

# Form 1023 Checklist (Revised June 2006)

TAXPAYER'S COPY

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

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

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

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

Schedule A	Yes ___ No <input checked="" type="checkbox"/>	Schedule E	Yes ___ No <input checked="" type="checkbox"/>
Schedule B	Yes ___ No <input checked="" type="checkbox"/>	Schedule F	Yes ___ No <input checked="" type="checkbox"/>
Schedule C	Yes ___ No <input checked="" type="checkbox"/>	Schedule G	Yes ___ No <input checked="" type="checkbox"/>
Schedule D	Yes ___ No <input checked="" type="checkbox"/>	Schedule H	Yes ___ No <input checked="" type="checkbox"/>

EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.61-1705744

An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.

- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Page 2, Para 7
- Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Page 4, Para 11

Signature of an officer, director, trustee, or other official who is authorized to sign the application.  
• Signature at Part XI of Form 1023.

Your name on the application must be the same as your legal name as it appears in your articles of organization.

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

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

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

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

# Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Function \_\_\_\_\_  
 Date / /

▶ Type or print. ▶ See the separate instructions.

**Part I Power of Attorney**

**Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC. INDUSTRY TRAINING CENTER 1701 LAFAYETTE PARKWAY OPELIKA, AL 36801	Taxpayer identification number(s) 61-1705744 Daytime telephone number (334) 745-6437, EXT 5496 Plan number (if applicable)
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hereby appoints 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 LESLEY L. PRICE 1820 E. UNIVERSITY DRIVE AUBURN, AL 36830 Check if to be sent notices and communications <input checked="" type="checkbox"/>	CAF No. 7806-23987R PTIN P00889996 Telephone No. (334) 887-7022 Fax No. (334) 887-7221 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address ALLISON MOORE 1820 E. UNIVERSITY DRIVE AUBURN, AL 36830 Check if to be sent notices and communications <input type="checkbox"/>	CAF No. 0304-00153R PTIN P01516191 Telephone No. (334) 887-7022 Fax No. (334) 887-7221 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address ADAM PARKER 1820 E. UNIVERSITY DRIVE AUBURN, AL 36830	CAF No. 0307-42665R PTIN P01516152 Telephone No. (334) 887-7022 Fax No. (334) 887-7221 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
APPLICATION FOR RECOGNITION OF EXEMPTION UNDER 501(C)(3)	1023	N/A
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX	990 AND 990-EZ	2013 - 2015

**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.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I 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 representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties; 
  Substitute or add representative(s); 
  Signing a return; \_\_\_\_\_  
 Other acts authorized: \_\_\_\_\_

(see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. 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 agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6 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 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.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. 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 TO THE TAXPAYER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title (if applicable): DIRECTOR

ALFRED DAVIS, SR. Print Name PIN Number EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC. Print name of taxpayer from line 1 if other than individual

**Part II Declaration of Representative**

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 practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the 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, grandparent, grandchild, step-parent, step-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—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the Instructions.
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the Instructions.
  - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - 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. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation—Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
b	AL	9299-R	<i>Shesley S. Price</i>	8/31/2013
b	AL	10779	<i>Alfred P. Moore</i>	8/31/2013
b	AL	11054	<i>John F. Park</i>	8/31/2013

**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](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

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

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your organizing document)		<b>2</b> c/o Name (if applicable)	
EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.			
<b>3</b> Mailing address (Number and street) (see instructions)		Room/Suite	<b>4</b> Employer Identification Number (EIN)
INDUSTRY TRAINING CENTER, 1701 LAFAYETTE PARKWAY			61-1705744
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
OPELIKA, AL 36801		12	
<b>6</b> Primary contact (officer, director, trustee, or authorized representative)		<b>b</b> Phone: (334) 745-6437, EXT 5496	
<b>a</b> Name:		<b>c</b> Fax: (optional)	
ALFRED J. DAVIS, SR.			
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>9a</b> Organization's website: EAWIN.ORG (SEE ATTACHMENT 7)			
<b>b</b> Organization's email: (optional)			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		02/19/2013	
<b>12</b> Were you formed under the laws of a foreign country? If "Yes," state the country.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see page 24 of the instructions.

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

**Part II Organizational Structure**

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

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

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

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

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): PAGE 2, PARAGRAPH 7
- 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. PAGE 4, PARAGRAPH 11
- 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:

**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)
ALFRED J. DAVIS, JR.	DIRECTOR	INDUSTRY TRNNG CTR, 1701 LAFAYETTE OPELIKA, AL 36801	52,500
MEGAN SUMNERS	CHAIR PERSON	4201 NORTH PARK DRIVE OPELIKA, AL 36801	
JOHN EDENFIELD	VICE CHAIR PERSON	676 HALL-BAMA DRIVE SHORTER, AL 36075	
KAREN GRESHAM	SECRETARY	2000 PEPPERELL PARKWAY OPELIKA, AL 36801	
		-----	

**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  
SEE ATTACHMENT 4

- 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  
SEE ATTACHMENT 6
- 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  
SEE ATTACHMENT 6
- 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.  Yes  No
- 16 Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain.  Yes  No
- 17 Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain.  Yes  No
- 18 Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain.  Yes  No
- 19 Do you or will you operate a school? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.  Yes  No
- 20 Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.  Yes  No
- 21 Do you or will you provide low-income housing or housing for the elderly or handicapped? If "Yes," complete Schedule F.  Yes  No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H.  Yes  No

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

**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. 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	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		Current tax year	(a) From 2/19/2013 To 12/31/2013	(b) From 1/1/2014 To 12/31/2014	(c) From 1/1/2015 To 12/31/2015	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	80,000	80,000	80,000		240,000
	2 Membership fees received					0
	3 Gross investment income					0
	4 Net unrelated business income					0
	5 Taxes levied for your benefit					0
	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)					0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)					0
	8 Total of lines 1 through 7	80,000	80,000	80,000	0	240,000
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)					0
	10 Total of lines 8 and 9	80,000	80,000	80,000	0	240,000
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)					0	
12 Unusual grants					0	
13 Total Revenue Add lines 10 through 12	80,000	80,000	80,000	0	240,000	
Expenses	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)					
	16 Disbursements to or for the benefit of members (attach an itemized list)					
	17 Compensation of officers, directors, and trustees	26,250	52,500	52,500		
	18 Other salaries and wages					
	19 Interest expense					
	20 Occupancy (rent, utilities, etc.)					
	21 Depreciation and depletion					
	22 Professional fees	3,000	1,000	1,000		
	23 Any expense not otherwise classified, such as program services (attach itemized list)	24,600	26,500	26,500		
24 Total Expenses Add lines 14 through 23	53,850	80,000	80,000	0		

**Part IX Financial Data (Continued)**

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

Year End: 7/31/2013  
(Whole dollars)

Assets		
1	Cash . . . . .	65,717
2	Accounts receivable, net . . . . .	
3	Inventories . . . . .	
4	Bonds and notes receivable (attach an itemized list) . . . . .	
5	Corporate stocks (attach an itemized list) . . . . .	
6	Loans receivable (attach an itemized list) . . . . .	
7	Other investments (attach an itemized list) . . . . .	
8	Depreciable and depletable assets (attach an itemized list) . . . . .	
9	Land . . . . .	
10	Other assets (attach an itemized list) . . . . .	
11	<b>Total Assets (add lines 1 through 10)</b> . . . . .	65,717
Liabilities		
12	Accounts payable . . . . .	
13	Contributions, gifts, grants, etc. payable . . . . .	
14	Mortgages and notes payable (attach an itemized list) . . . . .	
15	Other liabilities (attach an itemized list) . . . . .	
16	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	0
Fund Balances or Net Assets		
17	<b>Total fund balances or net assets</b> . . . . .	65,717
18	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	65,717
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. If you are unsure, see the instructions.  Yes  No
- 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](http://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)      **ALFRED J. DAVIS, SR.**      \_\_\_\_\_  
 (Type or print name of signer)      (Date)

\_\_\_\_\_  
 (Type or print title or authority of signer)      **DIRECTOR**      \_\_\_\_\_  
 (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. \_\_\_\_\_ 0
- (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 \$850. 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 \$400. 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 \$400 (Subject to change—see above).  
If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).

2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).

3 Check the box if you have enclosed the user fee payment of \$850 (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)

ALFRED J. DAVIS, SR.

(Type or print name of signer)

(Date)

DIRECTOR

(Type or print title or authority of signer)

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

Part III, Organizing Document

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Nonprofit Corporation under Section 10A-1-3.05 and 10A-3-3.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link - you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

1299 485  
Recorded in the Above  
CORP Book & Page  
02-19-2013 02:39:45 PM  
Bill English - Probate Judge  
Lee County, AL  
Book/79: 1299/485  
Term/Cashier: SCAR2 / TS  
Trans: 10559;108040;227069  
Recorded: 02-19-2013 14:40:16  
REC Recording Fee  
Total Fees: \$ 55.00

55.00

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the corporation: East Alabama Workforce Investment Network (Region 8), Inc.
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.
3. This nonprofit corporation (MUST check one):  
 has Members or  has no Members

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

Jeffrey G. Miller, Esq.  
Department of Postsecondary Education  
Legal & Human Resources Division  
Suite 441  
135 South Union Street  
Montgomery, Alabama 36104

**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

4. Street (No PO Boxes) address of principal office of the corporation: 1701 LaFayette Parkway, Opelika, AL  
36801

Mailing address of principal office (if different from street address): \_\_\_\_\_  
\_\_\_\_\_

5. The name of the Registered Agent: Mariele Fischer

6. Street (No PO Boxes) address of Registered Agent (if different from principal office address):  
1500 Pumphrey Avenue, Auburn, AL 36832

Mailing address of Registered Agent (if different from street address): \_\_\_\_\_  
\_\_\_\_\_

7. Purpose for which corporation is formed: relief of the poor, the distressed, or the underprivileged; combatting  
community deterioration; educational; the  
purpose includes the transaction of any lawful business for which nonprofit corporations may be  
incorporated in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

8. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

9. The name(s) of the Incorporator(s): Mariele Fischer

Street (No PO Boxes) address of Incorporator(s): 1500 Pumphrey Avenue, Auburn, AL 36832

\_\_\_\_\_ Mailing address of Incorporator(s) - (if  
different from street address): \_\_\_\_\_  
Attach a listing if more Incorporators need to be added (type "see attached" in the name line).

10. The number of Directors constituting the initial Board of Directors is 3. The initial Directors names  
and addresses must be listed in this Certificate of Formation.

Director's Name: Megan Sumners

Street (No PO Boxes) address of Director: 4201 North Park Drive, Opelika, AL 36801

\_\_\_\_\_ Mailing address of Director(s) - (if different  
from street address): \_\_\_\_\_

**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

Director's Name: John Edenfield

Street (No PO Boxes) address of Director: 676 Halle-Bama Drive, Shorter, AL 36075

\_\_\_\_\_ Mailing address of Director(s) - (if different  
from street address): \_\_\_\_\_

Director's Name: Karen Gresham

Street (No PO Boxes) address of Director: 2000 Pepperell Parkway, Opelika, AL 36801

\_\_\_\_\_ Mailing address of Director(s) - (if different  
from street address): \_\_\_\_\_

**Attach listing if more Directors need to be added (type "see attached" in the name line for the first Director on this form).**

11. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

2/19/2013  
Date (MM/DD/YYYY)

Mariele C. Fischer  
Signature as required by 10A-1-3.04

Typed Name of Above Signature

Mariele C Fischer  
Typed Title/Capacity to Sign under 10A-1-3.04

**ATTACHMENT TO CERTIFICATE OF FORMATION OF  
EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.**

**Continued:**

11. Additional statement regarding disposition of corporate assets upon dissolution:

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

Respectfully submitted this 15<sup>th</sup> day of February, 2013.



\_\_\_\_\_  
Mariele Fischer  
Incorporator

Beth Chapman  
Secretary of State

P. O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama 1975*, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**East Alabama Workforce Investment Network (Region 8), Inc.**

This domestic nonprofit corporation is proposed to be formed in Alabama and is for the exclusive use of East Alabama WIN, 1701 LaFayette Pkwy, Opelika, AL 36801 for a period of one hundred twenty days beginning February 15, 2013 and expiring June 16, 2013.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE ORIGINAL INSTRUMENT WHICH WAS FILED IN THIS OFFICE

BOOK 1299 PAGE 485-489

19th DAY OF FEB 2013

Beth Chapman  
Judge of Probate  
Lee County, Alabama

1299 489.001

Recorded in the above  
CORP Book & Page  
02-19-2013 02:39:45 PM  
Bill English - Probate Judge  
Lee County, AL

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



February 15, 2013

Date

Beth Chapman

620-965

Beth Chapman

Secretary of State

ATTACHMENT 1

**Workforce Development Councils of Alabama  
Operating Guidelines**

**Article I: Name**

The name of the council shall be the Workforce Development Council of Alabama Region 8, hereafter referred to as the workforce development council.

**Article II: Purpose**

The purpose of the workforce development council is to facilitate implementation of workforce development programs and services that support economic and job development in the region and that address the workforce needs of existing businesses and industries. The workforce development council shall be business led and market driven and shall be an integral part of a comprehensive workforce development system serving individuals and employers.

**Article III: Objectives and Functions**

The objectives of the workforce development council are to:

- A. Promote a workforce development system in the region through the development of communication strategies among agencies and by advancing initiatives that support the efficient and effective use of resources.
- B. Assess current and future workforce needs of employers in the region. Establish a strategic plan to meet capacity and skill development and training needs in the region and ensure that the investment of public workforce development funds are addressing priority needs in the region.
- C. Partner with workforce development service providers (e.g., two-year colleges) or other workforce development regions in planning and developing actions to address specific workforce development priorities.
- D. Serve as a co-applicant for workforce development funds requested through the Governor's Office of Workforce Development (GOWD).
- E. Assist in determining effectiveness of state- and federally-funded training projects in the region and the impact on overall workforce and economic development.
- F. Assist in evaluating the service delivery structure and coordination among entities providing workforce development services in the region.
- G. Expand the resource base available for workforce development in the region.
- H. Coordinate planning with economic developers and elected officials to ensure that workforce development strategies support economic development goals in the region.
- I. Serve as an advocate for high quality workforce development activities in the region.

- J. Assist the Governor's Office of Workforce Development in establishing policies and practices that ensure high quality training and services are provided in the region.

#### **Article IV: Membership**

- A. **Voting Members:** The workforce development council shall be an active coalition of a minimum of 20 members representing all counties designated in the region. There must be a minimum of two (2) private sector employer representatives from each county who serve in leadership positions within their company (owner, president, human resources director, training director, etc.). A minimum of seventy-five percent of workforce development council members shall represent private employers within the region. Local elected officials, state legislators within the region, directors of regional economic development organizations and regional chambers of commerce directors are considered essential members of the workforce development council. Representatives from regional planning commissions are to serve as voting members of each council. Each workforce development council member shall serve a term of three (3) years. Workforce development council members may serve consecutive terms, if recommended by nominating committee and approved by the Chair of the council. A business can have only one voting member.
- B. **Ex-Officio Members:** Presidents of community colleges and community college workforce development directors; Alabama career center directors, adult education directors, local WIB directors and chairs, AIDT and ATN representatives, representatives from area university systems, superintendents of all secondary school systems in the region, local directors of Alabama Department of Rehabilitative Services, Alabama Department of Senior Services, regional directors of Department of Human Resources connected to the region, directors of faith-based and community-based organizations, and other applicable service provider directors including key private sector training providers, shall serve an essential function as ex-officio members of the council. There is not a maximum number of ex-officio designees to serve on the council.
- C. Additional business and industry leaders and workforce training professionals outside of the designated council may be engaged in a committee structure as designed by the regional council. When needed, these committee members are invited for purposes of providing subject matter expertise and assistance in specific workforce development areas for the development of council recommendations for proposed action.
- D. **Adding New Members:** The nominating committee shall make its recommendations and the chair shall forward the nominations to the Governor's Office of Workforce Development for approval. The list shall include name, title, company, mailing address, phone, email and county of representation (company base). The Governor's Office of Workforce Development will verify that the potential members fall within the Operating Guidelines. Once notified that the potential members are approved, the potential members shall be presented to the full council for vote. Once the council has

ATTACHMENT 2

approved the new members, notification is sent to GOWD which forwards the information to the Governor's office for development of official letters. Only one person from a business can be designated a voting member. Several employees may attend but each business shall have only one vote.

- E. **Removing Members:** To remove a member, an attempt should be made to contact the member through phone, email or mail addressing continued service on the council. GOWD should be notified of any removal of members and the stated reason (i.e. never attended, no longer with company, etc.). Following the removal of a council member, the addition of new members shall be evaluated and approved as indicated in Section D.

#### **Article V: Governance**

- A. Rules governing the workforce development council shall be the Operating Guidelines.
- B. A quorum shall be constituted by a minimum of 25% of the voting members of the workforce development council present at a duly called meeting.
- C. All active voting members shall be entitled to one vote at all meetings at which they are present. All questions shall be decided by majority vote of the workforce development council members present. A voting member may designate a proxy if unable to attend a meeting.
- D. The officers of the workforce development council shall be Chair, Vice-Chair, and Secretary, and shall be selected from the active voting membership. Additional officers may be designated by vote of the active voting membership.
- E. The term for each executive office position shall be for one year coinciding with fiscal year from October 1- September 30. An officer may be re-elected up to two (2) consecutive terms.
- F. Nominees for offices shall be identified by the Nominating Committee and by nominations from the floor.

#### **Article VI: Duties of Officers**

- A. The Chair shall preside at meetings of the workforce development council and the Executive Committee, coordinate council meeting, schedules, and agendas for the workforce development council, and appoint committees and designate chairpersons subject to the approval of the council.

ATTACHMENT 2

- B. The Vice-Chair shall assume all duties of the Chair in the event of the inability of the Chair to act. The Vice-Chair shall ensure that the council adheres to the Operating Guidelines and reports any changes in the Operating Guidelines to the council.
- C. The Secretary shall review and submit minutes of meetings for approval by the workforce development council.

**Article VII: Committees**

- A. **The Executive Committee (required)** shall be a standing committee comprised of the officers of the workforce development council and three voting members elected at-large. The Executive Committee shall carry out routine and administrative functions of the council between scheduled meetings of the workforce development council.
- B. **The Nominating Committee (required)** shall be a standing committee comprised of the past council chair and two current voting members nominated and elected by the council.
- C. **Strategic Planning Committee (required)** shall develop a plan identifying workforce development priority needs of the region and strategies to address those needs; monitor and manage the plan to maintain consistency and accountability for the organization on a yearly basis.
  - Review and, if necessary, modify the strategic plan at least annually.
  - Develop and present to the council for adoption a strategic plan that identifies:
    - 5 priority existing industries
    - 1 emerging industry (optional)
    - 10 total target occupations for the identified industries.
  - Forward completed plan, with identified fiscal year targeted industries and occupations to Governor's Office of Workforce Development (GOWD) not later than April 15 of each year.
  - Provide information regarding workforce development needs to the council.
- D. **Grant Review Committee (required)** shall screen, review and make recommendations to the regional council, based on the current strategic plan, as related to grants and funding requests within the guidelines and parameters of the Alabama Workforce Development System and, if applicable, state or federal legislation.
- E. **GOWD Proposal Review Committee (PRC) (required)** shall consist of one member from each workforce development council. The committee will meet typically twice a year to review and make recommendations on proposals received from the workforce development councils for submission to the State Workforce Planning Council.

ATTACHMENT 2

- F. **Administrative Committee (optional)** will support the region with all administrative and clerical services.
- Maintain and report region's finances
  - Record minutes of Council meetings
  - Create and maintain meeting agenda
  - Research and report data as needed for forecasting and analyzing trends
- G. **Communication and Marketing Committee (optional)** aggressively markets and communicates the regional council's goals to significantly increase and stimulate workforce development system usage; consistently communicates regional economic and education trends, training, and job opportunities; builds relationships with elected officials by exhibiting programs success; communicates successes in local media; and assists in recruiting and job placement efforts and provides information on available funding.
- H. Other committees may be established when required to carry out the business of the workforce development council.

#### **Article VIII: Meetings**

The workforce development council shall hold a minimum of one meeting each quarter of the calendar year on dates established at the beginning of each year. The Council will provide the Governor's Office of Workforce Development (GOWD) with the meeting dates, times and locations for the year. The meetings will be posted on the GOWD website.

The chair, with approval of the council, may establish attendance guidelines.

#### **Article IX: Correspondence, Record Keeping, Fiscal Processes**

The workforce development council will recommend to The Governor's Office of Workforce Development (GOWD) a two-year college or other qualifying entity within its region as the fiscal agent to ensure compliance with generally accepted accounting principles and all applicable state and federal statutes and regulations in order to ensure that all funds for council operations are expended for allowable costs. At a minimum the selected entity will provide the following staff support services:

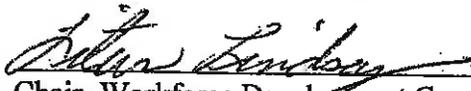
- Prepare drafts of meeting minutes
- Provide accounting and quarterly reporting functions for all state and federal funds awarded to the workforce development council
- Disseminate information on upcoming meetings
- Prepare materials for workforce development council meetings
- Maintain current contact data on all council members and provide regular updates to the Governor's Office of Workforce Development
- Provide the Governor's Office of Workforce Development with current membership listing of all appointed committees
- Maintain all related record-keeping functions.

**Article X. Fiscal Year**

The fiscal year of the each workforce development council shall be from October 1-September 30.

**Article XI: Amendments to the Operating Guidelines**

The Operating Guidelines may be amended by a majority of voting council chairs and upon approval from the Governor's Office of Workforce Development.

  
Chair, Workforce Development Council, Region 8

5/5/10  
Date

  
Director, Governor's Office of Workforce Development

6/10/10  
Date

**EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.  
61-1705744**

**Part IV, Narrative Description of Activities**

**East Alabama WIN Past, Present, and Planned Activities**

The East Alabama Workforce Investment Network (Region 8), Inc. is one of ten Workforce Development Councils in Alabama. Coordinated by the Governor's Office of Workforce Development, these regional Workforce Development Councils have been established to provide a direct link to the workforce needs of business and industry at the local level. Led and driven by business, the Workforce Development Councils work with their partners to develop a regional strategic plan that supports local economic and job development activities.

The East Alabama Workforce Investment Network (Region 8), Inc. (East Alabama WIN) has achieved corporate status, has a Tax ID, completed a strategic plan, and is now in the application stage for designation as a 501(c)(3) organization. Since its inception, East Alabama WIN membership has steadily grown to a 32 voting member council and 10 ex-officio members. The membership represents both private and public entities and encompasses all five counties in Region 8: Bullock, Chambers, Lee, Macon, and Russell.

East Alabama WIN's previous activities include hosting the First Joint Secondary and Post-Secondary Professional Development Conference, obtaining the Certificate of Registration of Apprenticeship Program for the Occupation of Industrial Maintenance System Technician, and establishing the East Alabama Industrial Consortium. In addition, East Alabama WIN partnered with the Department of Postsecondary Education to facilitate the Existing Industry Training Program in Region 8, which provides assistance to Alabama employers with certain expenses associated with skills upgrade training of their full-time, permanent company employees, and East Alabama WIN's Grant Review Committee received and approved proposals for Workforce Development Funding. East Alabama WIN has also selected a director to manage the day-to-day affairs of the organization.

East Alabama WIN's present activities include continuing to expand the East Alabama Industrial Consortium and participating in the Existing Industry Training and Workforce Development Funding programs.

East Alabama WIN's planned activities include continuing to expand the East Alabama Industrial Consortium, participating in the Existing Industry Training and Workforce Development Funding programs, launching a website for Region 8, publishing a newsletter, establishing additional funding streams, updating Region 8's Strategic Plan, and introducing an industry introductory program for K-12 students.

East Alabama Workforce Investment Network (Region 8), Inc.  
61-1705744  
Part V, Line 5a

**EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.  
POLICY NO. 01-13 – CONFLICT OF INTEREST**

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**ARTICLE I  
PURPOSE**

The purpose of this Conflict of Interest Policy is to protect this tax-exempt organization's (Organization) interest 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, direct or indirect, 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, or
- 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 II, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest 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 interest 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 nor 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. Violation of the Conflict of Interest Policy

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflict 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' 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 arrangements, 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 STATEMENT**

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

- a. Has received a copy of the conflict 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 results 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.

**APPROVAL**

Approved this 20<sup>th</sup> day of June, 2013. This Conflict of Interest Policy supersedes and amends any policy or portion of policy in herewith.

  
\_\_\_\_\_  
East Alabama WIN Representative

EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.  
 EIN: 61-1705744  
 ATTACHMENT TO FORM 1023

	02/19/2013 to 07/31/13	1/1/2014 to 12/31/14	01/01/2015 to 12/31/15
PART IX			
LINE 23			
Any expenses not otherwise classified			
Administration fee	\$ 5,000	\$ 5,000	\$ 5,000
Payroll services	1,200	1,200	1,200
Payroll taxes	3,848	3,848	3,848
Insurance	2,650	2,650	2,650
Publications and advertising	242	4,102	4,102
Travel	8,500	8,500	8,500
Rent	1,200	1,200	1,200
Equipment, computer and phone	1,960		
	<u>\$ 24,600</u>	<u>\$ 26,500</u>	<u>\$ 26,500</u>

**EAST ALABAMA WORKFORCE INVESTMENT NETWORK (REGION 8), INC.**

61-1705744

**Part VI, Questions 1a and 1b**

**Description of Goods, Services, and Funds to Individuals and Organizations**

- EAWIN directs funding for workforce development to the three community colleges represented in Region 8, Chattahoochee Valley Community College, Southern Union State Community College, and Trenholm State Technical College, and Auburn Technical Assistance Center (ATAC), Auburn University's affiliate of the Alabama Technology Network (ATN).
- Quarterly, EAWIN brings industry, educators, and other nonprofits together to find—and examine funding—solutions to workforce gaps.
- Depending on their individual needs, customers—including laid-off workers and anyone interested in improving their skills or employment situation—can access EAWIN website, which contains a menu of services to support their career planning. Businesses can access a number of resources and services to help their company grow and thrive.
- The EAWIN plays a critical role in convening industry, education, and non-profits, around industry workforce issues and finding solutions that meet business needs and get people jobs. EAWIN has particular expertise in bringing together sector panels—industry-driven groups of leaders who come together to focus on workforce issues in one of Region 8's (Bullock, Chambers, Lee, Macon, and Russell Counties) targeted industries – construction, manufacturing, service, tourism, and health care.
- The EAWIN annually reviews the industry sectors in Region 8 (Bullock, Chambers, Lee, Macon, and Russell Counties) to determine the region's workforce development efforts and strategies.
- The EAWIN provides publications to industry, job seekers, educators, etc. on the state of the workforce in Region 8 (Bullock, Chambers, Lee, Macon, and Russell Counties).
- EAWIN provides K-12 career awareness initiatives that aim to reach students during their school experience. At present, the program includes the Teach/Reach – Career Cluster Panels, which is a uniquely designed program that enables students to gain awareness of technical careers and academic enrichment, directly from industry or business representatives. The East Alabama Workforce Investment Network (EAWIN) Career Expo will bring together eighth graders from schools throughout the region to discover the bounty of industries in our area through hands-on applications.
- EAWIN collaborates with the East Alabama Industrial Consortium, which provides the Industrial Machine System Technician Department of Labor (DOL) Registered Apprenticeship Program. The Apprenticeship Program is a structured six-term curriculum providing the knowledge and skills desired by manufacturing businesses in our region.



**EAST ALABAMA WORKFORCE INVESTMENT  
NETWORK (EAWIN)**

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**THIS PAGE IS UNDER CONSTRUCTION  
NEW WEBSITE COMING SOON!**



**DEVELOPING A SKILLED, WELL  
-PREPARED WORKFORCE**

**WELCOME TO THE EAST ALABAMA WORKFORCE INVESTMENT NETWORK, REGION 8**

EAWIN is a non-profit whose mission is to facilitate a workforce system that educates, trains, and prepares a workforce to attain economic prosperity for East Alabama. We work throughout Region 8 (Bullock, Chambers, Lee, Macon, and Russell Counties). Bringing employers, job-seekers, youth, educators, and non-profits together to identify and find solutions to workforce gaps.

**Latest News from the EAWIN:**



**Video about EAWIN - featuring Council Members**

**Get a degree.  
Get work experience.  
Get a job!**

The East Alabama Industrial Consortium, Industrial Machine System Technician Department of Labor (DOL) Registered Apprenticeship Program, provides focused education and structured on-the-job training. The Program has two primary objectives

1. Allow Industry partners to take an active role in training their maintenance personnel.
2. Industry partners take an active role in developing a local labor pool of qualified applicants to meet the needs of current and future workforce demands.

Complete the program and earn:

- Associates of Applied Science Manufacturing Technology
- Short Term and Full Certificates in program subjects
- Auburn University Office of Professional and Continuing Education Certificate (Supervision)
- 60 hours transfer credits to Point University's Bachelor of Science Organizational Leadership Program.



## EAST ALABAMA WORKFORCE INVESTMENT NETWORK (EAWIN)

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### Some of What We do:

- Cars
- Boats
- RV's
- Life
- Business
- Specialty

### KNOWLEDGE BASE

#### Choosing Your Car

We know it's often hard to figure out how to determine what type of car you should get and what type of benefits roll along with it, but now it's easier than ever to determine what to get.

#### Taking Care of Your Business

It's hard to know just how your business needs to be insured and what you should be insuring for. But don't worry, today we're going to go over all your questions.

[MORE](#)

### EAWIN at a Glance



#### East Alabama Workforce Investment Network (EAWIN)

Here at East Alabama Workforce Investment Network (EAWIN), we are dedicated to you and all career needs.

We've been around for over 15 years and we've won several awards for the best insurance firm. But, our most important win is making you a happy, life-long customer.

### SOME OF THE BENEFITS YOU WILL ENJOY INCLUDE:

- Same day auto insurance - normally within a few minutes
- 24/7 assistance
- Friendly, helpful, and knowledgeable staff
- Personal account manager
- Safety First tips for you and your family
- Free business consultations
- Life insurance explained at your fingertips
- Discounts on car insurance rates
- A member's only online resource
- Discounts when you bundle
- Business packages