

AFFIDAVIT FOR NON-UNITED STATES GRANT APPLICANTS

AFFIDAVIT FOR: _____ (“Applicant”).

I, _____, having been duly sworn, hereby attest and state the following
[name]

to assist the Thakur Family Foundation, Inc. (the “Foundation”) in its determination of whether Applicant is an organization described in Section 501(c)(3) of the Code and the equivalent of a United States “public charity” as defined by Sections 509(a)(1) and (2) of the United States Internal Revenue Code of 1986 (the “Code”).

1. Principal Officer or Director. I am the _____ of Applicant and am duly
[title]
authorized by Applicant to complete and execute this Affidavit.

2. Formation and Purposes. Applicant was created under the laws of
_____ by _____ on _____.
[country] [method of formation] [date]

Applicant is operated exclusively for the following purposes (check all applicable boxes):

- Charitable Educational Scientific / Promotion of Health
 Religious

3. School. Is Applicant a school? Yes No (If you checked no, go to Section 4).

Does Applicant have a regularly scheduled curriculum, faculty and enrolled body of students in attendance at the place where you carry on educational activities?

- Yes No

Has Applicant adopted a policy that you do not racially discriminate in your admittance or treatment of your students?

- Yes No

How does Applicant ensure that it actually operates in a racially nondiscriminatory manner as to its students? (please include an attachment if more room is needed):

4. Activities. Applicant’s past, present, and planned activities are as follows (please include an attachment if more room is needed):

5. Governing documents. I have attached copies (in English) of Applicant’s charter, bylaws, and/or other documents that govern Applicant’s internal affairs and activities.

6. **Private benefit.** Under the laws and/or customs applicable to Applicant and/or under Applicant's governing documents, are any of Applicant's earnings, income or assets may be distributed to, or inure to the benefit of, Applicant's directors, officers, trustees and/or any private individual or organization other than: (a) in furtherance of Applicant's purposes disclosed in Section 2, (b) as payment of reasonable compensation for services rendered to Applicant, or (c) as payment representing the fair market value of property purchased by Applicant?

Yes No

7. **Proprietary interest.** Has Applicant authorized or issued shares of stock or paid dividends or does Applicant have shareholders or members who have a proprietary interest and/or ownership claim in Applicant's earnings, income or assets?

Yes No

8. **Limits on activities.** Under the laws and/or customs applicable to Applicant and/or under Applicant's governing documents, does Applicant, other than as an insubstantial part of its activities: (a) influence legislation or (b) engage in activities that are not substantially related to or operated in connection with Applicant's purposes and activities disclosed in Sections 2-4?

Yes No

9. **Political campaign activity.** Under the laws and/or customs applicable to Applicant and/or under Applicant's governing documents, does Applicant participate or intervene, directly or indirectly, in any political campaign on behalf of, or in opposition to, any candidate for public office.

Yes No

10. **Dissolution and Liquidation.** Under the laws and/or customs applicable to Applicant and/or under Applicant's governing documents, upon Applicant's dissolution and liquidation, will Applicant's assets remaining after payment of its liabilities be distributed to other non-profit organizations for charitable, religious, scientific, or educational purposes, or to a government instrumentality?

Yes No

I have attached copies (**in English**) of the document that controls the distribution of your assets upon such liquidation.

11. **Control by other organizations.** (please check the applicable box)

- Applicant **is not** controlled by, or operated in connection with, any other organization.
- Applicant **is** controlled by, or operated in connection with, another organization or organizations as follows (please include an attachment if more room is needed):

12. **Financial Support.**

Is Applicant is a school, church, or hospital? Yes (if "yes," go to Section 13) No (if "no," go to next question.)

Does Applicant: (a) receive a substantial part of its financial support in the form of contributions from publicly supported organizations, governmental units, or the general public or (b) more than one-third of its financial support from any combination of: (i) contributions, grants, membership fees and/or (ii) revenue from admissions, sales of merchandise, performance of services or furnishing facilities any of which is substantially related to Applicant's purposes set forth in Section 2.

Yes No (If Applicant checked "yes" please fill out the Financial Support Addendum.)

13. Authorization. Applicant has authorized me to make the foregoing declarations and affirms the contents of this Affidavit.

14. Binding representations. The representations and statements made in this Affidavit are binding on Applicant.

I declare that the foregoing representations, statements, and all supporting documents are complete, true and correct to the best of my knowledge.

By: _____

Print Name: _____

Title: _____

Subscribed and sworn to before me on _____.

Officer Authorized to Administer Oaths