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

Date: AUG 15 2014

THE POPPY FOUNDATION
7550 W LAKE MEAD BLVD STE 1
LAS VEGAS, NV 89128

Employer Identification Number: 20-5485159 DLN: 17053141303023 Contact Person: ID# 31641 KAREN A BATEY Contact Telephone Number: (877) 829-5500 Accounting Period Ending: August 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: January 15, 2012 Contribution Deductibility: Addendum Applies:

## Dear Applicant:

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

Yes

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading 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.

Sincerely,

Director, Exempt Organizations

## THE POPPY FOUNDATION

## ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.

Today's Date: Organization name: EIN: EIN Case #: Update EINName/Address/POA in EDS when preparing letter: Update:  Letter # 947 Send copy of letter to: Para Variable Para Variable Accounting Year End Form 990 Required Contribution Ded. POA 1 8010 1 2000 15 2010 2010 2010 2010 2010 2	Letter # 947 - 501(c)(3) F	Public Cha	ritv		EDS T#:	31641	SEID: LOXLIS
EIN:				Spec	ialist Name:	K.	
Update EIN/Name/Address/POA in EDS when preparing letter:  Update:  Letter # 947 Send copy of letter to: Para Variable Para Vari	Organization name:	The	Pospet				0
Update:  Letter # 947 Send copy of letter to: Para Variable Para Variable Accounting Year End Form 990 Required Contribution Ded. 8010	EIN:	20-5	485154				
Letter # 947   Send copy of letter to:   POA 1   POA 2   Para   Variable   Para   Variable   Para   Variable   Para   Variable   Para   Variable   Pom 990 Required   8010   Musur 3   8011   7 a must 15 app   Effective Date   Addendum Applies   Selective Paragraph   Selective Paragrap		.4					
Letter # 947 Send copy of letter to:    Para		ss/POA in E	EDS when preparing I	etter:	<u> </u>		
Send copy of letter to:    POA 1	Update:						
Send copy of letter to:    POA 1							
Send copy of letter to:    POA 1	Latter # 947						
Accounting Year End Form 990 Required Solid August 3/ 8011 / Jack (17 feffective Date Required Contribution Ded. ROA if applicable Selective Paragraph Selective Parag			IPOA 1	TPOA 2			
Accounting Year End Form 990 Required 8010 August 3/8011 2 Aut (YFV) Public Charity Status Form 990 Required 8012 Ale 5 8013 7 Aut (15) 2013 Effective Date Contribution Ded. 8014 7 Yes 8015 7 Addendum Applies Selective Paragraph Selective Paragra		Para	<u> </u>	<u>. I</u>	- Varia	ble	
Form 990 Required Contribution Ded. 8012							Public Charity Status
Contribution Ded. POA if applicable Selective Paragraph Selective	-						•
POA if applicable Selective Paragraph Selectiv	·				110x	Diena	
Selective Paragraph Select		0014	, 169	0015	yes .		
Selective Paragraph Select				<del>                                     </del>	'		,
Selective Paragraph Select	<u> </u>			<del> </del>	<del> </del>		,
Selective Paragraph Select	~ .		<del></del>	<del> </del>	<del> </del>		
Selective Paragraph Select	<u> </u>			ļ	<del> </del>		
Selective Paragraph  Form 8670  Screen 1  Subsection 3  Acc'ting Period Ends NAICS 8/200 Taxonomy D20  Status 0(a Specialist T# 3/64/ Hours 0.7 Case Grade /2  Screen 2  941 1120 1041 1065 940 990-PF  Screen 2  941 1120 990-T 5227 990-PF 990 /  Employment Code 01 Effective Date (YYYYMM)  Affiliation Code 3 Ruling Date (YYYYMM)  Affiliation Code 1 Deductibility Year (YYYYMM)  Deductibility Code 1 Deductibility Year (YYYYMM)  Pension Plan Plan  Hospital Indicator 00 Group Exemption No.	- · · · · ·			<del> </del>			,
Special Instructions or 9001 Paragraph text:    Comparison of the	- · · · · ·			<del> </del>	<del> </del>		, •
Classification Code   Classification Code   Classification Code	Selective Paragraph			<u> </u>	<u> </u>		Selective i alagraph
Screen 2  941 1120 1041 1065 940 990-C 990-T 5227 990-PF 990 /  Employment Code W Classification Code Effective Date (YYYYMM) Affiliation Code 3 Ruling Date (YYYYMM) Foundation Code /5 Adv Rul Ends (YYYYMM) Deductibility Code 1 Deductibility Year (YYYY) Entity Type / Pension Plan 2 Hospital Indicator 00 Group Exemption No.	Screen 1 Subsection Acc'ting Period Ends	3	NAICS   8/ 3000	Taxonomy	D20		
941 990-C 990-T 1041 1065 940 990-F 990-F 990 / 990 / 990 / 990-F 990 / 990 / 990-F 990 / 990 / 990 / 990-F 990 / 990 / 990 / 990 / 990 / 990-F 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990-F 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 / 990 /	Status Ø(o	Special	list T# 3/641	Hours	00	Case	Grade / / /
Employment Code Determination Code Affiliation Code Foundation Code Foundation Code Deductibility Code Deductibility Code Entity Type Hospital Indicator  Description  Service  Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Servic	Screen 2				_		
Employment Code Determination Code Affiliation Code Foundation Code Foundation Code Deductibility Code Today Foundation Code Today F	L						1
Determination Code  Affiliation Code  Affiliation Code  Foundation Code  Deductibility Code  Effective Date (YYYYMM)  Ruling Date (YYYYMM)  Adv Rul Ends (YYYYMM)  Deductibility Year (YYYY)  Entity Type  Hospital Indicator  Description Date (YYYYMM)  Description Date (YYYMM)  Description Date (YYYMM)  Description Date (YYMM)  Description Date (YMM)  Descri	990-C	990-T[	5227	`L	] 990-PF[		990
Determination Code  Affiliation Code  Affiliation Code  Foundation Code  Foundation Code  Deductibility Code  Entity Type  Hospital Indicator  Determination Code  Ruling Date (YYYYMM)  Adv Rul Ends (YYYYMM)  Deductibility Year (YYYY)  Pension Plan  Group Exemption No.	•						
	Determination Code Affiliation Code Foundation Code Deductibility Code Entity Type Hospital Indicator	01 3 _/5 1 _/	Effective D Ruling Date Adv Rul En Deductibilit Pension Pl	ate (YYYYM e (YYYYMM) ids (YYYYMi iy Year (YYY an	) M)	201408 2013	Leave blank if current date
							İ