Form 1023 Checklist

(Revised December 2017)

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

tions regarding

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.

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 6, Article 4, paragraph

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

.. -,

Signature of an officer, director, trustee, or other official who is authorized to sign the application.

• Signature at Part XI of Form 1023.

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

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

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

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

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

Thurston County Inclusion

EIN:84-3086461

Form **1023**

(Rev. December 2017) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form1023 for instructions and the latest information.

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** 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 | Identification of Applicant | | | | |
| 1 | Full name of organization (exactly as it appears in your organizing doc | ument) | 2 c/o Name (if applicab | | |
| | Thurston County Inclusion | | MA Nato | ulie St | agnone |
| 3 | | Room/Suite | 4 Employer Identification | on Number | (EIN) |
| 13 | 212 Palomino Dr SE | | 84-30864 | | |
| | City or town, state or country, and ZIP + 4 | | 5 Month the annual accoun | ting period en | ds (01 - 12) |
| T | umwater, WA 98501 - 8630 | | 12 | | |
| 6 | Primary contact (officer, director, trustee, or authorized represent | ative) | | | |
| | a Name: | | b Phone: 360 - 5 | 15-80 | රිර |
| | Natalie Stagnone | | c Fax: (optional) N/ | <u> </u> | |
| 7 8 | Are you represented by an authorized representative, such as a provide the authorized representative's name, and the name representative's firm. Include a completed Form 2848, Pow Representative, with your application if you would like us to comm. Was a person who is not one of your officers, directors, tru representative listed in line 7, paid, or promised payment, to help | e and addre er of Attorne unicate with y stees, emplo p plan, manage | ess of the authorized ey and Declaration of our representative. yees, or an authorized ge, or advise you about | ☐ Yes | ⊠ No |
| | the structure or activities of your organization, or about your finar the person's name, the name and address of the person's firm, paid, and describe that person's role. | ncial or tax mathe amounts | atters? If "Yes," provide paid or promised to be | | |
| 9a | Organization's website: N/A | | | | |
| b | Organization's email: (optional) | | | | |
| 10 | Certain organizations are not required to file an information returate granted tax-exemption, are you claiming to be excused from "Yes," explain. See the instructions for a description of organization of properties. | n filing Form | 990 or Form 990-EZ? If | Yes | ⊠ No |
| 11 | Date incorporated if a corporation, or formed, if other than a corporation | oration. (N | MM/DD/YYYY) 08 /2 | 8 /2019 | |
| 12 | Were you formed under the laws of a foreign country? If "Yes," state the country. | | | ☐ Yes | ⊠ N∘ |
| | | | | 4000 | |

Rebecea McClinon

More

Director

Attached on Page 23

| Form 1023 (Rev. 12-2017) Name: \r | incston County mousic | EIN: O4 = | 3000161 Page 2 |
|---|--|--|--|
| Part II Organizational Structu | re | | |
| You must be a corporation (including a l See instructions. DO NOT file this form | imited liability company), an uninc unless you can check "Yes" on | orporated association, or a trust to be lines 1, 2, 3, or 4. | e tax exempt. |
| | agency. Include copies of any am | incorporation showing certification rendments to your articles and be su | re |
| certification of filing with the apprairs a copy. Include copies of any are | ropriate state agency. Also, if you a | of your articles of organization showing dopted an operating agreement, atta sure they show state filing certification file its own exemption application. | ch on. |
| constitution, or other similar or Include signed and dated copies | ganizing document that is dated of any amendments. | copy of your articles of association and includes at least two signatures | es. |
| 4a Are you a trust? If "Yes," attack dated copies of any amendment | s. | | |
| b Have you been funded? If "No," 5 Have you adopted bylaws? If "how your officers, directors, or tr | Yes," attach a current copy show | ut anything of value placed in trust. ving date of adoption. If "No," expla | ☐ Yes ☐ No ain X Yes ☐ No |
| Part III Required Provisions in | Your Organizing Document | | |
| religious, educational, and/or so this requirement. Describe speci | NOT file this application until younts (showing state filing certification your organizing document state tientific purposes. Check the box fically where your organizing document your organizing document. | have amended your organizing doc | ument. Submit your n your application. us charitable, ument meets us a reference |
| • | | 6 (attached pages), Article | • • |
| 2a Section 501(c)(3) requires that up for exempt purposes, such as ch confirm that your organizing doc dissolution. If you rely on state la | oon dissolution of your organization aritable, religious, educational, and ument meets this requirement by a w for your dissolution provision, do | | ed exclusively x x on line 2a to f assets upon to line 2c. |
| Do not complete line 2c if you cl | necked box 2a. Page 7, Ar | ticle 7, Paragraph 1 | |
| rely on operation of state law for | your dissolution provision and inc | w in your particular state. Check this licate the state: | box if you \square |
| Part IV Narrative Description | of Your Activities | | |
| Using an attachment, describe your past, this information in response to other parts application for supporting details. You madetails to this narrative. Remember that if description of activities should be thorough | of this application, you may summa y also attach representative copies of this application is approved, it will b | rize that information here and refer to the of newsletters, brochures, or similar doc e open for public inspection. Therefore, | ne specific parts of the cuments for supporting your narrative |
| Part V Compensation and Ot Employees, and Indep | her Financial Arrangements \ | With Your Officers, Directors, Ti | rustees, |
| 1a List the names, titles, and mailing total annual compensation, or pother position. Use actual figure | ng addresses of all of your officer proposed compensation, for all se s, if available. Enter "none" if no c | s, directors, and trustees. For each vices to the organization, whether as compensation is or will be paid. If add in what to include as compensation. | an officer, employee, o |
| Name | Title | Mailing address | Compensation amount (annual actual or estimated) |
| Ellen Stagnone | entra Henrie | 1212 Palomino Dr SE Tumwater, WA 98501 | none |
| Anna Roberts | Memb Director | 1217 Palamino Dr 5E | none |

none

5516 61St Ave SE Olympia, WA 98513

Form 1023 (Rev. 12-2017)

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

| | List the names, titles, and macompensation of more than what to include as compensations | \$50,000 per year. Use t | he actual figur | ghest compensated employees very if available. Refer to the instroor trustees listed in line 1a. | who receive or uctions for info | will receive ormation on | |
|-------------|--|---|--------------------------------------|--|------------------------------------|-----------------------------|--|
| Name | | Title | | Mailing address | Compensatio (annual actua | n amount or estimated) | |
| | Not Applic | able | | | | | |
| | | | | | | - | |
| | | | | | | | |
| | | | | | | <u>-</u> . | |
| | | | , | | | _ | |
| | | ensation of more than \$5 | • | r five highest compensated inde Use the actual figure, if availabl | • | | |
| Name | | Title | | Mailing address | Compensatio | n amount | |
| | Not Applica | ble | | | | | |
| | MOI TIPPORO | | | | | | |
| <u> </u> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | ationships, transactions, or agree ated independent contractors list | | | |
| | Are any of your officers, of | directors, or trustees re | elated to each | n other through family or bus | | | |
| b | | ationship with any of your lirector, or trustee? If "Ye | ur officers, dires," identify the | consnip. ectors, or trustees other than the individuals and describe the bus | | ⊠ No | |
| С | Are any of your officers, dire | ectors, or trustees related contractors listed on line | d to your highes s 1b or 1c throu | st compensated employees or hi ugh family or business relationshi | ighest | ∭ No | |
| 3a | | contractors listed on lin | - | npensated employees, and hi 1c, attach a list showing their r | - | | |
| 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. | | | | | | |
| 4 | and highest compensated in | ndependent contractors | listed on lines | ees, highest compensated emplores, 1a, 1b, and 1c, the following praction. Answer "Yes" to all the pra | ctices | | |
| a b c | Do you or will the individuals Do you or will you approve of | compensation arrangeme | ents in advance terms of appro | ents follow a conflict of interest po of paying compensation? ved compensation arrangements | ⊠Yes | □ No | |
| | | | AND TOP 1 | | - 1000 | | |

94-EIN: 3086461

| Part | Compensation and Other Financial Arrangements With Your Officers, Directors, Trust and Independent Contractors (Continued) | ees, Emp | oloyees, |
|-----------------------|---|----------|---------------|
| d | Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? | X Yes | □ No |
| е | 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. | X 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 |
| | 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. | | Hached 223 |
| 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. | X Yes | □ No |
| b | What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation? | See | PD: |
| С | 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? | See | |
| | Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14. | Pag | je 24 |
| 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 c d e f | 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. Explain how you determine you pay no more than fair market value or you are paid at least fair market value. 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 |
| | | 1000 | |

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.

| Par | | You | |
|---------|--|-------------|-------------|
| activit | ollowing "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organiza ies. Your answers should pertain to <i>past, present</i> , and <i>planned</i> activities. See instructions. | tions as pa | art of you |
| 1a | In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. | ☐ Yes | No |
| b | In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. | ☐ Yes | ⊠ No |
| 2 | Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. | ☐ Yes | ⊠ No |
| 3 | Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. | Yes | ⊠ No |
| Part | | | |
| | Illowing "Yes" or "No" questions relate to your history. See instructions. | | |
| 1 | Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G. | ☐ Yes | ⊠ No |
| 2 | Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. | ☐ Yes | ⊠ No |
| Part | | | |
| snould | llowing "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate bo pertain to past, present, and planned activities. See instructions. | x. Your an | swers |
| 1 | Do you support or oppose candidates in political campaigns in any way? If "Yes," explain. | ☐ Yes | ⊠ No |
| | 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 |
| С | List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo | | |

| Part \ | 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. | X Yes | □ No |
| | mail solicitations | | |
| | mail solicitations accept donations on your website | | |
| | personal solicitations receive donations from another organization's | website | |
| | uehicle, boat, plane, or similar donations government grant solicitations | | |
| | foundation grant solicitations Other | | |
| | Attach a description of each fundraising program. See page 24 | | |
| 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 |
| С | 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. | | |
| е | 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 | Χ̈́Nο |
| 5 | Are you affiliated with a governmental unit? If "Yes," explain. | ☐ Yes | X No |
| 6a | Do you or will you engage in economic development? If "Yes," describe your program. | ☐ Yes | X No |
| b | Describe in full who benefits from your economic development activities and how the activities promote exempt purposes. | | |
| 7a | Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. | | ⊠ 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 |
| С | 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. | _ | ⊠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 | The second secon | ☐ Yes | □ No |
| | Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). | l | □ 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). | | □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. | 1 | ⊠ No |
| | | 1000 | |

| Part | 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 | X 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 |
| | 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.(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your | ☐ Yes | □ No |
| | 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. | | |
| С | 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 | ☐ N o |
| 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 |
| е | 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 |

| Form 10 | 23 (Rev. 12-2017) Name: Thurston Courty Inclusion Ein: 134-308 | 3646 <u>1</u> | Page 8 |
|---------|--|---------------|-------------|
| Part | Your Specific Activities (Continued) | | |
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | ☐ Yes | ĭNo |
| 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 | K 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 | | |

Part IX Financial Data

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

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

| | | | A. Statement of | Revenues and E | xpenses | | |
|----------|----|--|------------------------------------|-----------------------------|--------------------------------|----------------|---------------------------------------|
| | | Type of revenue or expense | Current tax year | 3 prior tax | years or 2 succeedin | | |
| | | | (a) From 8/29/19 To 12/3/19 | (b) From 1/1/19 To 12/31/20 | (c) From 1/1/21 To 12/31/21 | (d) From - N/A | (e) Provide Total for (a) through (d) |
| | 1 | Gifts, grants, and contributions received (do not include unusual grants) | \$500 | \$3000 | \$3,5 ∞ | | \$7,000 |
| | 2 | Membership fees received | Ø | e | Ø | | 85 |
| | 3 | Gross investment income | 0 | g | ø | | Ø |
| | 4 | Net unrelated business income | Ø | Ø | Ø | | Ø |
| | 5 | Taxes levied for your benefit | Ø | Ø. | 9/ | | 8 |
| Revenues | 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) | Ø | ø | P | | Ø |
| Reve | 7 | Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list) | 0 | P | Ø | | Ø |
| | 8 | Total of lines 1 through 7 | \$500 | \$3000 | \$3500 | | \$7,000 |
| | 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) | \$500 | 6 500 | \$ 500 | | \$1500 |
| | 10 | Total of lines 8 and 9 | \$1000 | \$3,500 | \$4000 | | \$ 9,500 |
| , | 11 | Net gain or loss on sale of capital assets (attach schedule and see instructions) | Ø | Ø | 95 | | <i>y</i> |
| | 12 | Unusual grants | Ø | Þ | Ø | | Ø |
| | 13 | Total Revenue Add lines 10 through 12 | \$1000 | \$3,500 | \$4000 | | \$9,500 |
| | 14 | Fundraising expenses | \$200 | 11200 | 1200 | | \$6∞ |
| | 15 | Contributions, gifts, grants, and similar amounts paid out (attach an itemized list) | Ø | 9 | Ø | | p |
| | 16 | Disbursements to or for the benefit of members (attach an itemized list) | Ø | Ø | ø | | Ø |
| Expenses | 17 | Compensation of officers, directors, and trustees | Ø | 9 | Ø | | P |
| ĕ | 18 | Other salaries and wages | Ø | 0 | Ø | | 9 |
| Ä | 19 | Interest expense | Ø | Ø | 0 | | Ø |
| _ | 20 | | \$SER | 1500 | \$500 | | B1000 |
| | 21 | Depreciation and depletion | Ø | P | Ø | | Ø |
| | 22 | Professional fees | \$ 100 | \$ 1600 | \$1600 | | \$ 3,300 |
| | | Any expense not otherwise classified, such as program services (attach itemized list) | Ø | € 800 | \$1,800 | | \$2,600 |
| | 24 | Total Expenses Add lines 14 through 23 | \$300 | 83100 | \$4,100 | | \$7,600 |

| rait | K Financial Data (Continued) | | |
|-----------------|---|--|-----------------------------|
| | B. Balance Sheet (for your most recently completed tax year) Assets | | nd: \2/3\/1 ole dollars) |
| | | 1 . | 200 |
| 1 2 | Cash | | |
| 3 | Inventories | | |
| 4 | Bonds and notes receivable (attach an itemized list) | | 5 |
| 5 | Corporate stocks (attach an itemized list) | | 3 |
| 6 | Loans receivable (attach an itemized list) | + | <u> </u> |
| 7 | Other investments (attach an itemized list) | | 5 |
| 8 | Depreciable and depletable assets (attach an itemized list) | | 5 |
| 9 | Land | |) |
| 10 | Other assets (attach an itemized list) | | |
| 11 | Total Assets (add lines 1 through 10) | ` | 200 |
| • • | Liabilities | · | 200 |
| 12 | Accounts payable | , | 0 |
| 13 | Contributions, gifts, grants, etc. payable | | 0 |
| 14 | Mortgages and notes payable (attach an itemized list) | | 2 |
| 15 | Other liabilities (attach an itemized list) | <u>• 1</u> | 5 |
| 16 | Total Liabilities (add lines 12 through 15) | | 0 |
| | Fund Balances or Net Assets | 6 | <u> </u> |
| 17 | Total fund balances or net assets | - l | 200 |
| 18 | Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17) | | |
| 19 | Have there been any substantial changes in your assets or liabilities since the end of the period | <u>P </u> | 200 ⊠No |
| | shown above? If "Yes," explain. | □ res | MINO |
| Part | | | |
| more t wheth | is designed to classify you as an organization that is either a private foundation or a public charity . Public favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further you are a private operating foundation . See instructions. | charity s er deteri | mine |
| 1 a | 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 | ×Νο |
| 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. | | □ 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 checkin below. You may check only one box. | g one of | the choices |
| a b c | The organization is not a private foundation because it is: 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Sc 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical 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, publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. | n, or i or | a 🗌 |
| | | | |

| | | | | | | | | cm: ©1) | 200 11/2 | _ 44 |
|--------|-----------------------------|---|---|--|---|---|---|---------------------------|--|----------------|
| | | ev. 12-2017) | | e: Thursto | | TUCK MIST | | EIN: OT- | -30846i | Page 11 |
| Part | | | | tus (Continu | | | | | | |
| e f | 509 | ` ' ' | 0(b)(1)(A)(i | v) – an organi | • | • | ting for public safet efit of a college or | <i>-</i> | hat is owned or | |
| g | | | | , . | | arch organization college or unive | on directly engagedersity. | d in the co | ontinuous active | |
| h | | | | | | | tantial part of its fir imental unit, or from | | | X |
| i | inve | estment inco | ome and | receives more | e than one-tl | hird of its final | one-third of its fir ncial support from s (subject to certain | contributio | ns, membership | |
| į | corr | rect status. | | | | | 5h or 5i. You would | | | |
| 6 a | your line (i) (ii) | r public supp 5 above. If yo Enter 2% of Attach a list | ort status. ou checked line 8, col showing | Answer line 6 d box j in line 5 umn (e) on Par the name and | a if you chec above, answ t IX-A Statem amount con | ked box h in lin ver both lines 6a nent of Revenue tributed by eac | es and Expenses _ ch person, company | ine 6b if yo | u checked box i i | n |
| b | (i) | For each yea | ar amounts | are included | on lines 1, 2, | s "None," state and 9 of Part IX n each disgual i | this. K-A Statement of Relified person. If the a | evenues and | d Expenses, attac | h |
| | (ii) | For each ye showing the | ar amount name of han the la | s were includ and amount r rger of (1) 1% | ed on line 9 eceived from | of Part IX-A Sta each payer, ot | atement of Revenue ther than a disqualinent of Revenues a | s and Expe | enses, attach a lis , whose payment | is |
| 7 | Rev | enues and E | Expenses | 'If "Yes," att | ach a list ind | of the years cluding the nar and explain why | shown on Part IX me of the contribut it is unusual. | -A Stateme or, the dat | ent of Yes e and | X, No |
| Part : | ΧI | User Fee | Informa | tion and Sig | nature | | | | | _ |
| roces | ss the iry. L | e application Jser fees are | and we w subject to Customer | ill return it to y change. Che Account Servi | ou. Your che ck our websit ces at 1-877- | ck or money or e at www.irs.gc | do not submit the co der must be made p ov and type "Exempi urrent information. O | ayable to t | ne United States | |
| | | | | | | | If of the above organiza knowledge it is true, co | | | |

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

Please Sign Here

Natalie Stagnone 10/3/19
(Type or print name of signer)

Co-Founder/Executive Director/Authorized
(Type or print title or authority of signer)

Representative

Representative

Part II

1.

On next two pages:

- A. Congratulations Letter from Washington State (Certification of Filing)
- B. Scanned Document with Articles of Incorporation from Washington State
 - a. Top Left on first page show evidence that on a specific date they were filed with and approved by the Secretary of State of Washington State.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

ARTICLES OF INCORPORATION

to

THURSTON COUNTY INCLUSION

A WA NONPROFIT CORPORATION, effective on the date indicated below.

Effective Date: 08/28/2019 UBI Number: 604 507 265



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tur Ugna

Date Issued: 08/28/2019

Thurston County Inclusion



Office of the Secretary of State Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

Filing Fee \$30

□ Filing Fee with Expedited Service \$80

EIN: 84-3086461

Secretary of State
State of Washington

Date Filed: 08/28/2019 Effective Date: 08/28/2019

UBI No: 604 507 265

ARTICLES OF INCORPORATION

This Box For Office Use Only

Washington Nonprofit Corporation RCW 24.03

| Do you already have a UBI Number? (Check one) ⊕ Yes ■ No Hi Yes, provide UBI# |
|---|
| If No, a new UBI# will be issued to you upon successful completion of the filing. |
| If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partmership. If you do not have a UBI Number, please select "no" above and continue with the filing. |
| NAME OF CORPORATION: |
| Does the entity have a name reserved? (Check one) □ Yes ■ No |
| If Yes, provide the Name Reservation Number and Name 1f No. provide only the name |
| Reservation Number: |
| Name: Thurston County Inclusion |
| For name requirements review the following RCW(s): Nonprofit Business Corporation - RCW 23.95.305 (2) |
| PURPOSE OF CORPORATION: |
| |
| Purpose for which the nonprofit is organized: (if necessary, attach additional information) |
| Purpose for which the nonprofit is organized: (if necessary, attach additional information) Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build |
| Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime. |
| Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build |
| Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime. |
| Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime. |
| Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime. Any other provisions: See Article Four. |

Articles of Incorporation - Nonprofit
Pg 1 | Revised 7.2018

Work Order #: 2019081900415050 -

Page: 1 of 5

Received Date: 08-19-201
Amount Received: \$30.0

| REGISTERED AGENT: | | | |
|--|--|---|--|
| Is the Registered Agent a Commercial | Registered Agen | t? ☐ Yes ■ No | |
| If Yes, provide the name of the Com | | | |
| A Commercial Registered Agent is an | entity or individu | al that is registered with | the Office of the Secretary of State to gent has the entities/individual's address |
| A Registered Agent consent is still re | equired for a Co | mmercial Registered A | gent located below |
| If No, please continue below | | | gon located below. |
| Please complete ONE type of Re Then continue to pr | gistered Agent b | pelow, be sure to includ red street address. Mail | e the name below the checked box. ling address if needed. |
| ■ Individual Antonio McClinon | □ Entity | | ☐ Office or Position |
| First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.) | Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.) | | List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.) |
| Phone: (360)878-17/2 | | Email: Mcclino | na amay loom |
| Registered Agent Street Addre (Must be a physical address No PO | ess (required) Box or PMB) | Registered | Agent Mailing Address (optional) ing address is the same as street address |
| | ashington | Country: United S | |
| Address: 5516 61ST AVE SE | and the second section of the section of t | | |
| Zip: 98513 City: Olympia | | Zip: | City: |
| I hereby consent to serve as Registered responsibility to accept service of proceand to immediately notify the Office of | Agent in the States, notices, and dethe Secretary of S | e of Washington for the lemands on behalf of the State if I resign or chang | RED FOR ALL TYPES named entity. I understand it will be my entity; to forward mail to the entity; e the Registered Office Address. |
| Signature of Registered Agent | | Printed Name/Title | Date |

Page: 2 of 5

| EFFECTIVE DATE: Please check 6 | <u>ONE</u> of the following | g: | |
|---|---|---|--|
| ■ Date of filing □ Specify a Date | | cannot be more than 90 da | rys following received date |
| INITIAL BOARD OF DIRECTORS | : | | |
| Name and addresses of each initial d | irector are require | d, attach additional she | ets if necessary. |
| Name: Ellen Stagnone Ad- | | 1212 Palomino Dr SE | |
| City Turnwater St | rate WA | Zip 98501 | |
| Name: Anna Roberts | Address: | 1217 Palomino Dr SE | |
| City Turnwater St | ate WA | Zip 98501 | |
| Name: | Address: | | |
| City St | ate | Zip | |
| INCORPORATOR INFORMATION | å | | ************************************* |
| | | | |
| Name, address, an | d signature requir | ed. Attach additional sh | eets if necessary. |
| This record is hereby executed under | negalties of negin | ry and is to the best of | my Impulades to a design to |
| · · · · · · · · · · · · · · · · · · · | penances or perju | i ja and is, to the best of | my knowledge, true and correct. |
| Address: 1212 Palomino Dr SE | | | |
| City Tumwater St | ate WA | Zip 98501 | |
| Matella ATT | Natalie S | tagnone | 8/2/19 |
| Signature of Executor/Incorporato | r | Printed Name/Title | Date |
| DISTRIBUTION OF ASSETS: | | | |
| In the event of voluntary dissolution, th | e net assets will be | distributed as follows: (i | finecessary attach additional |
| information) | | | , notes surject additional |
| See Article Six and | Sarar | | |
| | | | |
| | | | the sale of the law of the same and a sale of the sale |
| RETURN ADDRESS FOR THIS FIL | ING: (Optional) | | |
| This address will be sent document(s) | | Go Allino in ad Halance de | |
| Registered Agent's street/mailing addre | ess. | ne ning in addition to do | cument (s) being sent to the |
| Attention to: Natalie Stagnone | | | |
| Email: stagnonenh@gmail.com | | | |
| Address: 1212 Palomino Dr SE | arrado - 1 toto e estableca e intra-adminis y amenyapanyo ny a ya manana yakana gamanagan | Similar March State (1) to the state of the | |
| | tate WA 2 | Lip 98501 | |
| | | | |

State of Washington

THURSTON COUNTY INCLUSION ARTICLES OF INCORPORATION

Pursuant to §24.03 RCW of the laws of the State of Washington, the undersigned majority of whom are citizens of the United States, do hereby submit these Articles of Incorporation for the purpose of forming a nonprofit corporation.

ARTICLE ONE

The name of the Corporation shall be Thurston County Inclusion.

ARTICLE TWO

The corporation shall have perpetual existence.

ARTICLE THREE

The effective date of incorporation shall be upon filing by the Secretary of State.

ARTICLE FOUR

Thurston County Inclusion is established to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime.

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

ARTICLE FIVE

The Board of Directors will be elected, maintained, and appointed. The corporation's initial Board of Directors are as follows:

Ellen Stagnone, 1212 Palomino Dr SE, Tumwater, WA 98501 Rebecca McClinon, 5516 61st Ave SE, Olympia, WA 98513 Anna Roberts, 1217 Palomino Dr SE, Tumwater, WA 98501

State of Washington

Megan Parks, 427 Sawyer Street SE, Olympia, WA 98501 Karry Trout, 4940 Orvas Ct SE, Olympia, WA 98501 Lorraine Manning, 1302 North Street SE, Olympia, WA 98501 Marion Sheridan, 1302 North Street SE, Olympia, WA 98501

ARTICLE SIX

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Four hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that aren't in furtherance of the purposes of this corporation.

ARTICLE SEVEN

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

ARTICLE EIGHT

The name of the initial registered agent is: Antonio McClinon, 5516 61st Ave SE, Olympia, WA 98513

ARTICLE NINE

The name and address of the Incorporator is: Natalie Stagnone, 1212 Palomino Dr SE. Tumwater, WA 98501 Thurston County Inclusion

EIN: 84-3086461

5.

On next pages:

A. Adopted bylaws.

THURSTON COUNTY INCLUSION BYLAWS

ARTICLE I. NAME OF ORGANIZATION

The name of the corporation is Thurston County Inclusion

ARTICLE II. CORPORATE PURPOSE

Section 1. Nonprofit Purpose

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

Section 2. Specific Purpose

T.C. Inclusion provides opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime.

The specific objectives and purpose of this organization shall be:

- a. to provide opportunities for engagement for youth with and without disabilities in Thurston County
 - a. Youth is defined as people under the age of 18.
- b. to provide year-round activities aimed at working on social skills, fine motor skills and gross motor skills;
- c. to engage minority groups and provide a location for conversations;
- d. to provide community awareness and inclusion.

Section 3. Nondiscrimination Policy

Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, Sample Organization recruits, employs, assigns and promotes staff, terminates employment, accepts patients, volunteers and board members, determines rates of pay and other benefits without discrimination on the basis of age, gender, sexual orientation, disability, ethnic identity, religion or creed.

ARTICLE III. MEMBERSHIP

The membership of the corporation shall consist of the members of the Board of Directors.

ARTICLE IV. BOARD OF DIRECTORS

Section 1. General Powers

The affairs of the Corporation shall be managed by its Board of Directors. The Board of Directors shall have control of and be responsible for the management of the affairs and property of the Corporation.

Section 2. Number, Tenure, Requirements, and Qualifications

The number of Directors shall be fixed from time-to-time by the Directors but shall consist of no less than three (3) nor more than fifteen (15) including the following officers: the President, the Vice-President, the Secretary, and the Treasurer. No one person may hold more than one office at the same time.

The members of the Board of Directors shall, upon election, immediately enter upon the performance of their duties and shall continue in office until their successors shall be duly elected and qualified. All members of the Board of Directors and Advisory Council must be approved by a majority vote of the members present and voting. No vote on new members of the Board of Directors, or Advisory Council, shall be held unless a quorum of the Board of Directors is present as provided in Section 6 of this Article.

Each member of the Board of Directors shall hold office for up to a year term as submitted by the nominations committee.

Each member of the Board of Directors shall attend at least eight (8) monthly meetings of the Board per year.

Section 3. Regular and Annual Meetings

An annual meeting of the Board of Directors shall be held at a time and day in the month of September of each calendar year and at a location designated by the President of the Board of Directors. The Board of Directors may provide by resolution the time and place, for the holding of regular meetings of the Board. Notice of these meetings shall be sent to all members of the Board of Directors no less than ten (10) days, prior to the meeting date.

Section 4. Special Meetings

Special meetings of the Board of Directors may be called by or at the request of the President or any two members of the Board of Directors. The person or persons authorized to call special meetings of the Board of Directors may fix any location, as the place for holding any special meeting of the Board called by them.

Section 5. Notice

Notice of any special meeting of the Board of Directors shall be given at least two (2) days in advance of the meeting by telephone, facsimile or electronic methods or by written notice. Any Director may waive notice of any meeting. The attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular meeting of the Board of Directors need be specified in the notice or waiver of notice of such meeting, unless specifically required by law or by these by-laws.

Section 6. Quorum

The presence, in person of a majority of current members of the Board of Directors shall be necessary at any meeting to constitute a quorum to transact business, but a lesser number shall have power to adjourn to a specified later date without notice. The act of a majority of the members of the Board of Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these by-laws.

Section 7. Forfeiture

Any member of the Board of Directors who fails to fulfill any of his or her requirements as set forth in Section 2 of this Article by September 1st shall automatically forfeit his or her seat on the Board. The Secretary shall notify the Director in writing that his or her seat has been declared vacant, and the Board of Directors may forthwith immediately proceed to fill the vacancy.

Section 8. Vacancies

Whenever any vacancy occurs in the Board of Directors it shall be filled without undue delay by a majority vote of the remaining members of the Board of Directors at a regular meeting. Vacancies may be created and filled according to specific methods approved by the Board of Directors.

Section 9. Compensation

Members of the Board of Directors shall not receive any compensation for their services as Directors.

Section 10. Informal Action by Directors

Any action required by law to be taken at a meeting of the Directors, or any action which may be taken at a meeting of Directors, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by two-thirds (2/3) of all of the Directors following notice of the intended action to all members of the Board of Directors.

Section 11. Confidentiality

Directors shall not discuss or disclose information about the Corporation or its activities to any person or entity unless such information is already a matter of public knowledge, such person or entity has a need to know, or the disclosure of such information is in furtherance of the Corporations' purposes, or can reasonably be expected to benefit the Corporation. Directors shall use discretion and good business judgment in discussing the affairs of the Corporation with third parties. Without limiting the foregoing, Directors may discuss upcoming fundraisers and the purposes and functions of the Corporation, including but not limited to accounts on deposit in financial institutions.

Each Director shall execute a confidentiality agreement consistent herewith upon being voted onto and accepting appointment to the Board of Directors.

Section 12. Advisory Council

An Advisory Council may be created whose members shall be elected by the members of the Board of Directors annually but who shall have no duties, voting privileges, nor obligations for attendance at regular meetings of the Board. Advisory Council members may attend said meetings at the invitation of a member of the Board of Directors. Members of the Advisory Council shall possess the desire to serve the community and support the work of the Corporation by providing expertise and professional knowledge. Members of the Advisory Council shall comply with the confidentiality policy set forth herein and shall sign a confidentiality agreement consistent therewith upon being voted onto and accepting appointment to the Advisory Council.

Section 13. Removal.

Any member of the Board of Directors or members of the Advisory Council may be removed with or without cause, at any time, by vote of three-quarters (3/4) of the members of the Board of Directors if in their judgment the best interest of the Corporation would be served thereby. Each member of the Board of Directors must receive written notice of the proposed removal at least ten (10) days in advance of the proposed action. An officer who has been removed as a member of the Board of Directors shall automatically be removed from office.

Members of the Board of Directors who are removed for failure to meet the minimum requirements in Section 2 of this Article in these by-laws automatically forfeit their positions on the Board pursuant to Section 7 of this Article, and are not entitled to the removal procedure outlined in Section 14 of this Article.

ARTICLE V. OFFICERS

The officers of this Board shall be the President, Vice-President, Secretary and Treasurer. All officers must have the status of active members of the Board.

Section 1. President

The President shall preside at all meetings of the membership. The President shall have the following duties:

- a. He/She/They shall preside at all meetings of the Executive Committee.
- b. He/She/They/They shall have general and active management of the business of this Advisory Board.
- c. He/She/They shall see that all orders and resolutions of the Advisory Board are brought to the Advisory Board.
- d. He/She/They shall have general superintendence and direction of all other officers of this corporation and see that their duties are properly performed.
- e. He/She/They shall submit a report of the operations of the program for the fiscal year to the Advisory Board and members at their annual meetings, and from time to time, shall report to the Board all matters that may affect this program.
- f. He/She/They shall be Ex-officio member of all standing committees and shall have the power and duties usually vested in the office of the President.

Section 2. Vice-President

The Vice-President shall be vested with all the powers and shall perform all the duties of the President during the absence of the latter. The Vice-President duties are:

a. He/She/They shall have the duty of chairing their perspective committee and such other duties as may, from time to time, be determined by the Advisory Board.

Section 3. Secretary

The Secretary shall attend all meetings of the Advisory Board and of the Executive Committee, and all meetings of members, and assisted by a staff member, will act as a clerk thereof. The Secretary's duties shall consist of:

- a. He/She/They shall record all votes and minutes of all proceedings in a book to be kept for that purpose. He/She/They in concert with the President shall make the arrangements for all meetings of the Advisory Board, including the annual meeting of the organization.
- b. Assisted by a staff member, He/She/They shall send notices of all meetings to the members of the Advisory Board and shall take reservations for the meetings.

c. He/She/They shall perform all official correspondence from the Advisory Board as may be prescribed by the Advisory Board or the President.

Section 4. Treasurer

The Treasures duties shall be:

- a. He/She/They may submit for the Finance and Fund Development Committee approval of all expenditures of funds raised by the Advisory Board, proposed capital expenditures (equipment and furniture), by the staff of the agency.
- b. He/She/They shall present a complete and accurate report of the finances raised by this Advisory Board, or at any time upon request to the Advisory Board.
- c. He/She/They shall have the right of inspection of the funds resting with Thurston County Inclusion including budgets and subsequent audit reports.
- d. It shall be the duty of the Treasurer to assist in direct audits of the funds of the program according to funding source guidelines and generally accepted accounting principles.
- e. He/She/They shall perform such other duties as may be prescribed by the Advisory Board or the President under whose supervision He/She/They shall be.

Section 5. Election of Officers

Nominations shall be received from the floor and the election shall be held at the annual meeting of the Advisory Board. Those officers elected shall serve a term of one (1) year, commencing at the next meeting following the annual meeting.

Officers of the Executive Committee shall be eligible to succeed themselves in their respective offices.

Section 6. Removal of Officer

The Advisory Board with the concurrence of 3/4 of the board of directors voting at the meeting may remove any officer of the Board of Directors and elect a successor for the unexpired term. No officer of the Board of Directors shall be expelled without an opportunity to be heard and notice of such motion of expulsion shall be given to the member in writing twenty (20) days prior to the meeting at which motion shall be presented, setting forth the reasons of the Board for such expulsion.

Section 7. Vacancies

The Board of Directors shall also be responsible for nominating persons to fill vacancies which occur between annual meetings, including those of officers. The persons so elected shall hold membership or office for the unexpired term in respect of which such vacancy occurred.

ARTICLE VI. COMMITTEES

Section 1. Committee Formation

The board may create committees as needed. The President appoints all committee chairs from the membership of the Board. Limited term task forces may be appointed by the President at any time with approval by the Executive Committee; standing and longer-term committees shall be created with the affirmation of majority vote of the board.

Section 2. Executive Committee

The four officers serve as the members of the Executive Committee. Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have all the powers and authority of the board of directors in the intervals between meetings of the board of directors, and is subject to the direction and control of the full board.

Section 3. Finance Committee

The treasurer is the chair of the Finance Committee, which includes three other board members. The Finance Committee is responsible for developing and reviewing fiscal procedures, fundraising plans, and the annual budget with staff and other board members. The board must approve the budget and all expenditures must be within budget. Any major change in the budget must be approved by the board or the Executive Committee. The fiscal year shall be the calendar year. Annual reports are required to be submitted to the board showing income, expenditures, and pending income. The financial records of the organization are public information and shall be made available to the membership, board members, and the public.

ARTICLE VII. CORPORATE STAFF

Section 1: Executive Director

The Board of Directors may hire an Executive Director who shall serve at the will of the Board. The Executive Director shall have immediate and overall supervision of the operations of the Corporation, and shall direct the day-to-day business of the Corporation, maintain the properties of the Corporation, hire, discharge, and determine the salaries and other compensation of all staff members under the Executive Director's supervision, and perform such additional duties as may be directed by the Executive Committee or the Board of Directors. No officer, Executive Committee member or member of the Board of Directors may individually instruct the Executive Director or any other employee. The Executive Director shall make such reports at the Board and Executive Committee meetings as shall be required by the President or the Board. The Executive Director shall be an ad-hoc member of all committees.

The Executive Director may be hired at any meeting of the Board of Directors by a majority vote and shall serve until removed by the Board of Directors upon an affirmative vote of three-quarters (3/4) of the members present at any meeting of the Board Directors. Nothing herein shall confer any compensation or other rights on any Executive Director, who shall remain an employee terminable at will, as provided in this Section.

ARTICLE VIII. - Conflict of Interest and Compensation

Section 1: Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's 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.

Section 2: Definitions

- a. 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.
- b. Financial Interest

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

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

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

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

Section 3. Procedures

a. 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.

- b. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, He/She/They 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.
- c. Procedures for Addressing the Conflict of Interest
 - 1. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, He/She/They shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - 2. 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.
 - 3. 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.
 - 4. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.
- d. Violations of the Conflicts of Interest Policy
 - 1. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
 - 2. 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.

Section 4. Records of Proceedings

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

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any

action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Section 5. 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.

Section 6. Annual Statements

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

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

Section 7. Periodic Reviews

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

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

Section 8. 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.

ARTICLE IX. Execution of Documents

Section 1. Documents, Obligations and Disbursements

Policies regarding documents, obligations and disbursements are set forth in the organization's operations policies which shall be reviewed on an annual basis by the board.

ARTICLE X. Parliamentary Authority

Section 1. Fiscal Year

The designated fiscal year of this corporation shall be January 1st to December 31st.

Section 2. Parliamentary Authority

The most recent edition of *Robert's Rules of Order* shall serve as the Parliamentary Authority for the organization.

ARTICLE IX. IDEMNIFICATION

Section 1. General

To the full extent authorized under the laws of the District of Columbia, the corporation shall indemnify any director, officer, employee, or agent, or former member, director, officer, employee, or agent of the corporation, or any person who may have served at the corporation's request as a director or officer of another corporation (each of the foregoing members, directors, officers, employees, agents, and persons is referred to in this Article individually as an "indemnitee"), against expenses actually and necessarily incurred by such indemnitee in connection with the defense of any action, suit, or proceeding in which that indemnitee is made a party by reason of being or having been such member, director, officer, employee, or agent, except in relation to matters as to which that indemnitee shall have been adjudged in such action, suit, or proceeding to be liable for negligence or misconduct in the performance of a duty. The foregoing indemnification shall not be deemed exclusive of any other rights to which an indemnitee may be entitled under any bylaw, agreement, resolution of the Board of Directors, or otherwise.

Section 2. Expenses

Expenses (including reasonable attorneys' fees) incurred in defending a civil or criminal action, suit, or proceeding may be paid by the corporation in advance of the final disposition of such

action, suit, or proceeding, if authorized by the Board of Directors, upon receipt of an undertaking by or on behalf of the indemnitee to repay such amount if it shall ultimately be determined that such indemnitee is not entitled to be indemnified hereunder.

Section 3. Insurance

The corporation may purchase and maintain insurance on behalf of any person who is or was a member, director, officer, employee, or agent against any liability asserted against such person and incurred by such person in any such capacity or arising out of such person's status as such, whether or not the corporation would have the power or obligation to indemnify such person against such liability under this Article.

ARTICLE X. BOOKS AND RECORDS

The corporation shall keep complete books and records of account and minutes of the proceedings of the Board of Directors.

ARTICLE XI. AMENDMENTS

Section 1. Articles of Incorporation

The Articles may be amended in any manner at any regular or special meeting of the Board of Directors, provided that specific written notice of the proposed amendment of the Articles setting forth the proposed amendment or a summary of the changes to be effected thereby shall be given to each director at least three days in advance of such a meeting if delivered personally, by facsimile, or by e-mail or at least five days if delivered by mail. As required by the Articles, any amendment to Article III or Article VI of the Articles shall require the affirmative vote of all directors then in office. All other amendments of the Articles shall require the affirmative vote of an absolute majority of directors then in office.

Section 2. Bylaws

The Board of Directors may amend these Bylaws by majority vote at any regular or special meeting. Written notice setting forth the proposed amendment or summary of the changes to be effected thereby shall be given to each director within the time and the manner provided for the giving of notice of meetings of directors.

ADOPTION OF BYLAWS

We, the undersigned, are all of the initial directors or incorporators of this corporation, and we consent to, and hereby do, adopt the foregoing Bylaws, consisting of the preceding pages 1 through 13, as the Bylaws of this corporation.

ADOPTED AND APPROVED by the Board of Directors on the 1st day of October, 2019.

Part IV:

Thurston County Inclusion (also known as T. C. Inclusion) is an organization founded to provide opportunities for individuals of all abilities to create, build and strengthen relationships that will last a lifetime. Specifically, all of our activities will be aimed at youth in kindergarten through twelfth grade education system in Thurston County, Washington and will take place year-round, but, primarily, in the summer months. The time will be divided between the activities; activities will be determined by the Executive Director(s) and the Board of Directors. The locations of the events will primarily be in Thurston County with specific locations determined by the Executive Director(s) and Board of Directors; if an event is planned to take place outside of Thurston County it will be because a group of people from Thurston County would like to visit somewhere outside of Thurston County. These activities are charitable and educational in nature working towards our goal.

- 1. Support formation of relationships between people with and without disabilities. T. C. Inclusion would like to provide year-round opportunities for engagement for people with and without disabilities in Thurston County. This will be done through activity days that T. C. Inclusion puts on (example: sports or science day), summer camps and other activities in our community. This activity furthers the charitable nature of T. C. Inclusion (an exempt purpose).
- 2. Mentorship. T. C. Inclusion would like to incorporate younger people with and without disabilities (elementary or middle school aged) and older people with and without disabilities (middle or high school aged) in order to increase awareness of inclusion starting at an early age and foster leadership skills in people with and without disabilities; mentorship could also be done for peers or with adults. Creating new leaders that spread awareness of all ages will support our goal of more inclusive practices in Thurston County and strengthen relationships between people with and without disabilities. This activity furthers the educational and charitable nature of T. C. Inclusion.
- 3. Community Outings. T. C. Inclusion would like to support groups of people with and without disabilities going on outings; examples of outings would be bowling, movies or going to the mall. This would give parent/guardian freedom for a set period of time and support engagement in activities for people with and without disabilities together. This activity furthers the charitable nature of T. C. Inclusion.

- EIN: 84-3086461
- 4. Inclusive Activities. T. C. Inclusion is committed to supporting inclusion for people's race, religion, marital status, age, gender, gender identity or expression, sexual orientation, color, creed, national origin, veteran or Vietnam era veteran status, use of a trained guide dog or service animal by a person with a disability or a handicapping condition, the presence of any sensory, mental or physical disability, including communicable diseases and HIV/Aids. With this, other programming may be started in order to support inclusive activities of these groups or others. This activity furthers the charitable and educational nature of T. C. Inclusion.
- 5. Awareness and Fundraising Program. T. C. Inclusion seeks to educate people without disabilities about inclusion in the workplace and community through conversations about accessibility, awareness, and acceptance. These fundraising and awareness programs will financially support programs mentioned above. In the near future we will be fundraising to support the formation of relationships as follows:
 - a. Community Fundraising Events. T. C. Inclusion will sponsor community events, like barbeques or lecture series. Each of these events will take place in the evenings and be lead by the board members and/or executive directors. At these events, T. C. Inclusion will talk about the impact of our work and encourage financial support as well as increasing/support inclusive practices.
 - b. Disability Positive Media. T. C. Inclusion will work with members of the disability community to ensure that our message of inclusion portrays people with disability in a positive way. These messages will be placed on social media and, hopefully, in the near future we will have a website to place them on. This will increase knowledge of our organization and ideally help to solicit funds.
 - c. Other. T. C. Inclusion may solicit funds through donors, sponsors, campaigns, selling merchandise, or others. This will increase awareness of our nonprofit as well as financially support the organization.
- **6.** Leadership of Board of Directors and Executive Directors. T. C. Inclusion will be led by a Board of Directors that is representative of the community that we serve as well as has different expertice backgrounds. Day-to-Day functions of the organization will fall to the Executive Director(s), including the running of the programs mentioned above. All of these people will have meetings six times per year and one annual meeting to discuss the objectives for the coming year as well as evaluate the completion of the previous years' goals. The Board of

Directors and Executive Director(s) will decide the percentages of time spent on each activity listed above each year depending on the need in the community and available funds. This meeting will last a minimum of one hour and every meeting will be conducted by the President of the Board of Directors.

Part V

1a.

Additional Names:

| Name | Title | Address | Compensation |
|------------------|----------|---|--------------|
| Lorraine Manning | Director | 1302 North Street SE Olympia, WA 98501 | none |
| Megan Parks | Director | 427 Sawyer Street SE Olympia, WA 98501 | none |
| Karry Trout | Director | 4940 Orvas Ct SE Olympia, WA 98501 | none |
| Marion Sheridan | Director | 1302 North Street SE Olympia, WA 98501 | none |

2a.

Currently, no one on the board of directors is related, but being that our board is composed of people with and without disabilities and for our community, it is possible that in the future people on the board of directors may be related; regardless of relationships on the board Conflict of Interest Policies will be signed by all members of the Board of Directors.

4.

Currently, T. C. Inclusion does not have any paid employees. If in the future, T. C. Inclusion is a position to hire it will follow practices recommended in Part V section 4 of Form 1023. The Bylaws of T. C. Inclusion require that all officers be volunteers and they shall not be compensated monetarily for their service as Directors.

Part V

5a.

See Bylaws Article VIII, page 16. This policy will be signed yearly by all members of the board of directors. It shall be signed at the annual meeting as well as at the times vacancies are filled.

Part VIII

4a.

- T. C. Inclusion will raise funds in the following ways:
 - A. Acceptance of Donations on the Website. In the near future, T. C. Inclusion would like to launch a website that would have the capabilities of accepting donations.
 - B. Email Solicitations. T.C. Inclusion will send a monthly email to donors to highlight our activities and request donations for continuing programs. T. C. Inclusion will also have a weekly newsletter highlighting different programs, ideas and topics which will include a donate option.
 - C. Foundation Grant Solicitations. T. C. Inclusion may apply for grants from other organizations/foundations.
 - D. Other. T. C. Inclusion would like to sell T-shirts and other merchandise that will help to further awareness of organization as well as bring in funds. Likewise, T. C. Inclusion would also like to raise funds through gatherings such as barbecues or dinners. T C. Inclusion may also solicit minimal funds for the programs that we put on (example: summer camp registration fees). These events shall encourage donations and inform the public about our ongoing activities stated in part IV.

Each fundraising program will support Thurston County Inclusion's charitable and educational purposes and the funds will be used to support their activities.

4d.

T. C. Inclusion will do all of its own fundraising and will not conduct fundraising for other organizations. T. C. Inclusion will fundraise in Washington State; primarily in Thurston County.

7a.

T. C. Inclusion does not currently have plans to develop facilities, but in the future, it may be necessary for support in developing our facilities. The developer would be chosen by the lowest bid and ensured that there is no Conflict of Interest on the Board of Directors (see conflict of interest policy on page 16).

10.

T. C. Inclusion does not currently own any copyrights, patents, or trademarks of any intellectual property. In the future, T. C. Inclusion may own any copyrights, patents, or trademarks of any intellectual property that is developed on its behalf by its employees, officers, directors or volunteers. Currently there is no such intellectual property and there are no plans for obtaining it. Nonetheless, in the event that the opportunity arises the Board of Directors will determine the fees, production and distribution, and marketing of the intellectual property following the guidelines in the Articles of Incorporation and in the Bylaws; the Board of Directors will ensure that all intellectual properties follow the guidelines laid out by 501(c)3 regulations.

11.

T. C. Inclusion has not up to now neither received nor has anyone offered to donate any of the items described in question 11. In the event that the opportunity arises for any such donation the Board of Directors will determine the terms of acceptance following the guidelines of the Articles of Incorporations and the Bylaws. We will ensure that donations are accepted in accordance with 501(c)(3) regulations. We currently have no specific plans, but if it occurs it is necessary to mention the possibility.

Part IX

Thurston County Inclusion is in its first year, therefore is including information for the remainder of this year and the following two years.

9.

Itemized List:

| Name | Description | Quantity | Price |
|---|--|----------|-------|
| T-Shirts, Sweatshirts, Stickers or Other | Items with our nonprofit name on them that will be sold. | 100 | \$400 |

23.

| Name | Description | Quantity | Price |
|--|---|------------------------------------|---|
| Program Item Fees (summer camp, mentorship, etc) | Items that will be used for the activities that T. C. Inclusion provides (not a complete list, just an approximation/example of items that T. C. Inclusion will purchase for their programs): Art Supplies, Office Supplies, Paper, Outdoor Games (corn hole or badminton), Wrist Bands, Tables, Snacks, etc. | Amount Needed for all Participants | Varies depending on year and number of participants. First year: about \$800 Second Year: about \$1,800 |

Part X

6.

T. C. Inclusion has not been in existence for 5 years.

Thurston County Inclusion

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-18-2019

Employer Identification Number: 84-3086461

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

THURSTON COUNTY INCLUSION % NATALIE STAGNONE
1212 PALOMINO DR SE
TUMWATER, WA 98501

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3086461. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.qov/charities.

Thurston County Inclusion

(IRS USE ONLY) 575E

09-18-2019 THUR O 9999999999 SS-4

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

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

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

EIN: 943086461

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-18-2019) EMPLOYER IDENTIFICATION NUMBER: 84-3086461 FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

THURSTON COUNTY INCLUSION % NATALIE STAGNONE 1212 PALOMINO DR SE TUMWATER, WA 98501