Closing month of preceding year

Number of employees expected in the next 12 months (enter -0- if none)

Employees expected, (also line 14)

NA - All Volunteer

Business structure

Household

Other

Enter wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid or sent after (month, day, year)

NA

Check box that best describes the principal activity of your business.

Health care & social assistance

Wholesale agent/broker

Wholesale trade

Rental & leasing

Transportation & warehousing

Wholesale other

Retail trade

Manufacturing

Finance & insurance

Retail

Principal line of merchandise sold, specific construction work done, products produced, or services provided.

NA

Applicant's entity (shown on line 1) ever applied for and received an EIN? Yes No

Write previous EIN here

Complete this section only if you want to authorize one named individual to receive the entity's EIN and arrange quarterly direct deposit of EIN fees.

Designee's name

SUNIL PRADHAN

Designee's street or rural route and city

(440) 570-1032

Address and ZIP code

29851 SUTTON DR, N. OLMASTED, OH 44070

Designee's fax number (include area code)

I declare that I have authorized this designation, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)

Signature of applicant (print name)

SUNIL PRADHAN, EXEC MEMBER

(440) 570-1032

Date

8/14/13

Applicant's fax number (include area code)

(216) 692-2900

See Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0047

Form 990-SS (2012)

EIN 46-350787

Keep this part for your records,

CP 575 B (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 B

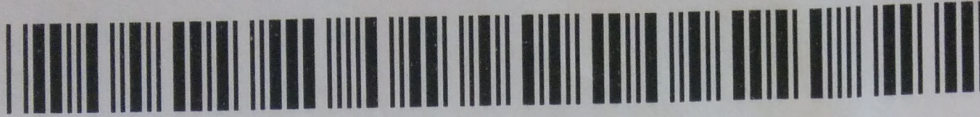
9999999999

Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 08-27-2013
EMPLOYER IDENTIFICATION NUMBER: 46-3507307
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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NEPALI AMERICAN ORGANIZATION OF
OHIO
29851 SUTTON DR
NORTH OLMSTED, OH 44070



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/2013	201321402057	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

NEPALI AMERICAN ORGANIZATION OF OHIO (NAOO)
29851 SUTTON DR
NORTH OLMSTED, OH 44070

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
2218935

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NEPALI AMERICAN ORGANIZATION OF OHIO (NAOO)

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

201321402057


Effective Date: 08/02/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 5th day of August, A.D.
2013.

Ohio Secretary of State

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-27-2013

Employer Identification Number:
46-3507307

Form: SS-4

Number of this notice: CP 575 E

NEPALI AMERICAN ORGANIZATION OF
OHIO
29851 SUTTON DR
NORTH OLMSTED, OH 44070

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-3507307. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-PF, Return of Private Foundation
- Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

- Form 1120, U.S. Corporation Income Tax Return
- Form 1041, U.S. Income Tax Return for Estates and Trusts
- Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

(IRS USE ONLY) 575E

08-27-2013 NEPA O 999999999 SS-4

Applying for Tax-Exempt Status

Receiving an EIN from the IRS is not the same thing as receiving IRS recognition of tax-exempt status. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, *Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

Publication 557, *Tax Exempt Status for Your Organization*, has details on the application, process as well as information on returns you may need to file.

Additional information

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you don't have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us using the phone number or address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you don't need to write us, please don't complete and return this stub.

Your name control associated with this EIN is NEPA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.