

**User Fee for Exempt Organization
Determination Letter Request**

▶ **Attach this form to determination letter application.**
(Form 8718 is NOT a determination letter application.)

For
IRS
Use
Only

OMB No. 1545-1798

Control number _____

Amount paid _____

User fee screener _____

1 Name of organization

DISTRICT V NABPAACP

2 Employer Identification Number

80

0474590

Caution. Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request

Fee

a ☐ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ **\$400**

Note. If you checked box 3a, you must complete the *Certification* below.

Certification

I certify that the annual gross receipts of **DISTRICT V NABPAACP**

name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶

Title ▶

b ☒ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . ▶ **\$850**

c ☐ Group exemption letters ▶ **\$3,000**

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2009-8; 2009-1 I.R.B. 229, or latest annual update.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

Where To File

Send the determination letter application and Form 8718 to:

Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

Who Should File

Organizations applying for federal income tax exemption, other than Form 1023 filers. Organizations submitting Form 1023 should refer to the instructions in that application package.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt status.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send this form to this address. Instead, see *Where To File* above.

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address DISTRICT V NABPAACP PO BOX 1354 BISMARCK, ND 58502-1354	Social security number(s) _____ _____ _____ Daytime telephone number (701) 328-9535	Employer identification number 80 0474590 Plan number (if applicable)
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address DAVID A. LINDELL PO BOX 427 WASHBURN, ND 58577	CAF No. 8006-06919R Telephone No. 701-462-8566 Fax No. 701-462-3761 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income	1023, 5768	2009, 2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF** ☒

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐ **b** If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

<p>----- Signature</p> <p>Howard C. Anderson, Jr. ----- Print Name</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> PIN Number</p>	<p>----- Date</p>	<p>Secretary/Treasurer ----- Title (if applicable)</p>
<p>----- Signature</p> <p>----- Print Name</p>	<p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> PIN Number</p>	<p>----- Date</p>	<p>----- Title (if applicable)</p>

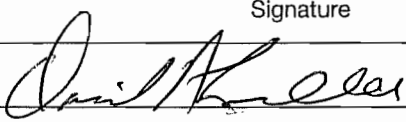
Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer's organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
 - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
a	North Dakota		8-2-10

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

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 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

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
DISTRICT V NABPAACP		HOWARD C. ANDERSON, JR.	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
PO BOX 1354		80-0474590	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
BISMARCK, ND 58502-1354		12-31	
6 Primary contact (officer, director, trustee, or authorized representative) a Name: HOWARD C. ANDERSON, JR.		b Phone: 701-328-9535	
		c Fax: (optional)	
7 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 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	
9a Organization's website: www.nodakpharmacy.com/DistrictV/			
b Organization's email: (optional) ndboph@btinet.net			
10 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	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		11 / 06 / 2009	
12 Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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): **Article III, Page 1** ☒
- 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. ☒
- 2b** 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. **Article VII, Page 2**
- 2c** 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: **North Dakota** ☒

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)
HOWARD C. ANDERSON, JR.	SECRETARY/TREASURER	PO BOX 70 TURTLE LAKE, ND 58575	2,500.00

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)

- 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)

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)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ Yes ☐ No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** 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. ☒ Yes ☐ No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ Yes ☐ No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
-
- 5a Have you adopted a **conflict of interest policy** 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. ☒ Yes ☐ No
- 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?
- c 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?
- Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
-
- 6a 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 **non-fixed payments**, 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. ☐ Yes ☒ No
- 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. ☐ Yes ☒ No
-
- 7a 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 **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ Yes ☒ No
- 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. ☐ Yes ☒ No
-
- 8a 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. ☐ Yes ☒ No
- b Describe any written or oral arrangements that 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 you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
-
- 9a 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. ☐ Yes ☒ 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 non-profit 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 ☒ No

- | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> mail solicitations | <input type="checkbox"/> phone solicitations |
| <input type="checkbox"/> email solicitations | <input type="checkbox"/> accept donations on your website |
| <input type="checkbox"/> personal solicitations | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input type="checkbox"/> government grant solicitations |
| <input type="checkbox"/> foundation grant solicitations | <input type="checkbox"/> 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 ☒ 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 ☒ 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 ☒ No

5 Are you **affiliated** with a governmental unit? If "Yes," explain. ☒ Yes ☐ No

6a Do you or will you engage in **economic development**? If "Yes," describe your program. ☐ Yes ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

b Do you provide child care 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 ☐ No

c Of the children for whom you provide child care, 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 ☐ 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 ☐ 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 ☒ 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. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements 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 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
		(a) From <u>1/1/10</u> To <u>12/31/10</u>	(b) From <u>1/1/11</u> To <u>12/31/11</u>	(c) From <u>1/1/12</u> To <u>12/31/12</u>	(d) From _____ To _____	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	7,100.00	7,100.00	7,100.00		
	2 Membership fees received	500.00	500.00	500.00		
	3 Gross investment income	350.00	350.00	350.00		
	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					
	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)					
	10 Total of lines 8 and 9					
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					
	12 Unusual grants					
Expenses	13 Total Revenue Add lines 10 through 12					
	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	3,000.00	3,000.00	3,000.00		
	16 Disbursements to or for the benefit of members (attach an itemized list)					
	17 Compensation of officers, directors, and trustees	2,500.00	2,500.00	2,500.00		
	18 Other salaries and wages					
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)					
	21 Depreciation and depletion					
	22 Professional fees	350.00				
	23 Any expense not otherwise classified, such as program services (attach itemized list)	2,500.00	2,500.00	2,500.00		
	24 Total Expenses Add lines 14 through 23	16,300.00	15,950.00	15,950.00		

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**

Year End: 2009

Assets		(Whole dollars)
1	Cash	1 33,796.00
2	Accounts receivable, net	2
3	Inventories	3
4	Bonds and notes receivable (attach an itemized list)	4
5	Corporate stocks (attach an itemized list)	5
6	Loans receivable (attach an itemized list)	6
7	Other investments (attach an itemized list)	7
8	Depreciable and depletable assets (attach an itemized list)	8
9	Land	9
10	Other assets (attach an itemized list)	10
11	Total Assets (add lines 1 through 10)	11 33,796.00
Liabilities		
12	Accounts payable	12
13	Contributions, gifts, grants, etc. payable	13
14	Mortgages and notes payable (attach an itemized list)	14
15	Other liabilities (attach an itemized list)	15
16	Total Liabilities (add lines 12 through 15)	16 0
Fund Balances or Net Assets		
17	Total fund balances or net assets	17 33,796.00
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18 33,796.00
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. ☐ Yes ☒ No
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. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. ☐

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. If "Yes," go to line 3. If "No," go to the signature section of Part XI. ☐ Yes ☐ No

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. ☐ Yes ☐ No

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? ☐ Yes ☐ No

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.

The organization is not a private foundation because it is:

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, g, or h 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)(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. ☒
- h** 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). ☐
- i** A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☒

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

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

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐
- (i) (a)** Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____ ☐
- (b)** 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," check this box. ☐
- (ii) (a)** 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 of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐
- (b)** For each year amounts are 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," check this box. ☐

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? 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. ☐ Yes ☒ No

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. 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 and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1** Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☒ **Yes** ☐ **No**
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2** Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change). ☐
- 3** Check the box if you have enclosed the user fee payment of \$750 (Subject to change). ☒

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)

HOWARD C. ANDERSON, JR.

.....
(Type or print name of signer)

.....
(Date)

SECRETARY/TREASURER

.....
(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev. 6-2006)

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.

- 1a** 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.)
- 4a** 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.**

- 1a** 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

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF INCORPORATION OF

DISTRICT V NABPAACP

Secretary of State ID#: 26,270,600

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that Articles of Incorporation for the incorporation of

DISTRICT V NABPAACP

duly signed and verified pursuant to the North Dakota statutes governing a North Dakota NONPROFIT CORPORATION, have been received in this office and are found to conform to law.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Incorporation to

DISTRICT V NABPAACP

Effective date of incorporation: November 6, 2009

Issued: November 6, 2009

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State

RECEIVED

NOV 03 2009

OF STATE

ARTICLES OF INCORPORATION
OF

DISTRICT V NABPAACP

NORTH DAKOTA NON-PROFIT CORPORATION

26,270,600
NP
624138

I, the undersigned natural person of the age of 18 years or more, acting as incorporator for the purpose of forming a non-profit corporation under Chapter 10-33 of the North Dakota Century Code, adopt the following Articles of Incorporation for such corporation. LF

ARTICLE I.
NAME

The name of the corporation shall be DISTRICT V NABPAACP.

ARTICLE II.
DURATION

The period of duration of this non-profit corporation shall be perpetual.

ARTICLE III.
PURPOSE CLAUSE

The business and purpose of this corporation shall be to foster, promote, and encourage excellence in pharmaceutical care, pharmaceutical practice, and pharmaceutical education for the benefit of the public and for any other lawful purpose authorized by law.

This corporation is organized and shall be operated exclusively for charitable, scientific and education purposes, all as are contemplated and permitted by Section 170(c)(2) and 501(c)(3) of the Internal Revenue Code of 1954 and Acts amendatory thereto. Within the framework and limitations of the foregoing, this corporation is organized and shall be operated exclusively to engage in, advance, support, promote and administer charitable and scientific and educational activities, causes and projects of every kind and nature whatsoever in its own behalf or as the agent, trustee or representative of others and, that only if and to the extent consistent with the foregoing purposes, to aid, assist and contribute to the support of corporations, associations, trusts, foundations and institutions (1) that are organized and operated exclusively for one or more purposes described in Sections 170(c)(2) and 501(c)(3) of the Internal Revenue Code of 1954 or Acts amendatory thereof, (2) that are described in Section 501(c)(3) of the Internal Revenue Code of 1954 and Acts amendatory thereto, and (3) that are exempt from Federal income taxes under Section 501(a) of the Internal Revenue Code of 1954 and Acts amendatory thereto.

NORTH DAKOTA

Filed 11-6 2009

Alison D. Jensen
Secretary of State LF



ARTICLE IV.
NON-STOCK CORPORATION

This corporation is not organized for pecuniary profit and shall have no capital stock or other stock and no dividends or pecuniary profits or income shall be declared or paid or distributed to the corporation's members, directors, or officers. This corporation shall not lend any corporate funds to officers or directors of this corporation. This corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the corporation in carrying out one or more of its purposes.

ARTICLE V.
REGISTERED OFFICE AND REGISTERED AGENT

The address of the registered office of the corporation is 1906 E. Broadway Avenue, Bismarck, North Dakota 58502-1354, and the name of the registered agent at such address is Howard A. Anderson, Jr.

ARTICLE VI.
DIRECTORS

The number of directors constituting the initial board of directors of the corporation is three (3) and the names and addresses of the persons who are to serve as initial directors are:

<u>Name</u>	<u>Address</u>
Howard C. Anderson, Jr.	PO Box 1354 Bismarck, ND 58502-1354
Charles Peterson	NDSU College of Pharmacy PO Box 5055 Fargo, ND 58105-5055
William Grosz	PO Box 804 Wahpeton, ND 58074-0804

ARTICLES VII.
DISTRIBUTION OF ASSETS ON DISSOLUTION OR FINAL LIQUIDATION

Upon the dissolution or final liquidation of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the lawful liabilities of the corporation, dispose of all of the remaining assets of the corporation exclusively for the purposes of the corporation as set forth in Article III in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or Acts amendatory thereto, as the Board of Directors shall determine.

ARTICLE VIII.
INCORPORATORS

The name and address of the incorporator is:

Name

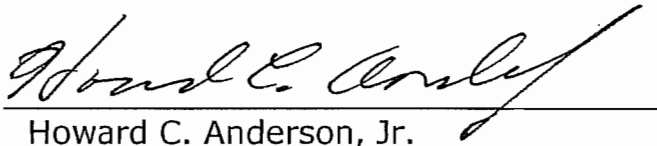
Address

Howard C. Anderson, Jr

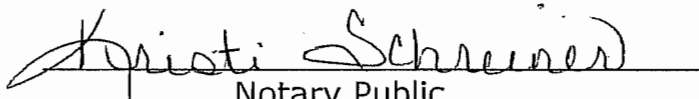
P O Box 1354
Bismarck ND 58502-1354

I, the above named incorporator, being first duly sworn, say that I have read the foregoing application and know the contents thereof, and verily believe the statements made thereon to be true.

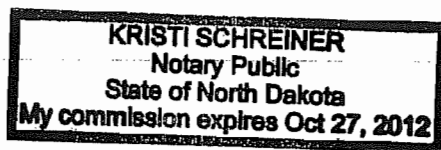
Dated this 29th day of October, 2009


Howard C. Anderson, Jr.

Subscribed and sworn to before me this 29th day of October, 2009.


Notary Public
My commission expires:

(Seal)



**BYLAWS
OF
DISTRICT V NABPAACP**

***Article one
Offices***

The principal office of the corporation in the State of North Dakota, shall be located at 1906 East Broadway, Bismarck, in Burleigh County , North Dakota. The corporation may have such other offices, either within or without the State of North Dakota, as the Board of Directors may designate or as the business of the corporation may require from time to time.

***Article Two
Members***

Section 1. The Members of District V NABPAACP shall be the Boards of Pharmacy and the Colleges of Pharmacy within District V NABPAACP. The initial Members are:

MEMBER COLLEGES

Drake University
College of Pharmacy
28th & Forest Avenue
Des Moines IA 50311

University of Nebraska
College of Pharmacy
986000 Nebraska Medical Center
Omaha NE 68198-6000

University of Iowa
College of Pharmacy
Iowa City IA 52242

North Dakota State University
College of Pharmacy
Box 2650 University Station
Fargo ND 58105-6050

University of Minnesota
College of Pharmacy
308 Harvard Street SE
Minneapolis MN 55455-0343

South Dakota State University
College of Pharmacy
Box 2202 C
Brookings SD 57007-0197

Creighton University
School of Pharmacy
2500 California Plaza
Omaha NE 68178

College of Pharmacy & Nutrition
110 Science Place
University of Saskatchewan
Saskatoon SK S7N 5C9

Faculty of Pharmacy
Winnipeg Manitoba R3T 2N2
Canada

MEMBER BOARDS

Iowa Board of Pharmacy Examiners
400 SW 8th Street – Suite E
Des Moines IA 50309-4688

South Dakota State Board of Pharmacy
4305 S Louise Ave Suite 104
Sioux Falls SD 57106

Minnesota State Board of Pharmacy
2829 University Ave SE Suite 530
Minneapolis MN 55414-3251

Manitoba Pharmaceutical Association
187 St. Mary's Road
Winnipeg Manitoba R2H 1J2
Canada

Nebraska Board of Examiners in Pharmacy
P O Box 94986
Lincoln NE 68509-4986

Saskatchewan College of Pharmacists
700-4010 Pasqua Street
Regina Saskatchewan S4S 7B9

North Dakota State Board of Pharmacy
P O Box 1354
Bismarck ND 58502-1354

Section 2. Each Board of Pharmacy and College of Pharmacy, or faculty of Pharmacy shall have one vote.

Article Three Board of Directors

Section 1. General Powers. The affairs of the corporation shall be managed by its Board of Directors.

Section 2. Board of Directors. The Board of Directors shall consist of one representative of each of the member Boards and Colleges of District V. There shall be no terms of office except that the individual will hold office as long as they hold their position with the respective Board of Pharmacy or College of Pharmacy.

Section 3. Regular and Annual Meetings. An annual meeting of the Board of Directors shall be held without any other notice than this by-law as specified by the Board. The annual meeting shall be held in conjunction with the regular annual meeting of the Boards of Pharmacy and Colleges of Pharmacy in August of each year or as otherwise designated by the Board of Directors. Additional regular meetings shall be held at the principle office of the corporation in the absence of any designations in the resolution.

Section 4. Special Meetings. Special meetings of the board of Directors may be called by or at the requests of the President, the Secretary/ Treasurer or any four directors, and shall be held at the principle office of

the corporation, by teleconference, by web conference or at any such place as the Directors may determine.

Section 5. Notice. Notice of any special meeting of the Board of Directors shall be given at least three (3) days previously thereto by written notice delivered personally, sent by email, or communicated by telephone to each director at his/her address as shown by the records of the corporation. Any director may waive notice of any meeting. The attendance of a director at any regular, special or annual meeting shall constitute a waiver of notice of such meeting, except where a director attends a meeting for the express purpose of objection to the transaction of any business because the meeting is not lawfully called or convened. Except as otherwise required in these bylaws, the business to be transacted at the meeting need not be specified in the notice or waiver of such meeting.

Section 6. Quorum – Board Decisions. Except as otherwise provided in these bylaws, the majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors. But, if less than a majority of the directors are present at any meeting, a majority of the directors present may adjourn the meeting from time to time without further notice. Except as otherwise required by law or these bylaws, the act of the majority of directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

Section 7. Attendance. Any Board member may attend in person or file a proxy to serve on their behalf with the secretary/treasurer of the corporation.

Section 8. Compensation. Directors as such shall not receive any salaries for their services. Nothing herein contained shall be construed to preclude any director from serving the corporation in any other capacity and receiving compensation therefore.

Article Four ***Officers***

Section 1. Officers. The officers of the corporation shall be a president, a vice president, a secretary, a treasurer or a combination thereof and such officers as is determined, by election or appointment of the Board of Directors.

Section 2. Election and Term of Office. The officers of the corporation shall be elected annually by the Board of Directors at the regular annual meeting of the Board of Directors. Each officer shall hold office until a successor has

been duly elected and qualifies. The manner of election by the Board of Directors shall be determined by the Board of Directors.

Section 3. Removal. Any officer elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interest of the corporation would be served thereby. But such removal shall be without prejudice to the contract rights, if any, of the officer so removed. The election or appointment of an officer shall not of itself create contract rights.

Section 4. Vacancies. A vacancy in any office because of death, resignation, removal, disqualification, or otherwise, may be filled by the Board of Directors for the unexpired portion of the term.

Section 5. Powers and Duties. The several officers shall have such powers and perform such duties as may from time to time be specified in resolutions or other directives of the Board of Directors. In the absence of such specifications, each officer shall have the powers and authority and shall perform and discharge the duties of officers of the same title serving in non-profit corporations having the same or similar general purposes and objectives as this corporation.

Article Five Committees

Section 1. Committees of Directors. The Board of Directors, by resolution adopted by a majority of the directors in office, may designate one or more committees, each of which shall consist of two or more directors, which committees, to the extent provided in such resolution, shall have and exercise the authority of the Board of Directors in the management of the corporation; but the designation of such committees and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any individual director, of any responsibility imposed on it, or him/her by law. No such committee shall have the authority of the Board of Directors in reference to amending, altering, or repealing bylaws; electing, appointing, or removing any member of any such committee or any director or officer; amending the articles of corporation, adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the sale, lease, exchange or mortgage of all or substantially all of the property and assets of the corporation; authorizing the voluntary dissolution of the corporation or revoking the proceedings therefore; adopting a plan for the distribution of the assets of the corporation; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee.

Article Six
Contracts, Checks, Deposits and Gifts

Section 1. Contracts. The Board of Directors may authorize any officer or officers or agent or agents of the corporation, in addition to the officers so authorized by these bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or may be confined to specific instances.

Section 2. Checks, Drafts, or Orders. All checks, drafts or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation, shall be signed by such officer or officers or agent or agents of the corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors. In the absence of such determination by the Board of Directors, such instruments shall be signed by the treasurer.

Section 3. Deposits. All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depositories as the Board of Directors may select.

Section 4. Gifts. The Board of Directors may accept or solicit on behalf of the corporation any contribution, gift, bequest, or devise for any purpose of the corporation.

Section Seven
Books and Records

The corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Directors and committees having and exercising any of the authority of the Board of Directors. All books and records of the corporation may be inspected by a director or his/her agent or attorney, for any proper purpose at any reasonable time.

Section Eight
Fiscal year

The fiscal year of the corporation shall begin on the 1st day of January in each year and end at midnight on the 31st day of December of the same year.

Article Nine Prohibitions

This corporation shall not have or issue shares of stock. No dividend, or pecuniary profit, shall be paid and no part of the income of this corporation shall be distribution to its members, directors, or officers. This corporation may pay compensation in a reasonable amount to its members, directors, or officers for services rendered, as determined by the Board of Directors. This corporation may confer benefits in conformity with its purposes and upon its dissolution or final liquidation, and no such payment, benefit, or distribution shall be deemed to be a dividend or a distribution of income.

No loans shall be made by this corporation to its directors, officers or members. Any director of this corporation who votes for or assents to the making of a loan to a director, officer or member of this corporation, and any director, officer or member participating in the making of such loan, shall be jointly and severally liable to the corporation for the amount of such loan until the repayment thereof.

Article Ten Waiver of Notice

Whenever any notice is required to be given under the provisions of the Non-Profit Corporation Act or other acts, regulations or statutes of the State of North Dakota or under the provision of the articles of incorporation or the bylaws of the corporation, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

Article Eleven Indemnification

When any claim is asserted, whether by action in court or otherwise, against any person by reason of said person being or having been a director, or officer of this corporation, the court in the proceeding in which such claim has been asserted, or any court having the requisite jurisdiction of an action instituted by such director or officer on his or her claim for indemnity, may assess indemnity against this corporation, its receiver, or trustee, for the amount paid by such director or officer in satisfaction of any judgment on or in compromises of any such claim (exclusive in either case of any amount paid to the corporation), and any expenses and costs (including attorney's fees) actually and necessarily incurred by him or her in connection therewith to the extent that the court shall deem reasonable and equitable, provided , nevertheless, that indemnity under this article may be assessed only if the court finds that the person indemnified was not guilty of gross negligence or

willful misconduct in the performance of his or her duties as such director or officer. The right and remedy provided by this article shall be exclusive when any action brought on such claim has resulted in judgment against the person claiming indemnity or when the person claiming indemnity has paid or agreed to pay any sum in settlement of any such claim or action, and in such case indemnity shall be awarded only upon order of the court pursuant to the provisions of this Article.

In all other cases not enumerated in the foregoing paragraph, this corporation shall indemnify any director or officer or former director or former officer of this corporation against expense and costs (including attorney's fees) actually and necessarily incurred by him or her in connection with any claim asserted against him or her, by action in court or otherwise, by reason of said person being or having been such director or officer, except in relation to matters as to which he or she shall have been guilty of gross negligence or willful misconduct in the performance of his or her duties as such director or officer.

Section Twelve ***Amending Articles of Incorporation***

At the request of the board or any member or members of the board, the Board of Directors shall adopt a resolution setting forth the proposed amendment(s) to the articles of incorporation and directing that it be submitted to a vote at a meeting of directors, which may be either an annual, regular or special meeting. The resolution shall be discussed and not voted upon at the initial meeting called to consider the resolution but said vote shall only occur at a subsequent meeting, unless the requirement of voting at a subsequent meeting is waived by the entire board. The proposed amendments shall be approved by a majority of the entire Board of Directors to be effective. Written or printed notice setting forth the proposed amendment(s) or a summary of the changes to be effected thereby shall be given to each director not less than ten (10) nor more than one-hundred twenty (120) days before the date of the initial meeting called to consider the resolution either personally, by email, when emailed or deposited in the United States Mail addressed to the member at his/her or its address as it appears on the records of the corporation, with postage thereon prepaid.

Article Thirteen ***Amendment of Bylaws***

These bylaws may be altered, amended, or repealed, and new bylaws may be adopted by a majority of the entire Board of Directors at any annual meeting, regular meeting or any special meeting, if at least ten (10) days written notice is given to each director prior to the initial meeting to consider

the proposal(s) of intention to alter, amend or repeal or to adopt new bylaws and said notice shall set forth the proposed alteration(s), amendments(s), repeal(s) or summary of the changes to be effected. Any proposal(s) to alter, amend, repeal or otherwise change the bylaws shall be discussed and not voted upon at the initial meeting wherein the proposal(s) is first discussed but said vote shall only occur at a subsequent meeting, unless the requirement of voting at a subsequent meeting is waived by the entire board. Written or printed notice setting forth the proposed amendment(s), alteration(s), repealer(s), addition(s), or a summary of the changes shall be given to each director not less than ten (10) nor more than one-hundred twenty (120) days before the date of the initial meeting where the proposal(s) shall be first considered either personally, by email or by mail. If emailed or mailed, such notice shall be deemed to be delivered when emailed or deposited in the United States mail addressed to the member at his/her or its address as it appears on the records of the corporation, with postage thereon prepaid.

Adopted and/or amended this _____ day of _____, 2010
By the Board of Directors.

President

Secretary

Certificate of Bylaws

I, _____, the Secretary of the District V
NABPAACP Corporation, a North Dakota Non-Profit Corporation, hereby
certify:

The foregoing bylaws, comprising of ____ pages, are the bylaws of said
corporation, as amended or otherwise altered to date. The bylaws in effect
at present are the same as those amended or otherwise altered to date by
this corporation.

Dated this _____ day of _____, 2010

Secretary

Subscribed and sworn to before me this _____ day of _____,
2010

Notary Public

Form 1023 Conflict of Interest Policy for District V NABPAACP

Article I **Purpose**

The purpose of this conflict of interest policy is to protect the interest of District V NABPAACP when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II **Definitions**

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a.** An ownership or investment interest in any entity with which the Organization has a transaction or arrangement.
- b.** A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement.
- c.** A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial Interest may have a conflict of interest only if the appropriate governing board or committee decides a conflict exists.

Article III **Procedures**

1. Duty to disclose

In connection with any actual or possible conflict of interest an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining whether a Conflict of Interest exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for addressing the Conflict of Interest

- a.** An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b.** The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c.** After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d.** If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of interest Policy

- a.** If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b.** If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV **Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

- a.** The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b.** The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V **Compensation**

- a.** A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b.** A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c.** No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI **Annual Statements**

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a.** Has received a copy of the conflicts of interest policy.
- b.** Has read and understands the policy.
- c.** Has agreed to comply with the policy, and
- d.** Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII **Periodic Reviews**

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a.** Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b.** Whether partnerships, joint ventures, and arrangements with management organizations conform to the organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII **Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Name: District V NABPAACP

EIN: 80-0474590

Form 1023
District V NABPAACP

PART IV: Narrative description of your (our) activities:

District V NABPAACP serves as a support organization for the Boards of Pharmacy and the Colleges of Pharmacy in North Dakota, South Dakota, Nebraska, Iowa, and Minnesota, with affiliate organizations in Saskatchewan and Manitoba. We serve colleges of Pharmacy at North Dakota State University, the University of Minnesota in Minneapolis and Duluth, the University of Iowa, Drake University, Creighton University, the University of Nebraska, and the South Dakota State University, as well as affiliation with the Faculty of Pharmacy in Saskatchewan and Manitoba. District V NABPAACP serves as an organization where we work together between the Boards of Pharmacy that license and regulate Pharmacists, technicians, and interns to coordinate activities with the colleges of Pharmacy who train those Pharmacists and interns.

The district provides one study grant per year in the amount of \$3000 which is made eligible to any member of our Boards of Pharmacy, any professor at our colleges of Pharmacy or any student working with any individual mentioned above. A grant announcement is attached.

District V NABPAACP coordinates one annual meeting per year where these Boards of Pharmacy and Colleges of Pharmacy meet to discuss common topics and provide input to our national organizations. Our finances serve to support the annual meeting, which is paid for with registration fees and contributions from industry representatives interested in our common goals of education, service and regulation. We do maintain a web sight which is available at www.nodakpharmacy.com/districtV/. The face page is attached.

District V publishes a book of proceedings each year which is available on our web sight and copies are attached.

PART V:

3a: We have only one officer who is compensated. Howard C. Anderson Jr .serves as Secretary Treasurer and receives an honorarium of \$2500 per year to direct the activities of the district throughout the year, oversee the coordination of the annual meeting by volunteers in their respective states or Provinces, administer the awarding of our study grant and oversee our publications.

3b. Howard C. Anderson Jr. is the Executive Director of the North Dakota State Board of Pharmacy which Board has one vote as a member of the District.

g. The compensation to our Secretary Treasurer is determined by a resolution passed at the annual meeting. This compensation has a historical basis and is based on what the deans of the colleges of Pharmacy and the Boards of Pharmacy feel is reasonable in covering the costs of the

individual in providing these services. Votes on the resolutions occur by one member of each College of Pharmacy and one member of each Board of Pharmacy, casting a vote for or against the resolution. The Secretary Treasurer, who is compensated, never votes on the resolution for his/her own compensation.

PART VI

1a. We do occasionally pay honoraria to speakers at our annual meeting, on topics of pharmacy education; we provide complementary registration at our annual meeting for study grant recipients and we sometimes pay our study grant, of \$3000 directly to an individual, when they are not a member of a faculty of pharmacy, or board of pharmacy.

1b. Our \$3000 annual study grant usually goes to a college of pharmacy where the study grant winner is employed, or where the student winner attends.

2. Our study grant of \$3000 annually is restricted to faculty or students of our nine member colleges, or to board members of one of our nine State or Provincial Boards of Pharmacy, or someone sponsored by one of these individuals or boards.

PART VIII

5. The District V NABPAACP is affiliated with the Boards of Pharmacy and Colleges of Pharmacy in North Dakota, South Dakota, Nebraska, Iowa, and Minnesota to coordinate activities between the Boards of Pharmacy and the Colleges of Pharmacy who train pharmacists and pharmacy interns.

12b. The Pharmaceutical Associations in the Canadian Provinces of Manitoba and Saskatchewan are Associate Members of the National Association of Boards of Pharmacy (NABP) and the Faculties of Pharmacy in those two provinces are members of The American Association of Colleges of Pharmacy (AACP) and thus are members of District V NABPAACP of those same organizations.

12c. Our annual meetings rotate among our member states and provinces, so two of every seven years we will hold a meeting in either Manitoba or Saskatchewan. Additionally, the members of the Boards and faculties of pharmacy are eligible for our \$3000 study grant.

12d. Our exempt purposes are furthered by the interchange of ideas in both pharmaceutical care and education of future pharmacy students, as well as learning better ways to regulate the profession of pharmacy on both sides of the border.

13b. Our exempt purpose is furthered by the knowledge gained from the research undertaken by members of the faculty of the colleges, or members of the boards of pharmacy.

13c. Our Study Grant Solicitation, which is attached, serves as the guidance for our \$3000 awards.

13d. Those eligible for our grants are our members, which are listed in the bylaws.

13e. We keep copies of the Grant applications and those who receive the funds.

13f.(i) We require a grant application proposal which is in compliance with the solicitation attached.

(ii) The Grant proposal is attached. All recipients are notified by letter, when our committee of four reviewers selects them from the applicants, that they must finish their research by the 2nd annual meeting and report their findings to the group at the meeting. Any funds not expended, are returned, or an extension granted, to complete the project.

13g. The Deans of the Colleges and the Executive Directors of the Boards of pharmacy help us provide over site during the study process and the report to the annual meeting serves as validation the grant has met its intended purpose. Our Secretary/Treasurer answers questions and provides guidance between annual meetings.

14b. The Pharmaceutical Associations in the Canadian Provinces of Manitoba and Saskatchewan are Associate Members of the National Association of Boards of Pharmacy (NABP) and the Faculties of Pharmacy in those two provinces are members of The American Association of Colleges of Pharmacy (AACP) and thus are members of District V NABPAACP of those same organizations. These same organizations are eligible for our \$3000 annual study grant and are responsible for our annual meeting, on a rotating basis.

14c. The grants are for the use of their own faculty or board members in completing the specific grant proposal award they have received.

14d. Monies received from others are used for support of our annual meeting programs, or for our usual expenses, as disclosed in our annual report, published on our web site.

14e. No, we award grants only to our member colleges of pharmacy or boards of pharmacy, with which we are very familiar.

14f. Representatives of the boards and colleges attend our meetings and we go to their locations when our meetings are held there. In addition our members interact with their members on a regular basis at NABP and AACP regional and international meetings.

15. The District V NABPAACP has a close connection with the Boards of Pharmacy and Colleges of Pharmacy of North Dakota, South Dakota, Nebraska, Iowa, and Minnesota. Persons who may have substantial influence over District V NABPAACP may also have substantial influence with the Boards of Pharmacy or Colleges of Pharmacy of which this is affiliated.

District Five National Association of Boards of Pharmacy and American Association of Colleges of Pharmacy

P.O. Box 1354, Bismarck ND 58502-1354

Telephone – (701) 328-9535

FAX – (701) 328-9536

E-Mail= ndboph@btinet.net

ANNOUNCEMENT District Five Individual Study Grant

Criteria: District Five of NABP/AACP will make available grant money, not to exceed \$3,000.00, to award a stipend within the District to study a topic which benefits students, pharmacy education or pharmacy practice. Topics of interest to the Boards and Colleges in District Five are suggested, but researchers will not be limited to these topics. The Grant Recipient or designee is expected to present their report or findings at the District V Annual Meeting in the year following the award. It is expected that the College or Board sponsoring the recipient will pay for the cost of attendance at the meeting. **It is the policy of District V NABP/AACP that no indirect costs will be funded out of grant awards. Any funds not expended for the awarded purpose, must be returned to District V.**

Eligibility: Individual students with faculty or Board of Pharmacy advisor,
Student organizations with faculty or Board of Pharmacy advisor,
Faculty members, and
Board of Pharmacy members.

Application: Applications should not exceed five pages in length and should include the following information:

1. Rationale (background and reason for doing the study)
2. Specific goals of study (what are you trying to achieve)
3. Names of personnel involved.
4. Methods by which goals will be attained.
5. Date of completion. (Prior to the August 2011 District Five NABP/AACP meeting so that the results can be presented there.)
6. Justification of use for funds received. (Budget)

Selection of Recipient:

The District Secretary/Treasurer will call for applications to Deans, department heads, and ASP advisors at member colleges and to Boards. Applications will be due to the Secretary/Treasurer (Howard Anderson) by **March 31, 2010** and distributed to the District Five Study Grant Committee. Selection of the recipient will be made by **May 1, 2010** and the recipient notified.

Potential Topics:

Continuity of Care: Examination of the impact of transfer of information (Hospital pharmacy to patient's community pharmacy upon discharge) on patient outcomes and on patient perceptions of pharmacists.

Reimbursement for Pharmaceutical Care and Medication Therapy Management Services: Establishing effective strategies for approaching/charging patients for these services.

Pharmacist Prescriptive Authority: Establish effective strategies and collaborative partnerships with physicians authorizing pharmacists to prescribe drugs and monitor therapy.

Innovations in Continuing Pharmaceutical Education: Establish innovative and creative programs for practicing pharmacists including nontraditional educational formats, distance learning, use of technology, telemedicine, certificate programs, and various active learning techniques and measure the impact/outcome of these innovative strategies on pharmacist practices and student learning.

Develop Interdisciplinary or Innovative Models of Practice and Education.

Medication Errors and Patient Safety

Applications are to be submitted to:

Howard Anderson * Secretary/Treasurer * District Five NABP/AACP * P O Box 1354 * Bismarck ND 58502-1354
Or E-mail to: ndboph@btinet.net

<u>Program Schedule:</u>	-	-
<u>Thursday, August 6, 2009</u> - Evening only		
Sorrell Center - Critical Care Simulation - Dr. Paul Dobesh	Dr. Paul Paulman & Patti Carstens are available & center is reserved	
<u>Friday, August 7, 2009</u> (all day programming plus evening entertainment)		
<u>MORNING:</u>		
Reports from AACCP, NABP and ACPE	Reps coming from each	
Grant report	JS + Students + John R?	
<u>AFTERNOON:</u>		
Joint education session ... hot topic		
Joint education session ... hot topic		
Break		
Break-out sessions for boards and colleges		
Break-out sessions for boards and colleges		
Break		
<u>EVENING:</u>		
Transportation to HDZ		
Dinner at HDZ		
Entertainment in addition to aquarium antics?		
<u>Saturday, August 8, 2009</u> (morning programming - adjourn at noon)		
Joint session for followup		
Break-out session for followup		
Other?		

CONTINUING EDUCATION:

Application for credit
Program objectives

<u>SPONSORSHIP:</u>			<u>REC'D</u>
Pharm Mutual - Melissa McKean	E/M 12/6	\$1500 - check in progress; will also help however else possible	\$1,500
Walgreens - J.Hines & P.Ryan	E/M 12/6	Per responses from PR & JH, has been sent for decision; pledged \$2000	\$2,000
Omnicare, Inc.		Received \$1000 6/29/09 per Bill Fitzpatrick (Fitz)	\$1,000
Walmart Corporation	Ltr 4/09	Received \$1000 4/27/09	\$1,000
Creighton University	E/M 5/15	Pledged \$1500 ... check received early June 2009	\$1,500
AmerisourceBergen	per KB	Pledged up to \$6000 (sponsorship for dinner)	ND Fndtn
Cubist	per KB	Verbal commitment of \$500-1,000 ... pending approval & decision re amount	?
NACDS		Received check for \$1,500 6/29/09	\$1,500
McKesson - Paula Deck, et al	E/M 12/6	No response initially; per Kevin conversation, pledged \$500 ... rec'd 7/26/09	\$500
Long-Term Care Rx Alliance		\$1000 ... check rec'd from Bill Daniel 7/24/09	\$1,000
		Total Contributions / Donations for Support:	\$10,000
<u>Potential Support:</u>			
GSK		possibly ~\$500 available? Pending	
Kmart - L.Ritter & T.Tomek	E/M 12/12	No funding available, but possible change? Pending	
CVS/Caremark - S.Farida	E/M 12/12	Willing to provide support/sent listing of funding opportunities; May/09-send different place; pending	
J&J - John Skrabel	E/M 12/29	Grant application; very limited funds available	
Purdue Pharma - Ann Rule	E/M 8/11	Sent grants info ... refer to website	
NCPA - John Stelmachowicz	E/M 12/6	Response 12/8 ... will send through channels -- no funds available	
Novartis - Brian Blitz	E/M 12/6	no response	
Abbott - Jim Sackett	E/M 12/6	Resp 12/8 ... will send to central for ed grants; exhibits? No funds available	
Cardinal Health	Ltr 12/8	No response	
Amgen - Pierre Maloley	E/M 12/6	Resp 12/8; refer to web info ... limited	
Bakers - Mike Heskin	E/M 12/6	Resp 12/8; to fwd to office; no further response	
Target - Robin Thacker	E/M 12/6	Robin sent on the administration for decision; rechecking but no response	
Wyeth - Dan Costanzo	E/M 12/6	No response	
HyVee - M.Waller & K.Williams	E/M 12/12	No funding available	

<u>ENTERTAINMENT:</u>		-	-
HDZ Contract		pending deposit money from Howard ... then can sign and finalize; signed & sent 2/23/09	
Caterer for Dinner at HDZ		Pending	
Transportation on Fri pm to HDZ		Pending	

Name: District V NABPAAP

EIN: 80-0474590

PART IX
FINANCIAL DATA

23.	Annual Meeting Expense	\$2,500.00
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SCHEDULE H - ORGANIZATIONS PROVIDING SCHOLARSHIPS,
FELLOWSHIPS, EDUCATIONAL LOANS, OR OTHER EDUCATIONAL GRANTS
TO INDIVIDUALS AND PRIVATE FOUNDATIONS REQUESTING ADVANCE
APPROVAL OF INDIVIDUAL GRANT PROCEDURES

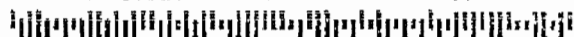
1. The District provide one study grant per year in the amount of \$3,000.00 of which any member of the affiliated Boards of Pharmacy, any professor at the affiliated Colleges of Pharmacy or any student working with a Board of Pharmacy member or College of Pharmacy professor is eligible to receive. A grant announcement is attached.
3. The criteria to determine eligibility is a member of an affiliated Board of Pharmacy professor at the affiliated Colleges of Pharmacy or any student working with such member or professor.
4. Recipients are selected based on how their proposed project will advance the practice of pharmaceutical care and education in the areas regarding the topics of interest suggested or which would advance those areas.
5. Grant recipients are required to report to the committee and membership during the District's Annual Meeting.
6. The Selection Committee of the grant is made up of four people appointed during the District's Annual Meeting which members would consist of Board of Pharmacy members, College of Pharmacy faculty and deans of the colleges. The current selection committee members are:

RECEIVED X

SEP 18 2009



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DISTRICT V NABPAACP
% HOWARD C ANDERSON JR
PO BOX 1354
BISMARCK ND 58502

Date of this notice: 09-15-2009

Employer Identification Number:
~~80-0474590~~

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 80-0474590. 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.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements.