

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

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

Information about Form 1023-EZ and its separate instructions is at \_\_\_\_\_

Note:

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

**Part I Identification of Applicant**

<b>1a</b> Full Name of Organization MATTHEWS HOPE FOUNDATION				
<b>b</b> Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 1900 NORTH LOOP WEST SUITE 400		<b>c</b> City HOUSTON	<b>d</b> State TX	<b>e</b> Zip code + 4 77018-8819
<b>2</b> Employer Identification Number 81-4311554	<b>3</b> Month Tax Year Ends (MM) 12	<b>4</b> Person to Contact if More Information is Needed LAWRENCE J WEDEKIND		
<b>5</b> Contact Telephone Number 832-763-7771		<b>6</b> Fax Number (optional) 281-591-5263	<b>7</b> User Fee Submitted \$275.00	
<b>8</b> List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)				
First Name: LAWRENCE J	Last Name: WEDEKIND	Title: PRESIDENT AND DIRECTOR		
Street Address: 1900 NORTH LOOP WEST		City: HOUSTON	State: TX	Zip code + 4: 77018-8819
First Name: DEBORAH	Last Name: WEDEKIND	Title: SECRETARY AND DIRECTOR		
Street Address: 1900 NORTH LOOP WEST		City: HOUSTON	State: TX	Zip code + 4: 77018-8819
First Name: ROCHARD S	Last Name: STAMPP	Title: DIRECTOR		
Street Address: 1900 NORTH LOOP WEST		City: HOUSTON	State: TX	Zip code + 4: 77018-8819
First Name:	Last Name:	Title:		
Street Address:		City:	State:	Zip code + 4:
First Name:	Last Name:	Title:		
Street Address:		City:	State:	Zip code + 4:
<b>9a</b> Organization's Website (if available): WWW.MATTHEWSHOPE.ORG				
<b>b</b> Organization's Email (optional): LARRY@MATTHEWSHOPE.ORG				

**Part II Organizational Structure**

- To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.  
 Corporation     Unincorporated association     Trust
- Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.  
(See the instructions for an explanation of **necessary organizing documents**.)
- Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 11012016
- State of Incorporation or other formation: Texas
- Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).  
 **Check this box** to attest that your organizing document contains this limitation.
- Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.  
 **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.  
 **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

**Part III Your Specific Activities**

- 1 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): F21
- 2 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious	<input checked="" type="checkbox"/> Educational
<input type="checkbox"/> Scientific	<input type="checkbox"/> Literary	<input type="checkbox"/> Testing for public safety
<input type="checkbox"/> To foster national or international amateur sports competition	<input type="checkbox"/> Prevention of cruelty to children or animals	
- 3 To qualify for exemption as a section 501(c)(3) organization, you must:
  - Refrain from supporting or opposing candidates in political campaigns in any way.
  - Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
  - Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
  - Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
  - Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
  - Not provide commercial-type insurance as a substantial part of your activities.

Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.
- 4 Do you or will you attempt to influence legislation? \_\_\_\_\_  Yes  No  
(if yes, consider filing Form 5768. See the instructions for more details.)
- 5 Do you or will you pay compensation to any of your officers, directors, or trustees? \_\_\_\_\_  Yes  No  
(Refer to the instructions for a definition of **compensation**.)
- 6 Do you or will you donate funds to or pay expenses for individual(s)? \_\_\_\_\_  Yes  No
- 7 Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? \_\_\_\_\_  Yes  No
- 8 Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? \_\_\_\_\_  Yes  No
- 9 Do you or will you have unrelated business gross income of \$1,000 or more during a tax year? \_\_\_\_\_  Yes  No
- 10 Do you or will you operate bingo or other gaming activities? \_\_\_\_\_  Yes  No
- 11 Do you or will you provide disaster relief? \_\_\_\_\_  Yes  No

**Part IV Foundation Classification**

Part IV 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.

- 1 If you qualify for public charity status, check the appropriate box (1a - 1c below) and skip to Part V below.
  - a  Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
  - b  Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**
  - c  Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**
- 2 If you are not described in items 1a - 1c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
  - Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

**Part V Reinstatement After Automatic Revocation**

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1  Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2  Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

**Part VI Signature**

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

LAWRENCE J WEDEKIND

(Type name of signer)

PRESIDENT AND DIRECTOR

(Type title or authority of signer)

03272017

(Date)



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Matthew's Hope Foundation  
File Number: 802575117

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Nonprofit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 11/01/2016

Effective: 11/01/2016



A handwritten signature in black ink, appearing to read "Cascos".

Carlos H. Cascos  
Secretary of State

**Form 202  
(Revised 05/11)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: \$25**



This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas

**NOV 01 2016**

**Corporations Section**

**Certificate of Formation  
Nonprofit Corporation**

**Article 1 -- Entity Name and Type**

The filing entity being formed is a nonprofit corporation. The name of the entity is:

Matthew's Hope Foundation

**Article 2 -- Registered Agent and Registered Office**

(See instructions. Select and complete either A or B and complete C.)

**A.** The initial registered agent is an organization (cannot be entity named above) by the name of:

Excalibur Business Services, LLC

OR

**B.** The initial registered agent is an individual resident of the state whose name is set forth below:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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**C.** The business address of the registered agent and the registered office address is:

<u>2519 South Boulevard, Suite 110</u>	<u>Houston</u>	<u>TX</u>	<u>77098</u>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Article 3 -- Management**

The management of the affairs of the corporation is vested in the board of directors. The number of directors constituting the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of members or until their successors are elected and qualified are as follows:

*A minimum of three directors is required.*

<b>Director 1</b>				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>State</i>	<i>Zip Code</i>
<u>Lawrence</u>	<u>J.</u>	<u>Wedekind</u>	<u>TX</u>	<u>77018</u>
<u>1900 North Loop West, Suite 400</u>	<u>Houston</u>	<u>TX</u>	<u>77018</u>	<u>USA</u>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

<b>Director 2</b>				
<b>Deborah</b>		<b>Wedekind</b>		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>
1900 North Loop West, Suite 400	Houston	TX	77018	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

<b>Director 3</b>				
<b>Richard</b>	<b>S.</b>	<b>Stampf</b>		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>		<i>Suffix</i>
1900 North Loop West, Suite 400	Houston	TX	77018	USA
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

OR

The management of the affairs of the corporation is to be vested in the nonprofit corporation's members.

**Article 4 – Membership**

(See instructions. Do not select statement B if the corporation is to be managed by its members.)

A. The nonprofit corporation shall have members.

B. The nonprofit corporation will have no members.

**Article 5 – Purpose**

(See instructions. This form does not contain language needed to obtain a tax-exempt status on the state or federal level.)

The nonprofit corporation is organized for the following purpose or purposes:

To provide meaningful education to families which have lost children and young adults to drug addiction through a series of television and other media programs under the proprietary name of "At The Crossroads," with the ultimate goal of stemming the tragic loss of lives from addictive drug use.

The Foundation will create, produce and distribute educational information identifying the dangers of cocaine and heroin addiction, among other substances, which lead to permanent medical and psychological problems that negatively impact contemporary American families. Media presentations may include musical productions, therapeutic programs, public service announcements and similar broadcast methods.

All Foundation activities are intended to fall within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any future tax code.

*The following text area may be used to include any additional language or provisions that may be needed to obtain tax-exempt status.*

Furthermore, this Nonprofit Corporation is organized exclusively for charitable, religious, educational and scientific purposes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding section of any future tax code.

Upon the dissolution of this Nonprofit Corporation or organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for public purposes.

**Supplemental Provisions/Information**

(See instructions.)

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

[Empty text area for supplemental provisions]

**Organizer**

The name and address of the organizer:

Lawrence J. Wedekind

Name

1900 North Loop West, Suite 400

Houston

TX

77018

Street or Mailing Address

City

State

Zip Code

**Effectiveness of Filing** (Select either A, B, or C.)

A.  This document becomes effective when the document is filed by the secretary of state.

B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: November 1, 2016

C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

[Empty box for event or fact]

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: October 31, 2016

  
\_\_\_\_\_  
Signature of organizer

Lawrence J. Wedekind  
\_\_\_\_\_  
Printed or typed name of organizer