

FINANCE & ACCOUNTING

AREA AND COUNTY PROGRAM FUNDS — POLICY OVERVIEW

1. SOIN is accredited by Special Olympics, Inc., and registered with the federal and state agencies as the sole nonprofit organization for Special Olympics in Indiana, with exclusive rights to the official name and logo within our jurisdiction. Accordingly, there is no recognition of Area or County Programs as separate entities. No bank or investment accounts may bear the name of Special Olympics, except an individual account approved and controlled by the State Office.
2. Through an annual accreditation process, SOIN accredits Area and County Programs providing those management teams with the right to raise funds and disburse funds for local purposes through the SOIN consolidated accounting system.

GENERAL FINANCIAL POLICIES

1. Under special circumstances, an affiliated service-providing organization may apply to participate in SOIN events, but is forbidden to use the Special Olympics name and logo to raise funds.
2. All SOIN Area and County accounts are consolidated into a central bank account managed by the State Office to provide for the ongoing cash needs of its Area and County Programs. Funds received from Area and County Programs will be maintained within a separate general ledger account for each program.
3. Under no circumstances may an Area or County Program establish a separate account or withhold funds raised in the name of Special Olympics. Unauthorized accounts or use of SOIN funds shall result in suspension of the programs and criminal prosecution when warranted.
4. Area and County Programs must appoint a Treasurer (subject to Class A volunteer requirements) whose job it is to ensure appropriate financial management. This Treasurer is required to complete SOIN financial training. **County Coordinators and Area Directors are not allowed to serve as the Treasurer. Furthermore, the County Coordinators or Area Directors cannot be members of the same household with the Treasurer.**
5. Area and County Programs are required to submit an annual budget as part of its Accreditation application each year, subject to the approval of the State Office, which projects revenues and expenses for the upcoming calendar year.
6. In a calendar year, Area and County Programs are expected to raise an amount of money at least equal to the total funds spent in that same calendar year. Revenue may exceed or be less than expenditures at any point during the year, but must be net zero, or greater, on Dec. 31 each year.
7. County Programs are expected to annually raise an amount commensurate to its projected expenses.
 - a. For County Programs with at least 50% of a year's expenses in reserve, funds raised in excess of the amount spent in any given year will be carried over to the following year (deferred). The amount that can be carried-over shall be no more than \$10,000.
 - b. For County Programs without at least 50% of a year's expenses in reserve, funds raised in excess of the amount spent in any given year will be placed in that County Program's reserve fund.
8. The carry-over calculation will be made after the SOIN books are closed on or about March 31 of each year and communicated to counties by April 30 of each year. The funds will appear as a transfer of funds in the May financial report.
9. Programs raising funds between 95% and 99% of their annual expenditures will receive written notice and offered fundraising assistance by the State Office.
10. Programs raising funds less than 95% of their annual expenses will be placed on financial probation.
 - a. Programs considered by the State Office to be failing in their responsibility for raising sufficient annual funds [because of a significant shortfall (20%+) or repeated non-compliance] will be placed on cash-basis accounting, meaning credit card privileges are suspended and costs may be incurred only if their program has deposited sufficient funds during that calendar year. As a last resort, programs unable to provide the necessary financial support for their activities may be suspended from participation pending replacement of the management team.
11. Area and County Program consolidated reserve funds above the amount required for cash flow purposes will be invested according to the SOIN Investment Policy. Interest and/or dividends resulting from these investments will be retained in the SOIN investment account for the benefit of respective programs.
12. The State Office will coordinate a series of collaborative fundraising activities each year (e.g., Polar Plunge and Plane Pull) designed for shared participation by accredited Counties. Guidelines for revenue sharing percentages for collaborative events will be determined and communicated prior to event registration.
13. County Programs shall not require payment of fees by athletes or their families for the athlete's participation in Special Olympics, including charges to register for or enroll in the program.
14. Reasonable allocation of funds for the training and recognition of volunteers and sponsors is considered an appropriate use of SOIN funds. Activities for athletes, families, volunteers, etc., that are not related to Special

FINANCE & ACCOUNTING

Olympics sports training or competition (such as social gatherings or trips) are questionable and must be referred to the State Office for approval.

15. Through the State Office annual budgeting process, the Board of Directors shall approve registration (entry) fees for all State Office managed events.
16. Entry fees will be transferred from the Area and County accounts based on entries received by the deadline. The entry fee is non-refundable, except in the event of cancellation by the State Office because of weather or facility issues beyond the control of event organizers.
17. Area and County Programs shall follow SOIN policies regulating capital expenditures (purchases of \$1,500 or more and a useful life of more than one year). Area and County Programs are prohibited from purchasing any motorized vehicle, building, or land.
18. Area and County Programs are prohibited from using funds to hire full or part-time staff. With advance permission of the State Office, Area and County Programs may pay stipends (not to exceed \$599 per year) to volunteers who provide irreplaceable administrative support.
19. All donations received from the Knights of Columbus shall not be deposited locally but forwarded to the State Office upon receipt for deposit into the Summer Games Fund. These funds will be pooled to provide participating County Programs with a discount on Summer Games entry fees. The discount is calculated based on all funds received at any level of SOIN from the Knights of Columbus between April 1 and March 31 annually.

APPROPRIATE USE OF FUNDS

SOIN has the legal and ethical obligation to make sure funds raised in the name of Special Olympics are used in pursuit of the organization's mission — year-round sports training and competition for individuals with intellectual disabilities. Failure by any SOIN representative to follow the highest level of integrity in the use of donated funds shall be grounds for dismissal or other disciplinary action.

An independent auditing firm conducts an annual audit to ensure proper stewardship of funds donated to SOIN.

STATUS OF FUNDS WITHIN SOIN

According to the General Rules of Special Olympics Inc., there is only one 501(c)(3) Special Olympics organization in Indiana. In that respect, all funds are technically (and for tax and legal purposes) governed by the State Office (budget, audit, investment, etc.).

THEFT OF FUNDS

In the event SOIN funds are used in an unauthorized manner for personal benefit, the State Office will follow the guidelines listed below:

1. All program records will be retrieved from the SOIN filing system, as well as all records from the local Fifth Third branch or, if applicable, the local bank account.
2. Either State Office staff or the current accounting firm representing the organization will review those records, depending on the seriousness of the situation.
3. If a minor problem exists, individual(s) in question will be given an opportunity to correct the error(s).
4. If, however, records show a deliberate effort to direct money for individual gain, the matter will be turned over to the Finance Committee of the Board of Directors.
5. The Finance Committee will recommend to the Board of Directors to either file charges with the county prosecutor or pursue other options.

TRANSFERRING AUTHORITY TO A NEW TREASURER

1. The State Office must be notified prior to the new appointment. The new Treasurer must submit a Change of Leadership Form.
2. The new Treasurer must complete the SOIN Financial Training provided by the Accounting Coordinator.
3. For programs with approved non-Fifth Third bank accounts, the Accounting Coordinator will initiate a new signature card and corporate resolution (if required). The Area Director or County Coordinator and new Treasurer will be required to provide their signature, at the bank, upon notification from the Accounting Coordinator.

QUARTERLY REPORTING

On a quarterly basis, all programs will receive financial statements and transaction reports for the three (3) previous months from the State Office. Each program is responsible for reviewing such reports and validating accuracy of the

FINANCE & ACCOUNTING

information. Any questions are to be submitted to the Accounting Manager or Chief Financial Officer (CFO).

It is imperative that each program review these reports as there are a significant number of transactions that occur within SOIN and, although we strive for perfection, we cannot guarantee 100% accuracy and rely upon careful review and knowledge of transactions as a confirmation of accuracy.

AUDITED FINANCIAL STATEMENTS AND IRS FORM 990

The State Office secures the services of a certified public accounting firm to conduct an annual audit of all authorized programs and to prepare its annual filing with the IRS. The audited annual financial statements and Form 990 are available for public inspection. Individuals may request a copy of the annual financial statements by contacting the State Office at 317-328-2000 or at 6200 Technology Center Drive, Suite 105, Indianapolis, IN 46278. The service fee for each copy of the audited financial statements or Form 990 is \$1 for the cover and \$0.15 for each page, plus postage.

The audited financial statements and Form 990 are also available for public inspection at the State Office during our operating hours (8 a.m.-4:30 p.m., Monday-Thursday and 8 a.m.-noon on Friday). You may also access the Form 990 for SOIN at www.quidestar.org.

CONTACTING THE STATE OFFICE ACCOUNTING DEPARTMENT

All forms and questions should be sent to countyacctng@soindiana.org

BANK ACCOUNTS

All programs for which there is a local Fifth Third branch must have a depository account set up at its local Fifth Third branch. This procedure will be handled by the State Office. There shall be no other accounts established in any financial institution without the express written authority of the State Office. The establishment of a separate account is considered a violation of SOIN policy and will be strictly enforced.

NO FIFTH THIRD BRANCH IN AREA

In the event there is no local Fifth Third branch in your Area/County, the State Office will work with the Program to establish an approved non-Fifth Third bank account. The State Office Accounting Manager will initiate the account opening, signature card and corporate resolution (if required). The Area Director or County Coordinator and Treasurer will be required to provide their signature, at the bank, upon notification from the Accounting Coordinator. All bank accounts must also have the signature authority of the SOIN President & CEO.

On a monthly basis, each program will be required to forward a copy of their local bank statement to the State Office for reconciliation purposes. This statement must be forwarded immediately upon receipt and may be submitted by mail, fax or email. For these Area and County Programs, funds will be maintained at a level to avoid a service charge on the account. The remainder will be transferred, on a periodic basis, to the consolidated Fifth Third account.

EXPENDITURE OF FUNDS FROM LOCAL BANK ACCOUNT

Programs are prohibited from making any expenditures from its local bank account (including any Fifth Third account). This is considered a violation of policy.

RECEIPT OF FUNDS

- All cash receipts are to be deposited as soon as reasonably possible in to your local Fifth Third or approved non-Fifth Third account.
- All cash received must be accounted for and deposited and may not be used to pay expenses.
- For additional documentation required for donations see the Fundraising section.
- Programs must complete a Deposit Form for all deposits and attach the original or a copy of the deposit receipt provided by the bank. This documentation must be complete and provided to the State Office immediately upon deposit of funds. The form may be submitted by mail, fax or email but must always be accompanied by the deposit receipt with the register printout on it.
 - The deposit form is to include the following details:
 - Date cash/check received
 - Purpose of receipt (fundraiser, donation, etc.)
 - From whom funds were received
 - Receipt type (cash or check), if check include check date and check number

FINANCE & ACCOUNTING

- Copy and include with the Deposit Form, checks received by any of the following:
 - Civic or Fraternal Organizations (e.g., Kiwanis, AmVets, Tri-Kappa, etc.)
 - Corporations (e.g., Wal-Mart, Target, etc.)
 - All checks \$250 or greater
- There are additional documentation requirements for IRS purposes. See the Fundraising section for additional information.
- Any deposit documentation not received within 30 days of deposit is considered delinquent.
- Areas and Local entities will not receive credit for any deposits/cash receipts until the above items have been received by the State Office.

CHECK REQUEST

Invoices for expenditures are to be sent to the State Office, attention: Accounting Manager, accompanied by a Check Request Form. Requests for reimbursement for expenditures are to be sent via mail, fax or email to the State Office and must include the following documentation:

- Check Request Form
- Original or copy of receipt(s) or paid invoice(s)

Any check request submitted that does not include the appropriate documentation (invoice/receipt) will not be paid until such documentation is received.

Programs are responsible for submitting invoices on a timely basis and will be responsible for any late fees incurred as a result of not doing so.

SALES TAX EXEMPTION ON PURCHASES

As an Indiana nonprofit corporation, all purchases made in Indiana for the benefit of SOIN are exempt from sales tax. Beginning in 2022, blanket form ST-105 for sales tax exemption is no longer applicable. Form NP-1 must be requested for each vendor. This form will be obtained by the State Office on your behalf. Please submit your request for a vendor NP-1 no later than 3 business days prior to when you will need it to allow time to request and receive the form from the Department of Revenue and obtain a signature.

The State Office does not reimburse for sales tax on purchases for which you did not make a reasonable attempt to obtain and present Form NP-1 to a vendor.

Please note that nonprofit organizations are not exempt from sales tax on meals and lodging.

TIME LIMIT FOR SUBMITTING EXPENSE REIMBURSEMENTS

All requests for expense reimbursement must be submitted no later than three (3) months of incurring the expense, except as noted at year-end. Any request for reimbursement submitted after this allotted time limit will not be reimbursed. All expense requests must be submitted within 30 days of year-end.

TRAVEL EXPENSES

Programs may reimburse their volunteers at the current standard mileage rate issued by the Internal Revenue Service (contact the State Office for the current rate or go to www.irs.gov) for travel to official meetings, training programs, and competitions. Requests for mileage reimbursement must be pre-approved by the person in charge of the program and submitted on a Travel Expense Form. This form is then submitted to the State Office accompanied by the Check Request Form. The State Office will review and verify mileage claims.

VOLUNTEER MILEAGE

Volunteers using private vehicles for Special Olympics activities may be credited with an in-kind contribution for mileage up to the limit allowed by the Internal Revenue Service (please contact your personal accountant for additional information regarding the tax deduction allowed). No excess reimbursement will be granted by SOIN.

SOIN CREDIT CARD

County Coordinators and Area Directors may request a credit card from the State Office for use solely for qualified Special Olympics expenditures. In the event the card is used for purposes other than for Special Olympics, the State Office will immediately cancel the card and seek reimbursement for such expenditures. Please notify the State Office immediately if the card is lost or stolen, and it will be immediately cancelled.

The State Office will establish an appropriate credit limit for each card. In the event a program's reserve funds are \$0 or

FINANCE & ACCOUNTING

negative, the card will be suspended until such reserve is replenished.

Card users are required to submit a Credit Card Expense Report upon use of such card. All credit card receipts must be submitted to the State Office (either via email or mail) by the 15th of the month following the credit card statement date (example: by Aug. 15 for June 28-July 27 charges). Failure to comply will result in the suspension of the user's card.

PURCHASE OF CAPITAL ASSETS

SOIN's policy is to capitalize (versus expense) any items purchased that have a value of \$1,500 or more and a useful life of more than one year. Purchases of capital assets (computers, etc.), must be pre-approved in writing by the President & CEO of SOIN.

OWNERSHIP OF ASSETS

All capital assets remain the property of the Special Olympics organization. If a program ceases to exist, all capital assets will be turned over to SOIN, which will determine at its sole discretion the most appropriate disposition of such assets.

INSURANCE COVERAGE

Each Area or County Program is responsible for maintaining the necessary insurance on their capital assets.

DEPRECIATION

For those programs that have any capital assets the State Office will record depreciation on an annual basis. As such, when such items are purchased, your cash will be reduced by the appropriate amount, but there will not be a corresponding expense. The asset will be expensed over time, which is considered to be the "life" of the asset. Standard IRS "lives" are used for depreciation purposes. For example, a computer will be depreciated over three (3) years. Instead of seeing a \$3,000 expense when you purchase the asset, you will see the expense as a depreciation expense in the amount of \$1,000 annually for three (3) years.

DISPOSAL OF ASSETS

In the event you dispose of an asset or an asset ceases to be utilized in Special Olympics operations, please inform the State Office immediately in writing so that we may appropriately account for it. Please provide the State Office the following information for any disposition:

- Date of disposal
- Method of disposal (discarded, traded-in, sold, lost, stolen, other)
- If sold, amount of revenue received
- If traded in, identify asset received in trade

PROPERTY TAXES

All capital assets owned by SOIN (State, Area or County) require an annual filing with the local county government. The State Office files all necessary property tax documentation for programs. However, the State Office needs to know when such filing either is necessary or is no longer necessary. Thus, it is imperative that the State Office is informed on a timely basis of any additions or disposals. If you receive any notifications from your County Assessor, forward it to the State Office immediately. The State Office will respond to any requests or file all necessary paperwork.

ANNUAL REVIEW OF ASSET LISTING

On an annual basis, the State Office will forward to each Area Director or County Coordinator a list of all assets currently on the SOIN records for review to ensure all updates have been appropriately reflected.

FEES FOR STATE COMPETITIONS

Fees for the state competitions shall include the total cost of the Special Olympics program. These fees will be deducted from the County accounts. The fees will cover the cost of participants entering the state competitions.

SALE OF SOUVENIRS

Effective July 1, 2022, all sales of tangible items by nonprofit organizations are subject to sales tax. The state office will calculate the amount of sales tax to be remitted to the State of Indiana based on total cash receipt of these sales. For additional information, please contact the CFO Karen Kennelly at kkennelly@soindiana.org.

FINANCE & ACCOUNTING

RECEIVING FUNDS BY CREDIT CARD

The state office has an account with Intuit to take credit card payments from donors. This is available to counties on a per-event basis. Use of the Intuit account is available upon request at least one week in advance of the scheduled event by contacting the Accounting Manager, LaToya Scott at lscott@soindiana.org. Counties are precluded from setting up their own separate account with any provider.

NO CASH PRIZES

SOIN prohibits the use of funds donated to Special Olympics for cash prizes as awards for participation in a fundraising event (e.g. golf outing). It is appropriate to provide promotional items or merchandise certificates for participants within expense guidelines. With pre-approval of the State Office, vouchers for prize checks may be provided by SOIN when necessary documentation is received following an event.

	REGISTERED RETAIL MERCHANT CERTIFICATE INDIANA DEPARTMENT OF REVENUE 100 N SENATE AVE INDIANAPOLIS IN 46204-2253 (317) 232-2240
INDIANA SPECIAL OLYMPICS INCORPORATED 6200 TECHNOLOGY DRIVE INDIANAPOLIS IN 46273	FEIN 35-1262574 LOC ID 0002039893-001 ISSUED May 31, 2024 EXPIRES June 30, 2025
IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE ADDRESS ABOVE IF DIFFERENT FROM BELOW.	THIS LICENSE: IS NOT TRANSFERRABLE TO ANY OTHER PERSON. IS NOT SUBJECT TO REBATE. IS VOID IF ALTERED.
 FINANCE DEPARTMENT INDIANA SPECIAL OLYMPICS INCORPORATED 6200 TECHNOLOGY CENTER DR # 105 INDIANAPOLIS IN 46278-6003	 COMMISSIONER
MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN	

**Request for Taxpayer
 Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
 requester. Do not
 send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Indiana Special Olympics, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
 Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions) _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
 (Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions _____

5 Address (number, street, and apt. or suite no.). See instructions.
6200 Technology Center Drive, Suite 105

6 City, state, and ZIP code
Indianapolis, IN 46278

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
 [] [] [] - [] [] - [] [] [] []

OR
 Employer identification number
 3 5 - 1 2 6 2 5 7 4

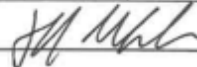
Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person  Date **01/09/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077556534
June 04, 2015 LTR 4168C 0
35-1262574 000000 00

00032690

BODC: TE

INDIANA SPECIAL OLYMPICS INC
6200 TECHNOLOGY CENTER DRIVE STE 10
INDIANAPOLIS IN 46278-6003

021678

Employer Identification Number: 35-1262574
Person to Contact: S LENARD
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 13, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in May 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

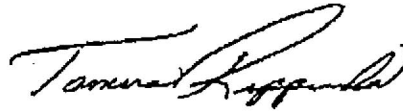
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077556534
June 04, 2015 LTR 4168C 0
35-1262574 000000 00
00032691

INDIANA SPECIAL OLYMPICS INC
6200 TECHNOLOGY CENTER DRIVE STE 10
INDIANAPOLIS IN 46278-6003

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations