

**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 may be made public.**  
 ▶ **Go to [www.irs.gov/Form1023](http://www.irs.gov/Form1023) for instructions and the latest information.**

OMB No. 1545-0056  
**Note:** If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I – XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

|   |  |   |   |
|---|--|---|---|
| <b>1</b> Full name of organization (exactly as it appears in your <b>organizing document</b> )  |  | <b>2</b> c/o Name (if applicable)                                   |   |
| The DPI Group, Inc.   |  |   |   |
| <b>3</b> <b>Mailing address</b> (Number and street) (see instructions)  |  | Room/Suite  | <b>4</b> Employer Identification Number (EIN) |
| 4950 NE MLK Jr Blvd   |  |   | 83-3120283                                    |
| City or town, state or country, and ZIP + 4   |  | <b>5</b> Month the annual accounting period ends (01 – 12)          |   |
| Portland Oregon 97211   |  | 06  |   |
| <b>6</b> Primary contact (officer, director, trustee, or <b>authorized representative</b> )   |  | <b>b</b> Phone: 5033313847  |   |
| <b>a</b> Name:  |  | <b>c</b> Fax: (optional)  |   |
| Kathrine Daughn   |  |   |   |
| <b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>9a</b> Organization's website: <a href="http://www.thedpigroup.com">www.thedpigroup.com</a>  |  |   |   |
| <b>b</b> Organization's email: (optional) <a href="mailto:kdaughn@thedpigroup.com">kdaughn@thedpigroup.com</a>  |  |   |   |
| <b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)  |  | 01 / 11 / 2019  |   |
| <b>12</b> Were you formed under the laws of a <b>foreign country</b> ?<br>If "Yes," state the country.  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

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# ARTICLES OF INCORPORATION



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Jan 11, 2019  
**OREGON SECRETARY OF STATE**

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**REGISTRY NUMBER**

151335990

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**1. ENTITY NAME**

DPI GROUP, INC.

**2. MAILING ADDRESS**

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**3. NAME & ADDRESS OF REGISTERED AGENT**

TRAVIS J PEARSON  
  
4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**4. INCORPORATORS**

09525114 - DEPAUL INDUSTRIES  
  
4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**5. INITIAL PRESIDENT**

TRAVIS J PEARSON  
  
4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**6. INITIAL SECRETARY**

KATY DAUGHN  
  
4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**7. TYPE OF NONPROFIT CORPORATION**

Public Benefit

**8. MEMBERS?**

Yes



## 9. DISTRIBUTION OF ASSETS

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

## 8. OPTIONAL PROVISIONS

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

### ELECTRONIC SIGNATURE

**NAME**

KATY DAUGHN

**TITLE**

SECRETARY

**DATE SIGNED**

01-11-2019

**AMENDED AND RESTATED ARTICLES OF INCORPORATION OF  
THE DPI GROUP, INC.**

The DPI Group, Inc., an Oregon nonprofit organization, hereby adopts the following Amended and Restated Articles of Incorporation, which, pursuant to ORS 65.45, supersede the existing articles of incorporation and any and all amendments thereto:

**ARTICLE 1  
NAME AND DURATION**

The name of the corporation is The DPI Group, Inc. (the "Corporation"), and its duration shall be perpetual.

**ARTICLE 2  
TYPE OF NONPROFIT CORPORATION**

The Corporation is a public benefit corporation under the Oregon Nonprofit Corporation Act.

**ARTICLE 3  
PURPOSES AND POWERS**

The Corporation is organized and shall be operated exclusively (a) for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the United States Internal Revenue Code, as amended (the "Code"), and (b) to provide services to people with disabilities including employment, counseling, evaluation, education, job training, and treatment, without regard to race, religion, sex, or national origin. Subject to the foregoing purposes and the requirements of Code Section 501(c)(3), the Corporation shall have and may exercise all the rights and powers of a nonprofit corporation under the Oregon Nonprofit Corporation Act.

**ARTICLE 4  
CONSTRUCTION**

It is intended that the Corporation qualify as an organization that is exempt from federal income taxation under the Code Section 501(c)(3), contributions to which are deductible for federal income, estate and gift tax purposes under Code Sections 170(c), 2055(a)(2), and 2522(a)(2). These articles of incorporation shall be construed and interpreted accordingly.

**ARTICLE 5  
RESTRICTIONS**

The assets of the Corporation are irrevocably dedicated to the purposes described above, and no part of the net earnings of the Corporation shall inure to the benefit of or be distributed to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Corporation shall not participate or intervene in, or publish or distribute any statement in connection with, any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any provision of these articles of incorporation to the contrary, the Corporation shall not engage in any activities which are not permitted for a corporation which is exempt from federal income tax under the Code Section 501(c)(3) or to which contributions are deductible under Code Sections 170(c), 2055(a), or 2522(a).

**ARTICLE 6  
BOARD OF DIRECTORS**

The affairs of the Corporation shall be managed and regulated by its board of directors of not less than five (5) in number, nor more than nine (9), as provided in the Corporation's bylaws. The terms and manner of appointment of the members of the board of directors shall be as provided in the Corporation's bylaws.

**ARTICLE 7  
MEMBERS**

The Corporation shall not have members within the meaning of the Oregon Nonprofit Corporation Act.

**ARTICLE 8  
DISSOLUTION**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE 9  
LIABILITY OF BOARD OF DIRECTORS AND UNCOMPENSATED OFFICERS**

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, no member of the board of directors or uncompensated officer of the Corporation shall be liable to the Corporation for monetary damages for conduct as a member of the board of directors or officer. No repeal or amendment of this provision shall adversely affect any right or protection of a member of the board of directors or officer of the Corporation existing at the time of such repeal or amendment.

**ARTICLE 10  
INDEMNIFICATION**

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, the Corporation shall indemnify any Director or Officer who is made a Party to a Proceeding because the individual is or was a Director or Officer, against Liability incurred in the Proceeding, including without limitation advancement of Expenses. Capitalized terms used in this Article 10 shall the meaning assigned to such terms in the Oregon Nonprofit Corporation Act.

The foregoing restated and amended articles of incorporation were duly adopted the 24th day of June, 2019 by the initial Board of Directors.

KELLY RUPP - Chairman

Signature

Date

KEVIN WHITE - Vice-Chairman

Signature

Date

JIM KEHOE - Board Secretary

Signature

Date

SILVIA DORADO - Board Member

Signature

Date

JIM HIGGS - Board Member

Signature

Date

BILL KEENAN - Board Member

Signature

Date

AMINA FISHER - Board Member

Signature

Date

DENNIS DOHERTY - Board Member

Signature

Date

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To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, no member of the board of directors or uncompensated officer of the Corporation shall be liable to the Corporation for monetary damages for conduct as a member of the board of directors or officer. No repeal or amendment of this provision shall adversely affect any right or protection of a member of the board of directors or officer of the Corporation existing at the time of such repeal or amendment.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

KEVIN WHITE - Vice-Chairman

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JIM KEHOE - Board Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SILVIA DORADO - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JIM HIGGS - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BILL KEENAN - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AMINA FISHER - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DENNIS DOHERTY - Board Member

*Dennis Doherty*  
\_\_\_\_\_  
Signature

6.24.19

\_\_\_\_\_  
Date

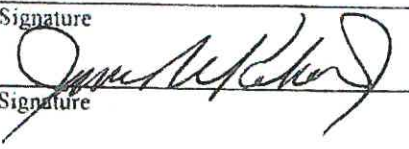
**ARTICLE 9  
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**ARTICLE 10  
INDEMNIFICATION**

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, the Corporation shall indemnify any Director or Officer who is made a Party to a Proceeding because the individual is or was a Director or Officer, against Liability incurred in the Proceeding, including without limitation advancement of Expenses. Capitalized terms used in this Article 10 shall the meaning assigned to such terms in the Oregon Nonprofit Corporation Act.

The foregoing restated and amended articles of incorporation were duly adopted the 24th day of June, 2019 by the initial Board of Directors.

|                               |   |                 |
|-------------------------------|---|-----------------|
| KELLY RUPP - Chairman         | _____<br>Signature  | _____<br>Date   |
| KEVIN WHITE - Vice-Chairman   | _____<br>Signature  | _____<br>Date   |
| JIM KEHOE - Board Secretary   | <br>Signature | 6/24/19<br>Date |
| SILVIA DORADO - Board Member  | _____<br>Signature  | _____<br>Date   |
| JIM HIGGS - Board Member      | _____<br>Signature  | _____<br>Date   |
| BILL KEENAN - Board Member    | _____<br>Signature  | _____<br>Date   |
| AMINA FISHER - Board Member   | _____<br>Signature  | _____<br>Date   |
| DENNIS DOHERTY - Board Member | _____<br>Signature  | _____<br>Date   |





Articles of Amendment - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER: 1513359-90

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: The DPI Group, Inc.

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

The Articles of Incorporation for The DPI Group, shall be amended in its entirety by attached document

3) THE AMENDMENT WAS ADOPTED ON:

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

| Class(es) entitled to vote | Number of members entitled to vote | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|----------------------------|------------------------------------|-------------------------------------|--------------------------|------------------------------|
|                            |                                    |                                     |                          |                              |

5) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten signature of Jim Kehoe]

Printed Name:

Jim Kehoe

Title:

Secretary

CONTACT NAME: (To resolve questions with this filing.)

Kathrine Daughn

PHONE NUMBER: (Include area code.)

503-281-1289

**FEES**

Required Processing Fee \$50

No Fee for Nonprofit Type Change

Processing Fees are nonrefundable. Please make check payable to "Corporation Division"

Free copies are available at [FilingInOregon.com](http://FilingInOregon.com), using the Business Name Search program.

**BYLAWS  
OF  
THE DPI GROUP  
(an Oregon nonprofit public benefit corporation)**

**ARTICLE I  
NAME**

- 1.1 Name. The name of the corporation is The DPI Group (the "Corporation"). The Corporation is an Oregon non-profit corporation.

**ARTICLE II  
PURPOSE AND POWERS**

- 2.1 Purpose. The Corporation is organized and shall be operated exclusively (a) for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the United States Internal Revenue Code of 1986, as amended (the "Code"), and (b) to provide services to people with disabilities including employment, counseling, evaluation, education, job training, and treatment, without regard to race, religion, sex, or national origin.
- 2.2 Powers. Subject to the foregoing purposes, the restrictions in the Articles of Incorporation of the Corporation (the "Articles of Incorporation") and the requirements of Code Section 501(c)(3), the Corporation shall have and may exercise all the rights and powers of a nonprofit corporation under the Oregon Nonprofit Corporation Act.

**ARTICLE III  
DIRECTORS**

- 3.1 Powers. All corporate powers shall be exercised by or under the authority of the Board and the affairs of The DPI Group shall be managed under the direction of the Board, except as otherwise provided by law.
- 3.2 Number. The number of directors may vary between a minimum of five (5) and a maximum of nine (9).
- 3.3 Election and Term of Office. Directors may be elected at any regular meeting of the Board of Directors by a majority vote of the directors then in office. Directors shall serve a term of three (3) years, or until their successors have been elected and take office. At the end of a term, a Director must affirmatively restate his/her commitment to a new term of office.
- 3.4 Removal. A Director may be removed, with or without cause, by the affirmative vote of at least two-thirds (2/3) of the Board of Directors at any Board meeting. The notice of such meeting shall state that the purpose or one of the purposes of the meeting is the removal of the Director.

3.5 Vacancies. Any vacancy occurring in the Board of Directors for any reason, including a vacancy resulting from an increase in the number of Directors may be filled by the affirmative vote of a majority of the Directors then in office.

3.6 Resignation. Any director may resign at any time by delivering hand written or electronic notice of resignation to the Chair or Secretary. Such resignation shall be effective on receipt unless it is specified therein to be effective at a later time, and acceptance of the resignation shall not be necessary.

3.7 Compensation. Directors shall serve without compensation for services. A director may receive reimbursement for actual and reasonable expenses incurred in performing his or her duties upon the approval of the Board of Directors. The Corporation shall not make any loan to any member of the Board of Directors.

3.8 Annual Meeting. The annual meeting of the Board of Directors shall be held at a date, time and place determined by the Chair.

3.9 Regular Meetings. The Board of Directors may from time to time establish regular meetings of the Board, the specific date, time and place to be determined by the Chair.

3.10 Special Meetings. Special meetings of the Board of Directors may be called by the Chair or any two directors.

3.11 Notice of Meeting. Written notice of the annual meeting of the Board of Directors shall be given at least twenty (20) days before the meeting. Written or oral notice of a regular meeting shall be given at least five (5) days before the meeting. Written or oral notice of a special meeting shall be given at least 48 hours before the meeting. The notice shall in each case specify the date, time and place of the meeting and notice shall be sufficient if actually received at or before the required time. Written notice may be given by hand-delivery or any form of electronic communication. Written notice sent by electronic mail is effective if mailed not less than 24 hours before the required time. Notices shall be sent to the director's email address shown on the corporate records or to the director's actual address ascertained by the person giving notice. Oral notice may be delivered in person or by telephone. Except as otherwise required by law, the Articles of Incorporation, or these bylaws, neither the business to be transacted at nor the purpose of any meeting of the Board of Directors need be specified in the notice.

3.12 Waiver of Notice. Whenever any notice is required to be given to any director, a waiver thereof in writing, signed by the director entitled to such notice, whether before or after the event specified in the waiver, shall be deemed equivalent to the giving of such notice. Furthermore, the attendance of a director at a meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

3.13 Action Without a Meeting. Any action that is required or permitted to be taken by the directors at a meeting may be taken without a meeting if a consent in writing setting forth the action is signed by all of the directors entitled to vote on the matter. The action shall be effective on the date when the last signature is placed on the consent. Electronic signatures shall be equivalent to original signatures in ink unless otherwise required by law or the Articles of Incorporation.

3.14 Meeting by Electronic Communication. The Board of Directors may hold a meeting by means through which all persons participating in the meeting can communicate with each other, such as by use of telephone conference or video conference or any other means of communication by which either of the following occurs: (a) all directors participating may simultaneously hear or read each other's communications during the meeting; or (b) all communications during the meeting are immediately transmitted to each participating director, and each participating director is able to immediately send messages to all other participating directors. Participation in such meeting by such other means shall constitute presence in person at the meeting.

3.15 Quorum; Majority Vote. A majority of the number of directors in office at the time of a meeting of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors. The act of a majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless a different number is required by law, the Articles of Incorporation, or these bylaws. A minority of the directors, in the absence of a quorum, may adjourn and reconvene from time to time but may not transact any business.

#### **ARTICLE IV** **OFFICERS**

4.1 Designation. The officers of the Corporation shall be a Chair, a Chief Executive Officer/President, a Vice-Chair, and a Secretary. Other officers as may be deemed necessary may be elected by the Board of Directors and shall have such powers and duties as may be prescribed by the Board. The same individual may hold two or more offices.

4.2 Qualification. The Chair, the Vice-Chair, and the Secretary must be a member of the Board of Directors. The President and any other officer may be a member of the Board of Directors if elected to the Board of Directors pursuant to the provisions of Article III of these bylaws.

4.3 Election and Term of Office. The officers of the Corporation shall be elected annually by the Board of Directors at the annual meeting of the Board of Directors. Each officer shall hold office until a successor is duly elected or until the officer's resignation, death or removal.

- 4.4 Resignation. An officer who is a member of the Board of Directors and the President may resign as an officer of the Corporation at any time by delivering written notice of resignation to the Chair or Secretary. Such resignation shall be effective upon receipt unless it is specified to be effective at a later time. The Board of Directors may reject any postdated resignation by notice in writing to the resigning officer. An officer who is not a member of the Board of Directors may resign at any time by delivering written notice of resignation to the President of the Corporation. Any such resignation shall be effective upon receipt unless it is specified to be effective at a later time. The President may reject any postdated resignation of an officer who is not a member of the Board of Directors by notice in writing to the resigning officer.
- 4.5 Removal. The Board of Directors may remove any officer, with or without cause, by the affirmative vote of a majority of the directors then in office, at any meeting of the Board of Directors. Removal shall be without prejudice to the contract rights, if any, of the person removed. Election of an officer shall not of itself create contract rights.
- 4.6 Vacancies. A vacancy in any office because of death, resignation, removal or otherwise shall be named by the Board of Directors for the unexpired portion of the term.
- 4.7 Compensation. The Chair, the Vice-Chair, and the Secretary shall serve without compensation for services. However, they may receive reimbursement for actual and reasonable expenses incurred in performing their duties upon the approval of the Board of Directors. The President may receive such reasonable compensation for his or her services as may from time to time be fixed by the Board of Directors.
- 4.8 Chair. The Chair shall preside at all meetings of the Board of Directors and shall generally preside over the business and affairs of the Board of Directors. The Chair shall have such other powers and duties as may be prescribed by the Board of Directors.
- 4.9 President. The President shall, subject to the control, direction, and oversight of the Board of Directors, have the authority and responsibility to manage the daily business, affairs, and operations of the Corporation, as delegated to him or her from time to time by the Board of Directors. The President shall implement the policies of the Board of Directors and fulfill the responsibilities set forth in his or her job description. The President shall (a) cause to be kept correct and complete records of account showing the financial condition of the Corporation, (b) be legal custodian of all moneys, notes, securities and other valuables that may come into the possession of the Corporation, (c) cause all funds of the Corporation to be deposited in depositories that the Board of Directors may designate, (d) cause the payment of corporate obligations only on the checks of the Corporation signed in the manner authorized by the Board of Directors, (e) cause to be presented to the Board of Directors regular statements of the Corporation's financial position and operations and such other financial information regarding the Corporation as may be required by the Board of Directors, (f) cause the Corporation to file all necessary tax returns, (g) cause to be maintained the record of all gifts, grants, contributions, gross receipts from sales of merchandise, performance of services, or furnishing or facilities, and (h) report to the Board of Directors any irregularities found by him or her in the receipt and payment of the Corporation's funds.

4.10 Vice-Chair. The Vice-Chair shall perform such duties as the Board of Directors shall prescribe. In the absence or disability of the Chair, the Chair's duties and powers shall be performed and exercised by the Vice-Chair.

4.11 Secretary. The Secretary shall give or cause to be given such notice of the meetings of the Board of Directors as is required by law or these bylaws. The Secretary shall be responsible for authenticating resolutions and other records of the Corporation and shall perform such other duties as may be prescribed by the Board of Directors.

## **ARTICLE V** **COMMITTEES**

5.1 General. The Board of Directors shall have an Executive Committee, a Governance Committee, and a Finance Committee as described in this Article V. The Board of Directors may, by resolution adopted by a majority of the directors then in office, create such other committees as the Board of Directors may, from time to time, deem appropriate.

5.2 Executive Committee. The Executive Committee shall consist of the Chair, the Vice-Chair, the Secretary, and, if a member of the Board of Directors, the immediate past Chair. One or two additional members of the Board of Directors may serve on the Executive Committee if elected to serve by the Board of Directors. The Chair shall act as chair of the Executive Committee. Between meetings of the Board of Directors, the Executive Committee shall, subject to such limitations as may be imposed by resolution of the Board of Directors or applicable law, have and exercise all the power and authority of the Board of Directors in the management of the Corporation. Proposed actions must be ratified at the next Board Meeting.

5.3 Other Committees. Any other committees shall consist of at least two (2) members of the Board of Directors. The Chair shall be a nonvoting ex-officio member of any other committees of the Board of Directors.

5.4 Authority. Each committee shall have and may exercise such powers and authority as may be conferred by the Board of Directors, but no committee shall in any event have the power or authority to (a) amend, alter or repeal these bylaws or the Articles of Incorporation, (b) elect, appoint, or remove any director or officer, (c) approve dissolution or merger or any sale, pledge, or transfer of all or substantially all of the Corporation's assets, or (d) authorize any distribution of the assets of the Corporation. The designation and appointment shall not operate to relieve the Board of Directors or any individual member of the Board of Directors of any responsibility imposed by law.

5.5 Meetings. Members of committees shall meet at the call of the chair of the Committee at such place as the chair shall designate after reasonable notice has been given to each committee member. Each committee shall report its actions to the Board of Directors. Any action that may

be taken by a committee at a meeting may be taken without a meeting if consent in writing setting forth the action taken is signed by all members of the committee entitled to vote on the matter. Electronic signatures shall be equivalent to original signatures in ink unless otherwise required by law. The action shall be effective on the date when the last signature is placed on the consent. Such consent may be signed in counterparts.

5.6 Quorum. A majority of the members of a committee shall constitute a quorum for the transaction of business at any committee meeting, and any action or decision of a committee shall require a majority vote of the quorum present at the meeting. Committees may meet through alternative means as described in Section 3.14 of Article III of these bylaws.

## **ARTICLE VI** **PRESIDENT/ CHIEF EXECUTIVE OFFICER**

6.1 Employment. The Board of Directors shall employ the President. The President shall serve at the pleasure of the Board. The President shall also have the title of Chief Executive Officer of the Corporation.

6.2 Duties. The President's duties are described in Section 4.9 of these Bylaws. The President's duties shall be further described in the President's job description as may be adopted by the Board of Directors from time to time.

## **ARTICLE VII** **INDEMNIFICATION OF DIRECTORS AND OFFICERS**

7.1 Generally. The Corporation shall to the fullest extent permitted by law indemnify any person who is or was a director or officer of the Corporation against any and all liability incurred by such person in connection with any claim, action, suit or proceeding or any threatened claim, action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that such person is or was a director or officer of the Corporation, if such person acted in good faith and in a manner such person reasonably believed to be in or not opposed to the best interest of the Corporation, and with respect to any criminal proceeding such person had no reasonable cause to believe the conduct was unlawful. Liability and expenses include reasonable attorneys' fees, judgments, fines, costs and amounts actually paid in settlement. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not of itself create a presumption that such person did not act in good faith and in a manner which such person reasonably believed to be in or not opposed to the best interests of the Corporation, and, with respect to any criminal proceeding, had reasonable cause to believe that such conduct was unlawful. The foregoing right of indemnification shall be in addition to and not exclusive of any and all other rights to which any such director or officer may be entitled under any statute, bylaw, agreement or otherwise.

7.2 Actions by or in the Right of the Corporation. In connection with any proceeding brought by or in the right of the Corporation, the Corporation may not indemnify any person who is or was a director or officer of the Corporation if such person has been adjudged by a court of law to be liable to the Corporation, unless the court in which the action or suit was brought shall determine upon application that, despite the adjudication of liability, in view of all the circumstances of the case such person is fairly and reasonably entitled to indemnity.

7.3 Self-Interested Transactions. The Corporation may not indemnify any person who is or was a director or officer of the Corporation in connection with any proceeding charging improper personal benefit to such person in which such person has been adjudged liable on the basis that personal benefit was improperly received by such person, unless the court in which the action or suit was brought determines upon application that, despite the adjudication of liability, in view of all circumstances of the case such person is fairly and reasonably entitled to indemnity.

7.4 Determination of the Propriety of Indemnification. The determination that indemnification is proper shall be made by the majority vote of a quorum consisting of the directors who were not parties to the proceeding or, if such a quorum cannot be obtained, by the majority vote of a committee, duly designated by the Board of Directors, consisting of at least two (2) directors who were not parties to the proceeding. If there are not two (2) directors who were not parties to the proceeding, a majority of the full Board of Directors, including directors who were parties to the proceeding, shall select special legal counsel to determine whether indemnification is proper.

7.5 Evaluation of Expenses. An evaluation as to the reasonableness of expenses shall be made by the majority vote of a quorum consisting of directors who were not parties to the proceeding or, if such a quorum cannot be obtained, by the majority vote of a committee, duly designated by the Board of Directors, consisting of at least two (2) directors who were not parties to the proceeding. If there are not two (2) directors who were not parties to the proceeding, a majority of the full Board of Directors, including directors who were parties to the proceeding, shall evaluate the reasonableness of expenses.

7.6 Notice to the Attorney General. A director or officer shall not be indemnified by the Corporation until 20 days after the effective date of written notice to the Attorney General of the State of Oregon of the proposed indemnification.

7.7 Advance of Expenses. Expenses incurred with respect to any claim, action, suit or other proceeding of the character described in this article may be advanced by the Corporation prior to the final disposition of such proceeding if (a) the director or officer provides written affirmation to the Corporation of such person's good faith belief that such person satisfies the criteria for indemnification and (b) the director or officer gives the Corporation a written undertaking to repay the advanced amount if it is ultimately determined that the director or officer is not entitled to indemnification under this article. The undertaking shall be a general obligation of the director or officer, but need not be secured and may be accepted by the Board of Directors without reference to the director or officer's financial ability to make repayment.

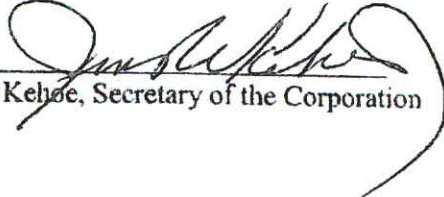


7.8 Insurance. The Board of Directors shall have the power to purchase insurance on behalf of any individual who is or was an officer or director of the Corporation against liability asserted against or incurred by such individual arising out of such individual's status as a director or officer of the Corporation, whether or not the Corporation would have the power to indemnify such individual against liability under the provisions of this article.

**ARTICLE VIII**  
**AMENDMENT**

8.1 Bylaw Changes. The Board of Directors may amend or repeal these bylaws or adopt new bylaws by the affirmative vote of at least two-thirds (2/3) of the directors then in office, at any meeting of the Board of Directors. The meeting notice shall state that a purpose of the meeting is to consider an amendment to the bylaws and shall contain a copy or summary of the proposed amendment.

The foregoing bylaws were duly adopted by the Board of Directors on the 24<sup>th</sup> day of June 2019.

  
\_\_\_\_\_  
Jim Kehoe, Secretary of the Corporation

## CONFLICTS OF INTEREST POLICY ACKNOWLEDGMENT

I have read the attached Conflicts of Interest policy and agree to comply fully with its terms and conditions at all times during my service as a DPI Group Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the DPI Group Board of Directors in writing.

Disclosure of Actual or Potential Conflicts of Interest:

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I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: THOMAS R. HOKRY

Signature:  \_\_\_\_\_

## CONFLICTS OF INTEREST POLICY ACKNOWLEDGMENT

I have read the attached Conflicts of Interest policy and agree to comply fully with its terms and conditions at all times during my service as a DPI Group Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the DPI Group Board of Directors in writing.

Disclosure of Actual or Potential Conflicts of Interest:

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I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: TRAVIS PEARSON

Signature: [Handwritten Signature]

## CONFLICTS OF INTEREST POLICY ACKNOWLEDGMENT

I have read the attached Conflicts of Interest policy and agree to comply fully with its terms and conditions at all times during my service as a DPI Group Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the DPI Group Board of Directors in writing.

Disclosure of Actual or Potential Conflicts of Interest:

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I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Name: Kathleen Douglas

Signature: [Handwritten Signature]

Date of this notice: 01-11-2019

Employer Identification Number:  
83-3120283

Form: SS-4

Number of this notice: CP 575 A

DPI GROUP  
% KATY DAUGHN CLO  
4950 NE MLK JR BLVD  
PORTLAND, OR 97211

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 83-3120283. 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 is very important that you use your EIN and 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 is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

|          |            |
|----------|------------|
| Form 941 | 04/30/2019 |
| Form 940 | 01/31/2020 |

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your financial institution to complete a wire transfer.



## FORM 1023 EXEMPTION APPLICATION EXPEDITE LETTER

Dear Sir or Madam:

We are writing to request an expedited processing of our Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

Although The DPI Group is a new entity, we have subsidiary entities that have generated considerable interest from potential donors. However, these donors are reluctant to make contributions before the finalization of our corporate structure and our receipt of our certificate of exemption under §501(c)(3). Our subordinate entities all have the same mission as The DPI Group – to provide work opportunities for individuals with disabilities and other barriers to employment. We are eager to move forward with these endeavors and look forward to obtaining our 501c3 status.

Based on the information discussed above, we respectfully request an expedited processing of our Form 1023. If there are any questions or if additional information is needed, please contact us at (503) 281-1289.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kathrine Daughn', is written over a faint, large watermark of the letters 'KDP'.

Kathrine Daughn  
Chief Legal Officer  
The DPI Group, Inc.

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1** Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  **Yes**  **No**
- 2** Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application.  **Yes**  **No**
- 3** Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.  **Yes**  **No**
- 4a** Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  **Yes**  **No**
- b** Have you been funded? If "No," explain how you are formed without anything of value placed in trust.  **Yes**  **No**
- 5** Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected.  **Yes**  **No**

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1** Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.   
Location of Purpose Clause (Page, Article, and Paragraph): Page 1, Article 3 (Purpose and Powers)
- 2a** Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- b** If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 2, Article 8 (Dissolution)
- c** See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a** List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

| Name              | Title | Mailing address | Compensation amount (annual actual or estimated) |
|-------------------|-------|-----------------|--|
| See attached data |       |                 |  |
|                   |       |                 |  |
|                   |       |                 |  |
|                   |       |                 |  |



**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

**b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

| Name             | Title                          | Mailing address                          | Compensation amount (annual actual or estimated) |
|------------------|--------------------------------|--|--|
| Annie Lindekugle | Operations Manager             | 4950 NE MLK Jr Blvd<br>Portland OR 97211 | 70101.31<br><del>700101.31</del>                 |
| Timothy Smith    | IT Technician                  | 4950 NE MLK Jr Blvd<br>Portland OR 97211 | 59715.50   |
| Melynda Laws     | Accounts Receivable Specialist | 4950 NE MLK Jr Blvd<br>Portland OR 97211 | 54928.22   |
| Ashley Ackers    | Accounts Payable Specialist    | 4950 NE MLK Jr Blvd<br>Portland OR 97211 | 54015.92   |
| Pablo Iglesias   | Safety Manager                 | 4950 NE MLK Jr Blvd<br>Portland OR 97211 | 53017.34   |

**c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

| Name | Title | Mailing address | Compensation amount (annual actual or estimated) |
|------|-------|-----------------|--|
| N/A  |       |                 |  |
|      |       |                 |  |
|      |       |                 |  |
|      |       |                 |  |
|      |       |                 |  |

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

**2a** Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship.  Yes  No

**b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees.  Yes  No

**c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship.  Yes  No

**3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

**b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.  Yes  No

**4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

**a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy?  Yes  No

**b** Do you or will you approve compensation arrangements in advance of paying compensation?  Yes  No

**c** Do you or will you document in writing the date and terms of approved compensation arrangements?  Yes  No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

|           |   |   |  |
|-----------|---|---|--|
| <b>d</b>  | Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>e</b>  | Do you or will you approve compensation arrangements based on information about compensation paid by <b>similarly situated</b> taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>f</b>  | Do you or will you record in writing both the information on which you relied to base your decision and its source?   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>g</b>  | If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is <b>reasonable</b> for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.   |   |  |
| <b>5a</b> | Have you adopted a <b>conflict of interest policy</b> consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b>  | What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?   |   |  |
| <b>c</b>  | What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?   |   |  |
|           | <b>Note:</b> A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.   |   |  |
| <b>6a</b> | Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through <b>non-fixed payments</b> , such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b>  | Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>7a</b> | Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at <b>arm's length</b> , and explain how you determine or will determine that you pay no more than <b>fair market value</b> . Attach copies of any written contracts or other agreements relating to such purchases.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</b>  | Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>8a</b> | Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</b>  | Describe any written or oral arrangements that you made or intend to make.  |   |  |
| <b>c</b>  | Identify with whom you have or will have such arrangements.   |   |  |
| <b>d</b>  | Explain how the terms are or will be negotiated at arm's length.  |   |  |
| <b>e</b>  | Explain how you determine you pay no more than fair market value or you are paid at least fair market value.  |   |  |
| <b>f</b>  | Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.  |   |  |
| <b>9a</b> | Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. See instructions.

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.  Yes  No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.  Yes  No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.  Yes  No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.  Yes  No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. See instructions.

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G.  Yes  No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  Yes  No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. See instructions.

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain.  Yes  No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.  Yes  No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.  Yes  No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data.  Yes  No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.  Yes  No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. See instructions. [ ] Yes [x] No

- mail solicitations, phone solicitations, email solicitations, accept donations on your website, personal solicitations, receive donations from another organization's website, vehicle, boat, plane, or similar donations, government grant solicitations, foundation grant solicitations, Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. [ ] Yes [x] No

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. [ ] Yes [x] No

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. [ ] Yes [x] No

5 Are you affiliated with a governmental unit? If "Yes," explain. [ ] Yes [x] No

6a Do you or will you engage in economic development? If "Yes," describe your program. [ ] Yes [x] No

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. [ ] Yes [x] No

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. [ ] Yes [x] No

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. [ ] Yes [x] No

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. [ ] Yes [x] No

b Do you provide childcare so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [x] No

c Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [x] No

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). [ ] Yes [x] No

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. [ ] Yes [x] No

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.  Yes  No
- 
- 12a** Do you or will you operate in a **foreign country or countries?** If "Yes," answer lines 12b through 12d. If "No," go to line 13a.  Yes  No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.  Yes  No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.  Yes  No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following.
- (i)** Do you require an application form? If "Yes," attach a copy of the form.  Yes  No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.  Yes  No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.  Yes  No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.  Yes  No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.  Yes  No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.  Yes  No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.  Yes  No

**Part VIII Your Specific Activities (Continued)**

- 15** Do you have a **close connection** with any organizations? If "Yes," explain.  **Yes**  **No**
- 16** Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain.  **Yes**  **No**
- 17** Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain.  **Yes**  **No**
- 18** Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain.  **Yes**  **No**
- 19** Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  **Yes**  **No**
- 20** Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C.  **Yes**  **No**
- 21** Do you or will you provide **low-income housing** or housing for the **elderly** or **handicapped**? If "Yes," complete Schedule F.  **Yes**  **No**
- 22** Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  **Yes**  **No**

**Note: Private foundations** may use Schedule H to request advance approval of individual grant procedures.

**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
  - a. Three years of financial information if you have not completed one tax year, or
  - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

**A. Statement of Revenues and Expenses**

|   | Type of revenue or expense   | 3 prior tax years or 2 succeeding tax years |                             |                             |             | (e) Provide Total for (a) through (d) |
|---|--|---|-----------------------------|-----------------------------|-------------|---------------------------------------|
|   |  | (a) From 07/2019 To 06/2020                 | (b) From 07/2020 To 06/2021 | (c) From 07/2021 To 06/2022 | (d) From To |                                       |
| Revenues  | 1 Gifts, grants, and contributions received (do not include unusual grants)  | 8333.33                                     | 8333.33                     | 8333.33                     |             | 25,000                                |
|   | 2 Membership fees received   |   |                             |                             |             |                                       |
|   | 3 Gross investment income  |   |                             |                             |             |                                       |
|   | 4 Net unrelated business income  |   |                             |                             |             |                                       |
|   | 5 Taxes levied for your benefit  |   |                             |                             |             |                                       |
|   | 6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)             |   |                             |                             |             |                                       |
|   | 7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)  |   |                             |                             |             |                                       |
|   | 8 Total of lines 1 through 7   |   |                             |                             |             | 25,000                                |
|   | 9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list) | 2557333.33                                  | 2557333.33                  | 2557333.33                  |             | 7,672,000.00                          |
|   | 10 Total of lines 8 and 9  | 2565666.66                                  | 2565666.66                  | 2565666.66                  |             | 7,696,999.99                          |
| 11 Net gain or loss on sale of capital assets (attach schedule and see instructions)    |  |   |                             |                             |             |                                       |
| 12 Unusual grants   |  |   |                             |                             |             |                                       |
| 13 Total Revenue Add lines 10 through 12  |  |   |                             |                             |             |                                       |
| 14 Fundraising expenses   |  |   |                             |                             |             |                                       |
| 15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list) |  |   |                             |                             |             |                                       |
| 16 Disbursements to or for the benefit of members (attach an itemized list)             |  |   |                             |                             |             |                                       |
| Expenses  | 17 Compensation of officers, directors, and trustees   | 691462.71                                   | 691462.71                   | 691462.71                   |             |                                       |
|   | 18 Other salaries and wages  | 789248.98                                   | 789248.98                   | 789248.98                   |             |                                       |
|   | 19 Interest expense  | 153333                                      | 153333                      | 153333                      |             |                                       |
|   | 20 Occupancy (rent, utilities, etc.)   | 250666                                      | 250666                      | 250666                      |             |                                       |
|   | 21 Depreciation and depletion  | 16666                                       | 16666                       | 16666                       |             |                                       |
|   | 22 Professional fees   | 15666                                       | 15666                       | 15666                       |             |                                       |
|   | 23 Any expense not otherwise classified, such as program services (attach itemized list)   | 500666                                      | 500666                      | 500666                      |             |                                       |
|   | 24 Total Expenses Add lines 14 through 23  | 2417708.6                                   | 2417708.6                   | 2417708.6                   |             |                                       |

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

Year End:

(Whole dollars)

Table with columns for line number, description, and amount. Rows include Assets (Cash, Accounts receivable, Inventories, Bonds and notes receivable, Corporate stocks, Loans receivable, Other investments, Depreciable and depletable assets, Land, Other assets, Total Assets) and Liabilities (Accounts payable, Contributions, gifts, grants, etc. payable, Mortgages and notes payable, Other liabilities, Total Liabilities). Total Assets: 5339000. Total Liabilities: 4184000. Fund Balances or Net Assets: 1155000.

Part X Public Charity Status

Part X 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. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. See instructions.

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.
b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law.
2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations.
3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.
4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation?
5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.



**Part X Public Charity Status (Continued)**

- e 509(a)(4) – an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv) – an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 509(a)(1) and 170(b)(1)(A)(vi) – an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- i 509(a)(2) – an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

- a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses \_\_\_\_\_
- (ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.
- b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each **disqualified person**. If the answer is "None," state this.
- (ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses?  Yes  No  
If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.


**Part XI User Fee Information and Signature**

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: 600.00

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, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here

  
\_\_\_\_\_  
(Signature of Officer, Director, Trustee, or other authorized official)

Kathrine Daughn  
\_\_\_\_\_  
(Type or print name of signer)  
Chief Legal Officer  
\_\_\_\_\_  
(Type or print title or authority of signer)

11/05/2019  
\_\_\_\_\_  
(Date)

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**Schedule A. Churches**

|             |  |                              |                             |
|-------------|--|------------------------------|-----------------------------|
| <b>1 a</b>  | Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | Do you have a form of worship? If "Yes," describe your form of worship.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>2 a</b>  | Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | Do you have a distinct religious history? If "Yes," describe your religious history.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c</b>    | Do you have a literature of your own? If "Yes," describe your literature.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>3</b>    | Describe the organization's religious hierarchy or ecclesiastical government.  |                              |                             |
| <b>4 a</b>  | Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins.                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | What is the average attendance at your regularly scheduled religious services?   |                              |                             |
| <b>5 a</b>  | Do you have an established place of worship? If "Yes," refer to the instructions for the information required.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | Do you own the property where you have an established place of worship?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>6</b>    | Do you have an established congregation or other regular membership group? If "No," refer to the instructions.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>7</b>    | How many members do you have?  |                              |                             |
| <b>8 a</b>  | Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b–8d, below.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c</b>    | May your members be associated with another denomination or church?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>d</b>    | Are all of your members part of the same family?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>9</b>    | Do you conduct baptisms, weddings, funerals, etc.?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>10</b>   | Do you have a school for the religious instruction of the young?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> | Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b>    | Do you have schools for the preparation of your ordained ministers or religious leaders?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b>   | Is your minister or religious leader also one of your officers, directors, or trustees?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b>   | Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>14</b>   | Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>15</b>   | Do you issue church charters? If "Yes," describe the requirements for issuing a charter.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>16</b>   | Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>17</b>   | Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Schedule B. Schools, Colleges, and Universities**

If you operate a school as an activity, complete Schedule B

**Section I Operational Information**

**1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B.  Yes  No

**b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B.  Yes  No

**2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B.  Yes  No

**b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B.  Yes  No

**3** In what public school district, county, and state are you located?

**4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county?  Yes  No

**5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain.  Yes  No

**6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain.  Yes  No

**7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services.  Yes  No

**Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

**8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  Yes  No

**Note:** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**Section II Establishment of Racially Nondiscriminatory Policy**

Information required by **Revenue Procedure 75-50.**

**1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Pub. 557.  Yes  No

**2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy?  Yes  No

**a** If "Yes," attach a representative sample of each document.

**b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

**3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? See the instructions for specific requirements. If "No," explain.  Yes  No

**4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully.  Yes  No

**Schedule C. Hospitals and Medical Research Organizations**

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below.

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II.

**Section I Hospitals**

**1 a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected.  **Yes**  **No**

**2 a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain.  **Yes**  **No**

**b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain.  **Yes**  **No**

**c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain.  **Yes**  **No**

**3 a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain.  **Yes**  **No**

**b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain.  **Yes**  **No**

**4 a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide.  **Yes**  **No**

**b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy.  **Yes**  **No**

**c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements.  **Yes**  **No**

**5 a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e.  **Yes**  **No**

**b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.

**c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.

**d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.

**e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule.  **Yes**  **No**

**6 a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs.  **Yes**  **No**

**b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs.  **Yes**  **No**

**7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements.  **Yes**  **No**

**8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative.  **Yes**  **No**

**9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements.  **Yes**  **No**

**Note:** Make sure your answer is consistent with the information provided in Part VIII, line 8.

**Schedule C. Hospitals and Medical Research Organizations (Continued)****Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  Yes  No

**Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies.  Yes  No
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease.  Yes  No
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals.  Yes  No
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings.  Yes  No

**Section II Medical Research Organizations**

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

**Schedule D. Section 509(a)(3) Supporting Organizations**

**Section I Identifying Information About the Supported Organization(s)**

1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

| Name              | Address | EIN |
|-------------------|---------|-----|
| See attached data |         |     |
|                   |         |     |

2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3.  Yes  No

3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information.  Yes  No

- Part IX-A. Statement of Revenues and Expenses, lines 1–13, and
- Part X, lines 6b(i), 6b(ii), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

**Section II Relationship with Supported Organization(s) – Three Tests**

To be classified as a supporting organization, an organization must meet one of three relationship tests.

- Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or
- Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or
- Test 3: "Operated in connection with" one or more publicly supported organizations.

1 Information to establish the "operated, supervised, or controlled by" relationship (Test 1)  
Is a majority of your governing board or officers elected or appointed by the supported organization(s)?  Yes  No  
If "Yes," describe the process by which your governing board is appointed and elected; go to Section III.  
If "No," continue to line 2.

2 Information to establish the "supervised or controlled in connection with" relationship (Test 2)  
Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," go to line 3.  Yes  No

3 Information to establish the "operated in connection with" responsiveness test (Test 3)  
Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If "Yes," explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II, line 5. If "No," go to line 4a.  Yes  No

- 4 Information to establish the alternative "operated in connection with" responsiveness test (Test 3)
- a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b.  Yes  No
  - b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4c.  Yes  No
  - c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If "Yes," explain and provide documentation.  Yes  No
  - d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If "Yes," explain and provide documentation.  Yes  No
  - e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

5 Information to establish the "operated in connection with" integral part test (Test 3)  
Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a.  Yes  No

**Schedule D. Section 509(a)(3) Supporting Organizations (Continued)****Section II Relationship with Supported Organization(s) – Three Tests (Continued)**

- 6** Information to establish the alternative “operated in connection with” integral part test (Test 3)
- a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If “Yes,” go  Yes  No to line 6b. See instructions.  
If “No,” state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
- b** How much do you contribute annually to each supported organization? Attach a schedule.
- c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.
- d** Do you or the supported organization(s)  **earmark** your funds for support of a particular program or activity? If “Yes,” explain.  Yes  No
- 
- 7 a** Does your organizing document specify the supported organization(s) by name? If “Yes,” state the article and paragraph number and go to Section III. If “No,” answer line 7b.  Yes  No
- b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

**Section III Organizational Test**

- 1 a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer “Yes.” If your organizing document does not comply with this requirement, answer “No,” and see the instructions.  Yes  No
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer “Yes,” and go to Section IV. If your organizing document does not comply with this requirement, answer “No,” and see the instructions.  Yes  No

**Section IV Disqualified Person Test**

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

- 1 a** Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons.  Yes  No
- b** Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If “Yes,” (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons.  Yes  No
- c** Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If “Yes,” (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons.  Yes  No



**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation**

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier.

**1** Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E.  Yes  No

**2a** Are you a public charity with annual **gross receipts** that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts.  Yes  No

**b** If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here.  Yes  No

**3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4.  Yes  No

**b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here.  Yes  No

**c** If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here.  Yes  No

**4** Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule.  Yes  No

**5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6 or 7. If "No," go to line 6a.  Yes  No

**6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date?  Yes  No

**Note:** Be sure your ruling eligibility agrees with your answer to Part X, line 6.

**b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below.  Yes  No

**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)**

**7** Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

| Type of Revenue  | Projected revenue for 2 years following current tax year |                            |           |
|--|--|----------------------------|-----------|
|  | (a) From _____<br>To _____                               | (b) From _____<br>To _____ | (c) Total |
| <b>1</b> Gifts, grants, and contributions received (do not include unusual grants)   |  |                            |           |
| <b>2</b> Membership fees received  |  |                            |           |
| <b>3</b> Gross investment income   |  |                            |           |
| <b>4</b> Net unrelated business income   |  |                            |           |
| <b>5</b> Taxes levied for your benefit   |  |                            |           |
| <b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)              |  |                            |           |
| <b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)   |  |                            |           |
| <b>8</b> Total of lines 1 through 7  |  |                            |           |
| <b>9</b> Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list) |  |                            |           |
| <b>10</b> Total of lines 8 and 9   |  |                            |           |
| <b>11</b> Net gain or loss on sale of capital assets (attach an itemized list)   |  |                            |           |
| <b>12</b> Unusual grants   |  |                            |           |
| <b>13</b> Total revenue. Add lines 10 through 12   |  |                            |           |

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing****Section I General Information About Your Housing**

- 1** Describe the type of housing you provide.
- 
- 2** Provide copies of any application forms you use for admission.
- 
- 3** Explain how the public is made aware of your facility.
- 
- 4a** Provide a description of each facility.
- b** What is the total number of residents each facility can accommodate?
- c** What is your current number of residents in each facility?
- d** Describe each facility in terms of whether residents rent or purchase housing from you.
- 
- 5** Attach a sample copy of your residency or homeownership contract or agreement.
- 
- 6** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements.  Yes  No
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 8.
- 
- 7** Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services.  Yes  No
- Note:** Make sure your answer is consistent with the information provided in Part VIII, line 7a.
- 
- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.  Yes  No
- Note:** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- 
- 9** Do you participate in any government housing programs? If "Yes," describe these programs.  Yes  No
- 
- 10a** Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b.  Yes  No
- b** How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.
- c** Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases.  Yes  No

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)**

**Section II Homes for the Elderly or Handicapped**

- 1 a Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing.  Yes  No
- b Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing.  Yes  No

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- 2 a Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived.  Yes  No
- b Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined.  Yes  No
- c Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable.  Yes  No

---

- 3 a Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy.  Yes  No
- b Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements.  Yes  No

---

- 4 Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements.  Yes  No

---

- 5 Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features.  Yes  No

**Section III Low-Income Housing**

- 1 Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing.  Yes  No

---

- 2 In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined.  Yes  No

---

- 3 a Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents.  Yes  No  

**Note:** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions.  Yes  No

---

- 4 Do you provide social services to residents? If "Yes," describe these services.  Yes  No

Schedule G. Successors to Other Organizations

1a Are you a successor to a for-profit organization? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b. [ ] Yes [ ] No

b Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

2a Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. [ ] Yes [ ] No

b Provide the tax status of the predecessor organization.

c Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. [ ] Yes [ ] No

d Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. [ ] Yes [ ] No

e Explain why you took over the activities or assets of another organization.

3 Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: Address: EIN:

4 List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Table with 3 columns: Name, Address, Share/Interest (If a for-profit)

5 Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. [ ] Yes [ ] No

6a Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. [ ] Yes [ ] No

b Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. [ ] Yes [ ] No

c Provide a copy of the agreement(s) of sale or transfer.

7 Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. [ ] Yes [ ] No

8 Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. [ ] Yes [ ] No

9 Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. [ ] Yes [ ] No

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures****Section I** *Names of individual recipients are not required to be listed in Schedule H.*

**Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.**

- 1 a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions.  **Yes**  **No**
- 3** Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
- 4 a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
- 5** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
- 6** Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
- 7** Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections?  **Yes**  **No**

**Note:** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

**Section II** **Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.**

- 1 a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures?  **Yes**  **No**  **N/A**
- b** For which section(s) do you wish to be considered?
- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution
  - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring?  **Yes**  **No**
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2?  **Yes**  **No**

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (Continued)**

**Section II Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)**

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f.  Yes  No
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.)  Yes  No
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer?  Yes  No  N/A

If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39?  Yes  No
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer?  Yes  No  N/A

If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e.  Yes  No
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39?  Yes  No  N/A

If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.

**Note:** Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e.  Yes  No

Date of this notice: 01-11-2019

Employer Identification Number:  
83-3120283

Form: SS-4

Number of this notice: CP 575 A

DPI GROUP  
% KATY DAUGHN CLO  
4950 NE MLK JR BLVD  
PORTLAND, OR 97211

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 83-3120283. 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 is very important that you use your EIN and 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 is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

|          |            |
|----------|------------|
| Form 941 | 04/30/2019 |
| Form 940 | 01/31/2020 |

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.



The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not 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.

If you have questions about your EIN, you can call us at the phone number or write to us at the 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 do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (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 A

9999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 01-11-2019  
EMPLOYER IDENTIFICATION NUMBER: 83-3120283  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||

DPI GROUP  
% KATY DAUGHN CLO  
4950 NE MLK JR BLVD  
PORTLAND, OR 97211

## FORM 1023 EXEMPTION APPLICATION EXPEDITE LETTER

Dear Sir or Madam:

We are writing to request an expedited processing of our Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

Although The DPI Group is a new entity, we have subsidiary entities that have generated considerable interest from potential donors. However, these donors are reluctant to make contributions before the finalization of our corporate structure and our receipt of our certificate of exemption under §501(c)(3). Our subordinate entities all have the same mission as The DPI Group – to provide work opportunities for individuals with disabilities and other barriers to employment. We are eager to move forward with these endeavors and look forward to obtaining our 501c3 status.

Based on the information discussed above, we respectfully request an expedited processing of our Form 1023. If there are any questions or if additional information is needed, please contact us at (503) 281-1289.

Sincerely,

A handwritten signature in black ink, appearing to read 'KAD', with a stylized flourish extending to the right.

Kathrine Daughn  
Chief Legal Officer  
The DPI Group, Inc.

**AMENDED AND RESTATED ARTICLES OF INCORPORATION OF  
THE DPI GROUP, INC.**

The DPI Group, Inc., an Oregon nonprofit organization, hereby adopts the following Amended and Restated Articles of Incorporation, which, pursuant to ORS 65.45, supersede the existing articles of incorporation and any and all amendments thereto:

**ARTICLE 1  
NAME AND DURATION**

The name of the corporation is The DPI Group, Inc. (the "Corporation"), and its duration shall be perpetual.

**ARTICLE 2  
TYPE OF NONPROFIT CORPORATION**

The Corporation is a public benefit corporation under the Oregon Nonprofit Corporation Act.

**ARTICLE 3  
PURPOSES AND POWERS**

The Corporation is organized and shall be operated exclusively (a) for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the United States Internal Revenue Code, as amended (the "Code"), and (b) to provide services to people with disabilities including employment, counseling, evaluation, education, job training, and treatment, without regard to race, religion, sex, or national origin. Subject to the foregoing purposes and the requirements of Code Section 501(c)(3), the Corporation shall have and may exercise all the rights and powers of a nonprofit corporation under the Oregon Nonprofit Corporation Act.

**ARTICLE 4  
CONSTRUCTION**

It is intended that the Corporation qualify as an organization that is exempt from federal income taxation under the Code Section 501(c)(3), contributions to which are deductible for federal income, estate and gift tax purposes under Code Sections 170(c), 2055(a)(2), and 2522(a)(2). These articles of incorporation shall be construed and interpreted accordingly.

## **ARTICLE 5 RESTRICTIONS**

The assets of the Corporation are irrevocably dedicated to the purposes described above, and no part of the net earnings of the Corporation shall inure to the benefit of or be distributed to its directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. The Corporation shall not participate or intervene in, or publish or distribute any statement in connection with, any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any provision of these articles of incorporation to the contrary, the Corporation shall not engage in any activities which are not permitted for a corporation which is exempt from federal income tax under the Code Section 501(c)(3) or to which contributions are deductible under Code Sections 170(c), 2055(a), or 2522(a).

## **ARTICLE 6 BOARD OF DIRECTORS**

The affairs of the Corporation shall be managed and regulated by its board of directors of not less than five (5) in number, nor more than nine (9), as provided in the Corporation's bylaws. The terms and manner of appointment of the members of the board of directors shall be as provided in the Corporation's bylaws.

## **ARTICLE 7 MEMBERS**

The Corporation shall not have members within the meaning of the Oregon Nonprofit Corporation Act.

## **ARTICLE 8 DISSOLUTION**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE 9  
LIABILITY OF BOARD OF DIRECTORS AND UNCOMPENSATED OFFICERS**

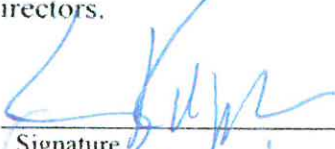
To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, no member of the board of directors or uncompensated officer of the Corporation shall be liable to the Corporation for monetary damages for conduct as a member of the board of directors or officer. No repeal or amendment of this provision shall adversely affect any right or protection of a member of the board of directors or officer of the Corporation existing at the time of such repeal or amendment.

**ARTICLE 10  
INDEMNIFICATION**

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, the Corporation shall indemnify any Director or Officer who is made a Party to a Proceeding because the individual is or was a Director or Officer, against Liability incurred in the Proceeding, including without limitation advancement of Expenses. Capitalized terms used in this Article 10 shall the meaning assigned to such terms in the Oregon Nonprofit Corporation Act.

The foregoing restated and amended articles of incorporation were duly adopted the 24th day of June, 2019 by the initial Board of Directors.

KELLY RUPP - Chairman

  
\_\_\_\_\_  
Signature

6/24/2019  
\_\_\_\_\_  
Date

KEVIN WHITE - Vice-Chairman

  
\_\_\_\_\_  
Signature

6/24/19  
\_\_\_\_\_  
Date

JIM KEHOE - Board Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SILVIA DORADO - Board Member

  
\_\_\_\_\_  
Signature

6/24/19  
\_\_\_\_\_  
Date

JIM HIGGS - Board Member

  
\_\_\_\_\_  
Signature

6/24/19  
\_\_\_\_\_  
Date

BILL KEENAN - Board Member

  
\_\_\_\_\_  
Signature

6/24/19  
\_\_\_\_\_  
Date

AMINA FISHER - Board Member

  
\_\_\_\_\_  
Signature

6/24/19  
\_\_\_\_\_  
Date

DENNIS DOHERTY - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARTICLE 9  
LIABILITY OF BOARD OF DIRECTORS AND UNCOMPENSATED OFFICERS**

To the fullest extent permitted under the Oregon Nonprofit Corporation Act, as amended, no member of the board of directors or uncompensated officer of the Corporation shall be liable to the Corporation for monetary damages for conduct as a member of the board of directors or officer. No repeal or amendment of this provision shall adversely affect any right or protection of a member of the board of directors or officer of the Corporation existing at the time of such repeal or amendment.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

KEVIN WHITE - Vice-Chairman

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JIM KEHOE - Board Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SILVIA DORADO - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JIM HIGGS - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BILL KEENAN - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AMINA FISHER - Board Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DENNIS DOHERTY - Board Member

*Dennis Doherty*  
\_\_\_\_\_  
Signature

6.24.19

\_\_\_\_\_  
Date

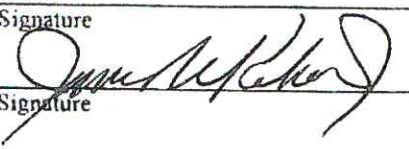
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The foregoing restated and amended articles of incorporation were duly adopted the 24th day of June, 2019 by the initial Board of Directors.

|                               |   |                 |
|-------------------------------|---|-----------------|
| KELLY RUPP - Chairman         | _____<br>Signature  | _____<br>Date   |
| KEVIN WHITE - Vice-Chairman   | _____<br>Signature  | _____<br>Date   |
| JIM KEHOE - Board Secretary   | <br>Signature | 6/24/19<br>Date |
| SILVIA DORADO - Board Member  | _____<br>Signature  | _____<br>Date   |
| JIM HIGGS - Board Member      | _____<br>Signature  | _____<br>Date   |
| BILL KEENAN - Board Member    | _____<br>Signature  | _____<br>Date   |
| AMINA FISHER - Board Member   | _____<br>Signature  | _____<br>Date   |
| DENNIS DOHERTY - Board Member | _____<br>Signature  | _____<br>Date   |



Articles of Amendment - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER: 1513359-90

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: The DPI Group, Inc.

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary)

The Articles of Incorporation for The DPI Group, shall be amended in its entirety by attached document

3) THE AMENDMENT WAS ADOPTED ON:

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

Table with 5 columns: Class(es) entitled to vote, Number of members entitled to vote, Number of votes entitled to be cast, Number of votes cast FOR, Number of votes cast AGAINST.

5) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Handwritten signature of Jim Kehoe

Printed Name:

Jim Kehoe

Title:

Secretary

CONTACT NAME: (To resolve questions with this filing.)

Kathrine Daughn

PHONE NUMBER: (Include area code.)

503-281-1289

FEES

Required Processing Fee \$50

No Fee for Nonprofit Type Change.

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.



# ARTICLES OF INCORPORATION



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Jan 11, 2019  
**OREGON SECRETARY OF STATE**

---

**REGISTRY NUMBER**

151335990

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**1. ENTITY NAME**

DPI GROUP, INC.

**2. MAILING ADDRESS**

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**3. NAME & ADDRESS OF REGISTERED AGENT**

TRAVIS J PEARSON

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**4. INCORPORATORS**

09525114 - DEPAUL INDUSTRIES

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**5. INITIAL PRESIDENT**

TRAVIS J PEARSON

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**6. INITIAL SECRETARY**

KATY DAUGHN

4950 NE MLK JR BLVD  
PORTLAND OR 97211 USA

**7. TYPE OF NONPROFIT CORPORATION**

Public Benefit

**8. MEMBERS?**

Yes



## 9. DISTRIBUTION OF ASSETS

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

## 8. OPTIONAL PROVISIONS

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

### ELECTRONIC SIGNATURE

**NAME**

KATY DAUGHN

**TITLE**

SECRETARY

**DATE SIGNED**

01-11-2019

# Form 1023 Checklist

(Revised December 2017)

## Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

---

**Note:** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- Assemble the application and materials in this order.
  - Form 1023 Checklist
  - ~~• Form 2848, Power of Attorney and Declaration of Representative (if filing)~~
  - ~~• Form 8821, Tax Information Authorization (if filing)~~
  - Expedite request (if requesting)
  - Application (Form 1023 and Schedules A through H, as required)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - Bylaws or other rules of operation and amendments
  - ~~• Documentation of nondiscriminatory policy for schools, as required by Schedule B~~
  - ~~• Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)~~
  - ~~• All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.~~
- User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- Employer Identification Number (EIN)
- Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
  - You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A Yes \_\_\_ No

Schedule E Yes \_\_\_ No

Schedule B Yes \_\_\_ No

Schedule F Yes \_\_\_ No

Schedule C Yes \_\_\_ No

Schedule G Yes \_\_\_ No

Schedule D Yes  No \_\_\_

Schedule H Yes \_\_\_ No

- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
  - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Pg 1, Art 3
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law pg 2, Art 8
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
  - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service  
Attention: EO Determination Letters  
Stop 31  
P.O. Box 12192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service  
Attention: EO Determination Letters  
Stop 31  
201 West Rivercenter Boulevard  
Covington, KY 41011