Governance model choice for a newly incorporated non-profit organization is arguably the result of any number of combined reasons supporting or disaffirming the entity's founding mission. As the corporation's vision becomes more defined, what is the best approach necessary to implement the corporation's purpose? Non-profit consultant Nathan Garber outlines the following possible governance models: Advisory Board, Patron, Co-operative, Management Team, and Policy Board (Garber, 2017). Which model is best for the chosen board of directors? Should the structure allow for membership? The governance model structure chosen for the healthcare-services focused Edwards Foundation's board of directors is based upon the following synopsis.

The mission of the Edwards Foundation is to support the data security paramount to allowing all existing frameworks to naturally open access to services featuring the highest level of new technology and therapeutics. Regardless of each unique customer's evolving interpretation of what constitutes a "cure" to any pandemic, the Foundation operates independently while objectively facilitating the safest, most innovative, and cost-efficient healthcare intervention process available to all. Understanding the constraints of existing free market barriers to entry facing each patient suffering from chronic illnesses such as today's Covid-19, the patient's care channels are administered via established government and future public charity mechanisms. The updated technology's maintenance of current and future underwriting independence necessitates IRS establishment as both a publicly supported and publicly supporting 501(c)(3) group of organizations. Furthermore, classified with 509(a)(1) and 170(b)(1)(a)(iii) public charity status as a cooperative hospital service organization under IRS section 501(e), the foundation is fundamentally designed to channel patients through the most secure and scalable intervention process, allowing front-line workers and teams to perform acute care without clerical burden.

The services of the foundation's technology are rendered via a shared 509(a)(3) public charity framework comprised of four other interconnected, independently operated care-giving, housing, financial services, and fair-labor focused organizations; each maintained through the 509(a)(2) public charity platform seamlessly

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absorbing and transitioning patients to, from, and between full, partial, or non-government subsidized environments. Regardless of inevitably changing environment(s) driven by changes in public legislation, the programming administered by these organizations organically builds evolving, real time patient profiles, giving the parent 509(a)(1) cooperative hospital service full dashboard servicing capabilities. Specifically, as a result, each unique underwriting profile naturally attaches to the hospital system objectively defining a customer therapy path while offloading time and resources spent by provider teams administering and populating patient information.

What is an example of a solution that this framework provides? How about elimination of a future pandemic? Databases, such as those recently transformed by the Department of Health & Human Services' Centers for Disease Control (NPR, 2020), will become the script-driven attachment points to which the federal government must rely on to aggregate and match patients to state and county-specific vaccine databases (State of Oregon, 2020) in order to accurately track the country's level of herd immunity. Contact tracing is impossible work without the seamless, real-time understanding of whether citizens have received a vaccine and/or booster from a participating provider, hence the explicit need for a cooperative that works as an impartially available service for every tax-paying patient. With each healthcare journey as undeniably open to unforeseen changes (e.g. hypothetical deployment of biological agents into the atmosphere), the new technology absolutely demands full patient protection via simultaneously contiguous and equally accessible therapy access paths. Without contiguous access to care, the above technology driven services fall short of the constitutional protections written into the Federal Code and supporting government statutes. Specific evidence proving this notion is clearly indicated through an individual patient's pursuit of whole disease elimination, supported entirely through the following phased process of publicly available services.

First, as mentioned, the general disease elimination underwriting includes intake services surrounding access to care-giving, financial, employment, housing, food, clothing, communication, transportation, labor protection, and immigration services. Next, the patient and disease(s) specific underwriting has to be

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completed at the behest of approved provider(s). This ensures, as is the case within the throes of a pandemic, that the injected vaccine can be developed, approved, and deployed by DHHS (which, as alluded to earlier, is not only the federal parent of the CDC, but the ultimate working manager of any state and county administered care provider, vaccine database administrator, etc). Platform driven patient profiles will securely update as "vaccine ready" becoming instantaneously available to the 501(c)(3) public foundation organization(s) and supported/supporting organizations, technology of which scales and talks directly to Medicare approved facilities and all government agencies. Upon safe implementation of the vaccine therapy, individual respective patient profiles simultaneously update within the 501(c)(1) Patient Centered Outcomes Research Institute or similarly approved facility therein, Social Security Administration, and 501(c)(2) organization from "Immune Compromised" to "Immune Ready," "Booster Ready," or "Complete." While existing companies have the resources and capabilities to facilitate such processes, the current public healthcare system is antiquated and unable to scale at the speed necessary to wipe out any virus that reaches pandemic level. Unfortunately, during this pandemic, the timing of a marketable vaccine weighed versus what the true level of immunity will be in six months (naturally developed before vaccine deployment) is rapidly becoming a moot point given the race for control. Technologists are letting people die. This is not something I believe in and thus the reason for the creation of the Edwards Foundation.

Future successful implementation of all phases of the above patient disease elimination process is only securely achieved by encapsulating the existing "control of money before healthcare" framework in a manner consistent with the protection of the United States Federal Code. With proven implementation of a successful Covid-19 eliminating vaccine therapy, any federal level administering agency associated with the above intervention process efficiently moves the Edwards Foundation's technology from theory to actuality. In doing so, organic growth of a newly protected, underwritten to Federal Code, healthy patient population base opens access to the instruments naturally designed and needed to eliminate care-giving scarcity across all disease states beyond this pandemic. One can always opt out.

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Structure of the Foundation's board of directors, given the above information, is best formed in the Advisory Board capacity. Because the Foundation oversees and serves as the 509(a)(1) interchangeable parent and 509(a)(3) sole member by and between all four of the 509(a)(2) organizations, coupled with the fact that I am CEO and potentially connecting future organizations, I must first initially rely on a small trusted board. Certainly, the subsidiary public charity organizations can be formed as required non-profits in the flexible Limited Liability Company form. That said, I may consider establishment of the appropriate 509 level two public charities as LLCs with membership facilities, dictated of course by the Foundation's articles and bylaws. While allowing the Foundation to remain as the controlling voting entity, the Foundation still allows for individual patients or other non-profit LLCs to join existing LLCs and participate as members contributing to the Mission. One can argue that the streamlining of all of this information is arguably akin to a more autocratic democracy (which is already the case in relation to dictatorial control of many aspects of data- look no further than Epic), and yet the result of the Edwards Foundation is only an evolving transition to the healthiest possible United States population. Who is actually voting on the control of the 501(c)(1) and 501(c)(2) patient databases? You know who you are and you failed!!! Sue me for caring!

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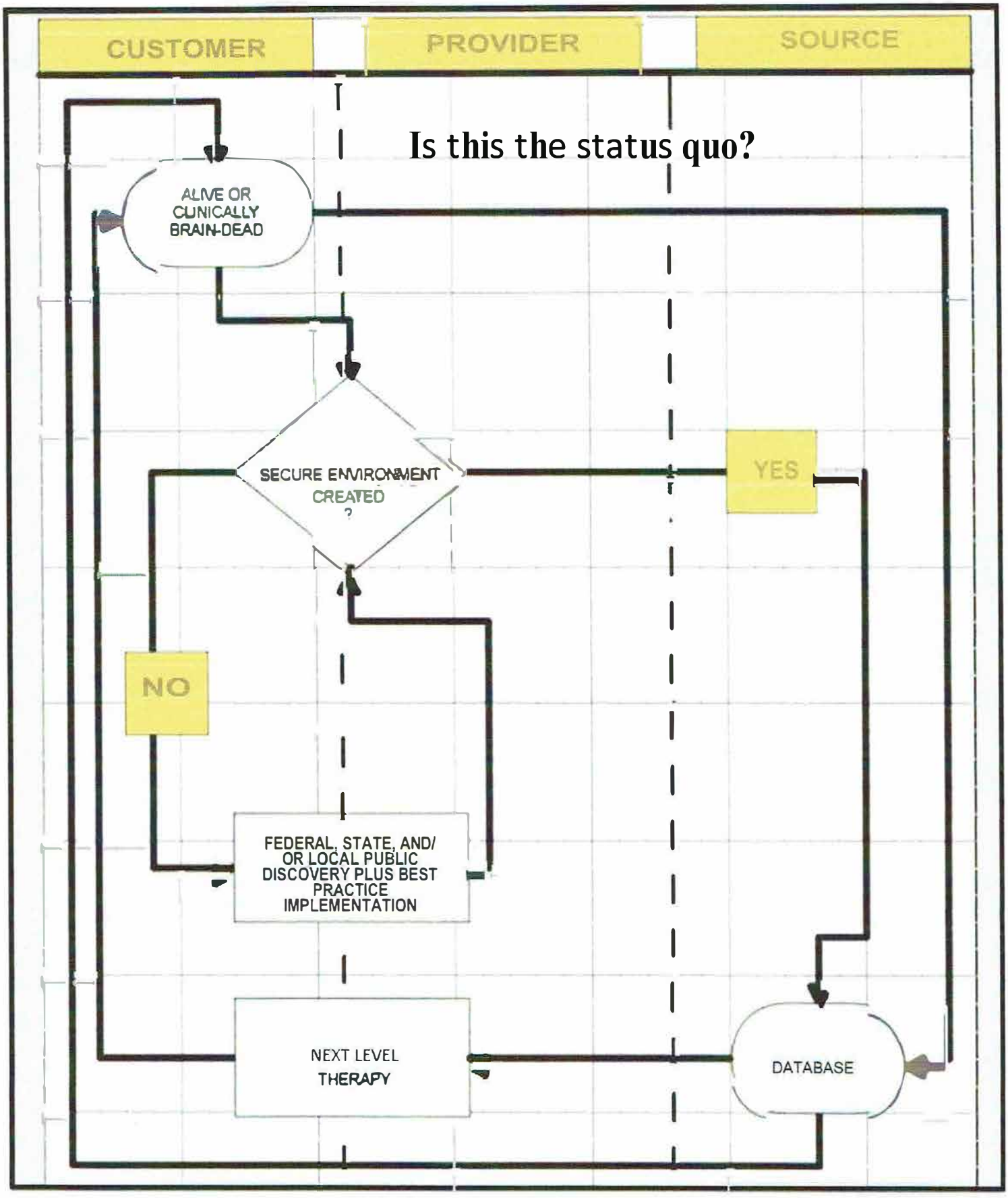
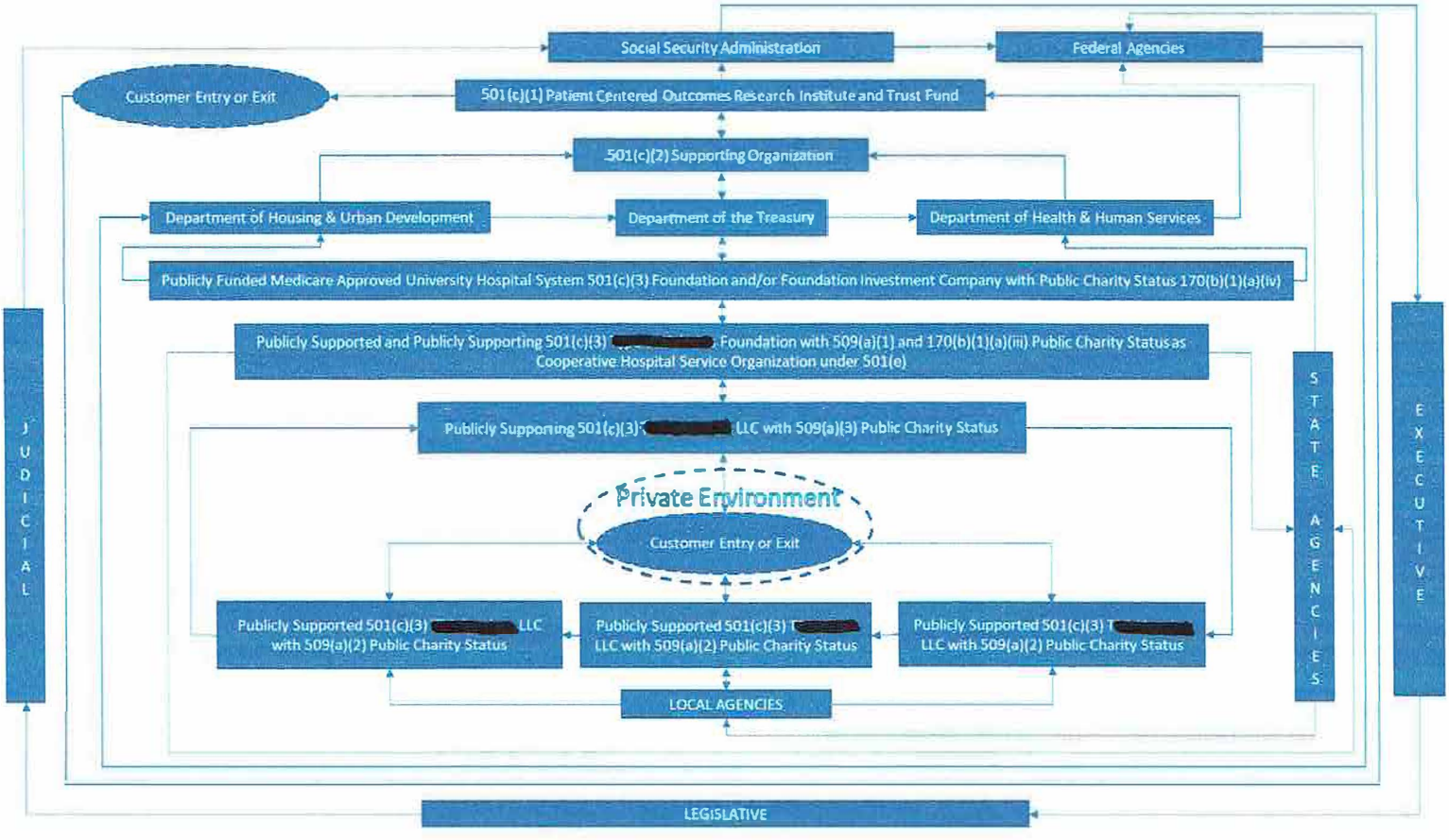
Care System


CUSTOMER
PROVIDER
SOURCE
Is this the status quo?
ALIVE OR CLINICALLY BRAIN-DEAD
SECURE ENVIRONMENT CREATED ?
YES
NO
FEDERAL, STATE, AND/ OR LOCAL PUBLIC DISCOVERY PLUS BEST PRACTICE IMPLEMENTATION
NEXT LEVEL THERAPY
DATABASE

1 Example of a Hospital-Focused Therapy Framework



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