

Form **1023**

(Rev. January 2020)

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. 1545-0047

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

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant**1a** Full Name of Organization (exactly as it appears in your organizing document)**BSEB-Birth Support, Education & Beyond, Inc.****b** Care of Name (if applicable)

Traci McComiskey, Executive Director

c Mailing Address (Number, street and room/suite)

15 Crossley Court

d City

Niantic

e Country

United States

f State

Connecticut

g Zip Code + 4

06357

h Foreign Province (or State)**i** Foreign Postal Code**2** Employer Identification Number

93-3981292

3 Month Tax Year Ends

December

4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative)

Traci McComiskey

5 Contact Telephone Number

860-867-7541

6 Fax Number (optional)**7** User Fee Submitted

\$600.00

8 Organization's Website (if available): www.bsebct.net**9** List the names, titles, and mailing addresses of your officers, directors, and/or trustees.

First Name: Ashlee

Last Name: Parks

Title: President

Mailing Address: 307 Rte. 87

City: Columbia

State (or Province): Connecticut

Zip Code (or Foreign Postal Code): 06237

First Name: Kimberly

Last Name: Drakes

Title: Vice President

Mailing Address: 11 Dally Farm Rd.

City: Windsor

State (or Province): Connecticut

Zip Code (or Foreign Postal Code): 06095

First Name: Marie

Last Name: Russell

Title: Treasurer

Mailing Address: 15 Broadway St.

City: Niantic

State (or Province): Connecticut

Zip Code (or Foreign Postal Code): 06357

First Name: Brian

Last Name: Gay

Title: Secretary

Mailing Address: 234 S. Main St. Apt. 208

City: Middletown

State (or Province): Connecticut

Zip Code (or Foreign Postal Code): 06457

First Name: Beatrice

Last Name: Mathis

Title: Director

Mailing Address: 95 Timothy Terrace

City: Windsor

State (or Province): CT

Zip Code (or Foreign Postal Code): 06095

☒ Check here to add more officers, directors, and/or trustees.

Zachary Strasser, Director, 8 Zabella Ave. Auburn MA, 01501

Part II Organizational Structure

- 1** You must be a corporation, limited liability company (LLC), unincorporated association, or trust to be tax exempt.

Select your type of organization.

☒ Corporation

At the end of this form, you must upload a copy of your articles of incorporation (and any amendments) that shows proof of filing with the appropriate state agency.

☐ Limited Liability Company (LLC)

At the end of this form, you must upload a copy of your articles of organization (and any amendments) that shows proof of filing with the appropriate state agency. Also, if you adopted an operating agreement, upload a copy, along with any amendments.

☐ Unincorporated Association

At the end of this form, you must upload a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.

☐ Trust

At the end of this form, you must upload a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.

- 2** Enter the date you formed. (MM/DD/YYYY)

10/18/2023

- 3** Select your state (or U.S. territory) of incorporation or other formation. If you were formed under the laws of a foreign country, select Foreign Country.

Connecticut

- 4** Have you adopted bylaws? If "Yes," at the end of this form, upload a current copy showing the date of adoption. If "No," explain how you select your officers, directors, or trustees.

☒ Yes

☐ No

- 5** Are you a successor to another organization?

☐ Yes

☒ No

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.

Part III Required Provisions in Your Organizing Document

Part III helps ensure that, when you submit this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3).

If you cannot check "Yes" in both Lines 1 and 2, your organizing document does not meet the organizational test. DO NOT file this application until you have amended your organizing document. Remember to upload your original and amended organizing documents at the end of this form.

- 1** Section 501(c)(3) requires that your organizing document limit your purposes to one or more exempt purposes within section 501(c)(3), such as charitable, religious, educational, and/or scientific purposes.

The following is an example of an acceptable purpose clause: The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Does your organizing document meet this requirement?

☒ Yes ☐ No

- 1a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph):

July 16, 2024 Amended and Restated: Exhibit A Page 3, line item 6 (A).

- 2** Section 501(c)(3) requires that your organizing document provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

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

Does your organizing document meet this requirement?

☒ Yes ☐ No

- 2a** State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or indicate that you rely on state law.

July 16, 2024 Amended and Restated: Exhibit A, Page 6, line 14

Part IV Your Activities

- 1 Describe completely and in detail your past, present, and planned activities. Do not refer to or repeat the purposes in your organizing document. For each past, present, or planned activity, include information that answers the following questions:
- What is the activity?
 - Who conducts the activity?
 - Where is the activity conducted?
 - What percentage of your total time is allocated to the activity?
 - How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
 - How does the activity further your exempt purposes?

A. What is the activity?

BSEB-Birth Support, Education & Beyond, Inc. ("Applicant") provides on-site, in-person perinatal support services. More specifically, Applicant assists women who are pregnant or who have recently given birth, through services provided by community health workers who visit the women in their homes or in other locations. The services provided by Applicant include: prenatal support, childbirth education, doula services, postpartum support, early parenting education, lactation support, and connecting the clients with additional community and social supports. Applicant's clients are primarily at-risk youth, young adults and vulnerable families, especially those who have endured trauma, may have mental health diagnoses, or otherwise have few support systems. The services provided by Applicant have been shown to improve community health and social welfare in the following ways, to name a few:

- reducing infant and maternal mortality and morbidity rates;
- increasing breastfeeding rates, thereby improving health for infants;
- improving parent/child interactions thus reducing the risk for child abuse and neglect;
- reducing exposure to childhood adverse experiences; and
- offering pathways into equitable access to healthcare services and other community supports.

In short, Applicant's services directly result in healthier, stronger families and communities.

B. Who conducts the activity?

Applicant's program utilizes home-visiting providers known as Perinatal Support Specialists (PSS) who hold multi-disciplinary credentialing, certifications and training. Through these PSS professionals, Applicant provides direct delivery of client services, community supports, advocacy and education. Applicant's Perinatal Support Specialists include but are not limited to: labor doulas, postpartum doulas, childbirth educators, parenting educators, lactation counselors, community health workers, mental health practitioners, and domestic violence advocates.

The PSS professionals have their own practices, which will enter into independent contractor arrangements with Applicant for the delivery of services in 2024. In subsequent years, Applicant hopes to hire many of those PSS professionals as full- or part-time employees in order to engage in enhanced professional development. Applicant will also employ leadership staff – initially an executive director and a director of operations – as appropriate and as funding allows, to administer its programming.

C. Where is the activity conducted?

For the most part, Applicant's Perinatal Support Specialists visit clients in the home of the client or the client's family. Services are also provided at a community location defined by the client/family to best suit their needs at the time of services – such as a hospital, doctor's office, public library, or park, to name a few. Applicant does not have a clinic or other centralized site at which it provides services.

D. What percentage of your total time is allocated to the activity?

The frequency and duration of Applicant's aggregate direct client services will vary with the needs of its clientele. That said, Applicant expects that approximately 65% of time will be devoted to providing direct client care and supports; 20% on client care planning, resourcing and being on-call for client support services; 10% on administrative work, including contracting and development; and 5% on professional development of the PSS team.

E. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?

This program is 100% funded by public grants, foundations, charitable donors, private philanthropy, insurance, and state contracts with no direct out of pocket expense to the clients or families being served. The grants and service revenues set out in the budget for 2025 and 2026 reflect grants and contracts Applicant expects (hopes) to receive in those years.

F. How does the activity further your exempt purpose?

The promotion of health, the provision of health-related services, and the conduct of other activities beneficial to the community are all clearly charitable activities. Applicant's services as described above – including prenatal support, childbirth education, doula services, postpartum support, early parenting education, lactation support, and connecting the clients with additional community and social supports – are all in designed to further the health of Applicant's clients, their families, and the community - thereby furthering Applicant's exempt purpose.

Part IV Your Activities (continued)

2 Enter the 3-character NTEE Code that best describes your activities.

P40

Or check here if you want the IRS to select the NTEE Code that best describes your activities.

☐

3 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

4 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? If "Yes," explain how these related individuals are eligible for goods, services, or funds.

☐ Yes☒ No

5 Do you or will you support or oppose candidates in political campaigns in any way? If "Yes," explain.

☐ Yes☒ No

Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation.

☐ Yes☒ No

6

Part IV**Your Activities** (continued)

- 6a** Did you or will you make an election to have your legislative activities measured by expenditures by filing Form 5768? 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

- 7** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed.

☐ Yes ☒ No

- 8** Do you or will you provide educational information to the general public on budgeting, personal finance, financial literacy, saving and spending practices, the sound use of consumer credit, and/or assist individuals and families with financial problems such as credit card debt and foreclosure by providing them with counseling? If "Yes," explain.

☐ Yes ☒ No

- 9** Do you or will you make grants, loans, or other distributions to organizations? If "Yes," describe the type and purpose of the grants, loans, or distributions, how you select your recipients including submission requirements (such as grant proposals or application forms), and the criteria you use or will use to select recipients. Also describe how you ensure the grants, loans, and other distributions are or will be used for their intended purposes (including whether you require periodic or final reports on the use of funds and any procedures you have if you identify that funds are not being used for their intended purposes). Finally, describe the records you keep with respect to grants, loans, or other distributions you make and identify any recipient organizations and any relationships between you and the recipients. If "No," continue to Line 10.

☐ Yes ☒ No

Part IV Your Activities (continued)

- 9a** Do you or will you make grants, loans, or other distributions to organizations that are not recognized by the IRS as tax exempt under section 501(c)(3)? If "Yes," name and/or describe the non-section 501(c)(3) organizations to whom you do or will make distributions and explain how these distributions further your exempt purposes. ☐ Yes ☐ No

- 9b** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," name each foreign organization (if not already provided), the country and region within each country in which each foreign organization operates, any relationship you have with each foreign organization, and whether the foreign organization accepts contributions earmarked for a specific country or organization (if so, specify which countries or organizations). If "No," continue to Line 10. ☐ Yes ☒ No

- 9c** 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

- 9d** 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

- 9e** 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 periodic reporting requirements, auditing grantees, site visits by your employees or compliance checks by impartial experts, etc., to verify that grant funds are being used appropriately. ☐ Yes ☐ No

Part IV**Your Activities** (continued)

9f Do you share board members or other key personnel with the recipient organization(s)? If "Yes," identify the relationships.

☐ Yes ☐ No

9g When you make grants, loans, or other distributions to foreign organizations, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities.

☐ Yes ☐ No

9h Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?

☐ Yes ☐ No

9i Will you acquire from OFAC the appropriate license and registration where necessary?

☐ Yes ☐ No

10 Do you or will you operate in a foreign country or countries? If "Yes," name each foreign country and region within each country in which you do or will operate and describe your operations in each one. If "No," continue to Line 11.

☐ Yes ☒ No

10a When you conduct activities in foreign countries, will you check the OFAC List of Specially Designated Nationals and Blocked Persons for names of individuals and entities with whom you are dealing to determine if they are included on the list? Describe any other practices you will engage in to ensure that foreign expenditures or grants are not diverted to support terrorism or other non-charitable activities.

☐ Yes ☐ No

10b Will you comply with all United States statutes, executive orders, and regulations that restrict or prohibit U.S. persons from engaging in transactions and dealings with designated countries, entities, or individuals, or otherwise engaging in activities in violation of economic sanctions administered by OFAC?

☐ Yes ☐ No

10c Will you acquire from OFAC the appropriate license and registration where necessary?

☐ Yes ☐ No

Part IV**Your Activities** *(continued)*

- 11** Are you a sponsoring organization that maintains one or more donor advised funds? If yes, please provide a complete description of your program, including the specific advice that such donors may provide. Describe in detail the control you maintain (or will maintain) over the use of the funds.

☐ Yes ☒ No

- 12** Do you or will you operate a school?

If "Yes," complete Schedule B.

☐ Yes ☒ No

- 13** Is your principal purpose or function to provide hospital or medical care?

If "Yes," complete Schedule C.

☐ Yes ☒ No

- 14** Do you or will you provide low-income housing?

If "Yes," complete Schedule F.

☐ Yes ☒ No

- 15** 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 - Section I.

☐ Yes ☒ No

- 16** Check any of the following fundraising activities that you will undertake (check all that apply):

☒ Website, mail, email, personal, and/or phone solicitations

☒ Foundation grant solicitations

☒ Receive donations from another organization's website

☒ Government grant solicitations

☐ Bingo

☐ Other (non-bingo) gaming activities

☐ Other (describe)

☐ We will not engage in fundraising activities.

- 17** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements, including the names or descriptions of the organizations for which you raise funds.

☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements

- 1** Do you or will you compensate officers, directors, or trustees, or do or will you have highest compensated employees, or highest compensated independent contractors? If "No," continue to Line 2. ☐ Yes ☒ No

In establishing compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors:

- 1a** Do or will the individuals that approve compensation arrangements follow a conflict-of-interest policy? ☐ Yes ☐ No

- 1b** Do or will you approve compensation arrangements in advance of paying compensation? ☐ Yes ☐ No

- 1c** Do or will you document in writing the date and terms of approved compensation arrangements? ☐ Yes ☐ No

- 1d** Do or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☐ Yes ☐ No

- 1e** Do 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? ☐ Yes ☐ No

- 1f** Do or will you record in writing both the information on which you relied to base your decision and its source? ☐ Yes ☐ No

- 1g** Do or will you have any other practices you use to set reasonable compensation? If "Yes," describe these practices. ☐ Yes ☐ No

- 2** Have you adopted a conflict-of-interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If you are a hospital, answer "Yes" if your conflict-of-interest policy includes provisions consistent with the additional healthcare related provisions in the sample document. If "No," describe the procedures you will follow to ensure that persons who have a conflict of interest will not have influence over setting their own compensation or regarding business deals with themselves. ☒ Yes ☐ No

- 3** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors 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. ☐ Yes ☒ No

Part V**Compensation and Other Financial Arrangements** (continued)

- 4** Do you or will you purchase or sell any goods, services, or assets from or to: (i) any of your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations 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; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any such transactions that you made or intend to make, with whom you make or will make such transactions, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 5** Do you or will you have any leases, contracts, loans, or other agreements with: (i) your officers, directors, or trustees; (ii) any family of any of your officers, directors, or trustees; (iii) any organizations 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; (iv) your highest compensated employees; or (v) your highest compensated independent contractors? If "Yes," describe any written or oral arrangements that you made or intend to make, with whom you have or will have such arrangements, how the terms are or will be negotiated at arm's length, and how you determine you pay no more than fair market value or you are paid at least fair market value.

☐ Yes ☒ No

- 6** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," describe each facility, the role of the other organization, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how that entity is selected, how the terms of any contract(s) are negotiated at arm's length, and how you determine you will pay no more than fair market value for services.

☐ Yes ☒ No

Part V Compensation and Other Financial Arrangements (continued)

- 7 Does or will someone other than your own employees or volunteers manage your activities or facilities?

☐ Yes

☒ No

If "Yes," describe the activities or facilities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and any business or family relationship between the organization and your officers, directors, or trustees. Explain how these managers were or will be selected, how the terms of any contracts or other agreements were or will be negotiated, and how you determine you will pay no more than fair market value for services.

- 8 Do you participate in any joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes.

☐ Yes

☒ No
Part VI Financial Data

- 1 Select the option that best describes you to determine the years of revenues and expenses you need to provide.

- ☒ You completed less than one tax year.

Provide a total of three years of financial information (including the current year and two future years of reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.

- ☐ You completed at least one tax year but fewer than five.

Provide a total of four years financial information (including the current year and three years of actual financial information or reasonable and good faith projections of your future finances) in the following Statement of Revenues and Expenses.

- ☐ You completed five or more tax years.

Provide financial information for your five most recent tax years (including the current year) in the following Statement of Revenues and Expenses.

Part VI Financial Data (continued)**A. Statement of Revenues and Expenses**

Type of revenue	Current tax year		4 prior tax years or 2 succeeding tax years		
	From: 01/01/2024	From: 01/01/2025	From: 01/01/2026	From: _____	From: _____
	To: 12/31/2024	To: 12/31/2025	To: 12/31/2026	To: _____	To: _____
1 Gifts, grants, and contributions received (do not include unusual grants)	\$2,000.	\$325,000.	\$600,000.		
2 Membership fees received	\$0.00	\$0.00	\$0.00		
3 Gross investment income	\$0.00	\$0.00	\$0.00		
4 Net unrelated business income	\$0.00	\$0.00	\$0.00		
5 Taxes levied for your benefit	\$0.00	\$0.00	\$0.00		
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	\$0.00	\$0.00	\$0.00		
7 Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)	\$24,000.	\$232,500.	\$543,000.		
8 Total of lines 1 through 7	\$26,000.	\$557,500.	\$1,143,000.		
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (provide an itemized list below)	\$0.00	\$0.00	\$0.00		
10 Total of lines 8 and 9	\$26,000.	\$557,500.	\$1,143,000.		
11 Net gain or loss on sale of capital assets (provide an itemized list below)	\$0.00	\$0.00	\$0.00		
12 Unusual grants (provide an itemized list below)	\$0.00	\$0.00	\$0.00		
13 Total Revenue (add lines 10 through 12)	\$26,000.	\$557,500.	\$1,143,000.		
Type of expense	Current tax year		4 prior tax years or 2 succeeding tax years		
	From: 01/01/2024	From: 01/01/2025	From: 01/01/2026	From: _____	From: _____
	To: 12/31/2024	To: 12/31/2025	To: 12/31/2026	To: _____	To: _____
14 Fundraising expenses	\$0.00	\$10,000.	\$15,000.		
15 Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)	\$0.00	\$0.00	\$0.00		
16 Disbursements to or for the benefit of members (provide an itemized list below)	\$0.00	\$0.00	\$0.00		
17 Compensation of officers, directors, and trustees	\$0.00	\$0.00	\$0.00		
18 Other salaries and wages	\$8,615.	\$332,314	\$843,928.		
19 Interest expense	\$0.00	\$0.00	\$0.00		
20 Occupancy (rent, utilities, etc.)	\$0.00	\$0.00	\$0.00		
21 Depreciation and depletion	\$0.00	\$0.00	\$0.00		
22 Professional fees	\$4,000.	\$112,601.	\$175,101.		
23 Any expense not otherwise classified, such as program services (provide an itemized list below)	\$13,385.	\$102,585.	\$108,971.		
24 Total Expenses (add lines 14 through 23)	\$26,000.	\$557,500	\$1,143,000.		

25 Itemized financial data:

See Attachment- Budget Narrative

Part VI Financial Data (continued)

B. Balance Sheet (for your most recently completed tax year)		Year End:12/31/2024
Assets		
1 Cash		\$25.00
2 Accounts receivable, net		\$0.00
3 Inventories		\$0.00
4 Bonds and notes receivable (provide an itemized list below)		\$0.00
5 Corporate stocks (provide an itemized list below)		\$0.00
6 Loans receivable (provide an itemized list below)		\$0.00
7 Other investments (provide an itemized list below)		\$0.00
8 Depreciable assets (provide an itemized list below)		\$0.00
9 Land		\$0.00
10 Other assets (provide an itemized list below)		\$0.00
11 Total Assets (add lines 1 through 10)		\$0.00
Liabilities		
12 Accounts payable		\$0.00
13 Contributions, gifts, grants, etc. payable		\$0.00
14 Mortgages and notes payable (provide an itemized list below)		\$0.00
15 Other liabilities (provide an itemized list below)		\$0.00
16 Total Liabilities (add lines 12 through 15)		\$0.00
Fund Balances or Net Assets		
17 Total fund balances or net assets		\$0.00
18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)		\$0.00

19 Itemized financial data

Part VII Foundation Classification

Part VII is designed to classify you as an organization that is either a private foundation or a public charity. Public charity classification is a more favorable tax status than private foundation classification. If you are a private foundation, this part will further determine whether you are a private operating foundation.

1 Select the foundation classification you are requesting from the list below.

- ☒ You are described in 509(a)(1) and 170(b)(1)(A)(vi) as an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- ☐ You are described in 509(a)(2) as an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(i) as a church or a convention or association of churches. Complete Schedule A.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(ii) as a school. Complete Schedule B.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(iii) as a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete Schedule C.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(iv) as an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- ☐ You are described in 509(a)(1) and 170(b)(1)(A)(ix) as an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- ☐ You are described in 509(a)(3) as an organization supporting either one or more organizations described in 509(a)(1) or 509(a)(2) or a publicly supported section 501(c)(4), (5), or (6) organization. Complete Schedule D.
- ☐ You are described in 509(a)(4) as an organization organized and operated exclusively for testing for public safety.
- ☐ You are a publicly supported organization and would like the IRS to decide your correct classification.
- ☐ You are a private foundation.

- 1a** 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 this box to confirm that your organizing document includes these ☐ provisions or you rely on state law.

State specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document (Page/Article/Paragraph) or state that you rely on state law.

- 1b** 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? ☐ Yes ☐ No
If "Yes," complete Schedule H - Section II.

- 1c** Are you a private operating foundation? ☐ Yes ☐ No

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.

Part VII Foundation Classification (continued)

- 1d** Describe how you meet the requirements for private operating foundation status, including how you meet the income test and either the assets test, the endowment test, or the support test. If you've been in existence for less than one year, describe how you are likely to satisfy the requirements for private operating foundation status.

- 2** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(1) and 170(b)(1)(A)(vi) in existence for five or more tax years, you must have received one-third or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities; or 10% or more of your total support from governmental agencies, contributions from the general public, and contributions or grants from other public charities and the facts and circumstances indicate you are a publicly supported organization. Calculate whether you meet this support test for your most recent five-year period.

- i. Did you receive contributions from any person, company, or organization whose gifts totaled more than the 2% amount of line 8 in Part VI-A? ☐ Yes ☐ No

If "Yes," identify each person, company, or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii. Based on your calculations, did you receive at least one-third of your support from public sources or did you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization? ☐ Yes ☐ No

- 2a** If you have been in existence more than 5 years, you must confirm your public support status. To confirm your qualification as a public charity described in 509(a)(2) in existence for five or more tax years, you must have normally received more than one-third of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, or a combination of these sources, and not more than one-third of your support from gross investment income and net unrelated business income. Calculate whether you meet this support test for your most recent five-year period.

- i. Did you receive amounts from any disqualified persons? ☐ Yes ☐ No

If "Yes," identify each disqualified person by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- ii. Did you receive amounts from individuals or organizations other than disqualified persons that exceeded the greater of \$5,000 or 1% of the amount on line 10 of Part VI-A Statement of Revenues and Expenses? ☐ Yes ☐ No

If "Yes," identify each individual or organization by letter (A, B, C, etc.) and indicate the amount contributed by each. Keep a list showing the name of and amount contributed by each of these donors for your records.

- iii. Based on your calculations, did you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income? ☐ Yes ☐ No

Part VIII Effective Date

In general, a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter have been consistent with the requirements for exemption; and (2) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized.

1 Are you submitting this application within 27 months of the end of the month in which you were legally formed?

☒ Yes☐ No

If "No," complete Schedule E.

Part IX Annual Filing Requirements

If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.

1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, ☐ Yes ☒ No e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N?

If "Yes," are you claiming you are excepted from filing because you are:

- ☐ A church or association of churches
- ☐ An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious group)
- ☐ A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in managing funds or maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577
- ☐ A school below college level affiliated with a church or operated by a religious order
- ☐ A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, one or more churches or church denominations, if more than half of the society's activities are conducted in, or directed at, persons in foreign countries
- ☐ An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 (other than a section 509(a)(3) supporting organization)
- ☐ Other (describe)

Part X Signature

☒ I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

Ashlee Parks

(Type name of signer)

Board of Directors-President

(Type title or authority of signer)

8/27/2024

(Date)

Upload checklist:

- ☒ Organizing document (and any amendments)
- ☒ Bylaws, if adopted
- ☒ Form 2848, Power of Attorney and Declaration of Representative (if applicable)
- ☐ Form 8821, Tax Information Authorization (if applicable)
- ☒ Supplemental responses (if applicable)
- ☒ Expedited handling request (if applicable)

Schedule A. Churches

- 1 Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," describe your written creed, statement of faith, or summary of beliefs. ☐ Yes ☐ No

- 2 Do you have a literature of your own? If "Yes," describe your literature. ☐ Yes ☐ No

- 3 Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline. ☐ Yes ☐ No

- 4 Describe your religious hierarchy or ecclesiastical government.

- 5 Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. ☐ Yes ☐ No

- 6 Do you have a form of worship? If "Yes," describe your form of worship. ☐ Yes ☐ No

- 7 Do you have regularly scheduled religious services? If "Yes," describe the nature of the services. ☐ Yes ☐ No

- 7a What is the average attendance at your regularly scheduled religious services?

- 8 Do you have an established place of worship? If "Yes," describe your established place of worship or where you meet to hold regularly scheduled religious services. ☐ Yes ☐ No

Schedule A. Churches (continued)

9 Do you have an established congregation or other regular membership group? If "No," continue to Line 10. ☐ Yes ☐ No

9a How many members do you have?

9b Do you have a process by which an individual becomes a member? If "Yes," describe the process. ☐ Yes ☐ No

9c Do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have. ☐ Yes ☐ No

9d May your members be associated with another denomination or church? ☐ Yes ☐ No

9e Are all of your members part of the same family? ☐ Yes ☐ No

10 Do you conduct baptisms, weddings, funerals, or other religious rites? ☐ Yes ☐ No

11 Do you have a school for the religious instruction of the young? ☐ Yes ☐ No

12 Do you have ministers or religious leaders? If "Yes," describe these roles and explain whether the ministers or religious leaders are ordained, commissioned, or licensed after a prescribed course of study. ☐ Yes ☐ No

13 Do you have schools for the preparation of your ordained ministers or religious leaders? ☐ Yes ☐ No

14 Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure. ☐ Yes ☐ No

15 Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain. ☐ Yes ☐ No

Schedule B. Schools, Colleges, and Universities

- 1 Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? ☐ Yes ☐ No
- 2 Is the primary function of your school the presentation of formal instruction? If "No," continue to Line 3. ☐ Yes ☐ No

2a Select the best description(s) of your school:

- ☐ Elementary school
- ☐ Secondary school
- ☐ Charter school
- ☐ College or university
- ☐ Technical school
- ☐ Other school (describe)

- 3 Are you a public school because you are operated by a state or subdivision of a state or operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. ☐ Yes ☐ No

- 4 Were you formed or substantially expanded at the time of public school desegregation in the school district or county in which you are located? ☐ Yes ☐ No

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

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

Information Required by Revenue Procedure 75-50 as Modified by Revenue Procedure 2019-22

- 7 Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? ☐ Yes ☐ No

State where the policy is located or if adopted by resolution of your governing body.

- 8 Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? If "Yes," continue to Line 9. ☐ Yes ☐ No

- 8a ☐ By checking this box, you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement.

Schedule B. Schools, Colleges, and Universities (continued)

- 9** Have you made your racially nondiscriminatory policy known to all segments of the general community you serve by: a) publishing a notice of your policy in a newspaper of general circulation that serves all racial segments of the community; b) publicizing your policy over broadcast media in a way that is reasonably expected to be effective; or c) displaying a notice of your policy at all times on your primary, publicly accessible internet home page in a manner reasonably expected to be noticed by visitors to the homepage? If "Yes," continue to Line 10. ☐ Yes ☐ No

9a

- ☐ By checking this box, you agree that you will publicize your nondiscriminatory policy in a way that meets the requirements of Revenue Procedure 75-50, 1975-2 C.B. 587, as modified by Revenue Procedure 2019-22, I.R.B. 1260.

- 10** Do or will you (or any department or division of your organization) discriminate in any way on the basis of race with respect to admissions, use of facilities or exercise of student privileges, faculty or administrative staff, or scholarship or loan programs? If "Yes," for any of the above, explain fully. ☐ Yes ☐ No

- 11** Complete the table below to show the racial composition for the current academic year and projected for the next academic year. If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community you serve).

For each racial category, enter the number of (a) students, (b) faculty, and (c) administrative staff. Provide actual numbers rather than percentages for each racial category.

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total						

- 12** In the table below, enter the number and amount of loans and scholarships awarded to enrolled students by racial categories. Provide actual numbers rather than percentages for each racial category.

- ☐ Check here if you will not provide any loans or scholarships to students.

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
Total								

Schedule B. Schools, Colleges, and Universities (continued)

13 List your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

14 Do any of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations, have an objective to maintain segregated public or private school education? If "Yes," explain.

☐ Yes☐ No

15 Will you maintain records according to the nondiscrimination provisions contained in Revenue Procedure 75-50? If "No," explain.

☐ Yes☐ No

Schedule C. Hospitals and Medical Research Organizations

- 1** Are you a medical research organization (an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research) operated in conjunction with a hospital? If "No," continue to Line 2. ☐ Yes ☐ No

- 1a** Name the hospitals with which you have a relationship and describe the relationship.

- 1b** List your assets showing their fair market value and the portion of your assets directly devoted to medical research.

Do not complete the remainder of Schedule C.

- 2** Are you applying for exemption as a cooperative hospital service organization described in section 501(e)? ☐ Yes ☐ No
If "Yes," explain.

Do not complete the remainder of Schedule C.

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

Schedule C. Hospitals and Medical Research Organizations *(continued)*

- 4** Do you or will you provide medical services to all individuals in your community who can pay for themselves or are able to pay through some form of insurance? If "No," explain. ☐ Yes ☐ No

- 5** Do you or will you maintain a full-time emergency room? If "Yes," continue to Line 6. ☐ Yes ☐ No

- 5a** Are you a specialty hospital or would emergency services be duplicative based on your region or locality? ☐ Yes ☐ No

- 6** Do you provide free or below cost services? If "Yes," describe your policy for determining when and to whom you provide these services and how these services promote the organization's benefit to the community. ☐ Yes ☐ No

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

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

Schedule C. Hospitals and Medical Research Organizations (continued)

- 9** Is your board of directors composed of a majority of individuals who are representative of the community you serve, or do you operate under a parent organization whose board of directors is composed of a majority of individuals who are representative of the community you serve? If "Yes," continue to Line 10. ☐ Yes ☐ No

- 9a** List each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. If you operate under a parent organization whose board of directors is not composed of a majority of individuals who are representative of the community you serve, provide the requested information for your parent's board of directors as well.

- 10** Do you operate a facility which is required by a state to be licensed, registered, or similarly recognized as a hospital? If "No," do not complete the rest of Schedule C. ☐ Yes ☐ No

- 10a** Do you conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified in the assessment as required by section 501(r)(3)? If "No," explain. ☐ Yes ☐ No

- 10b** Do you have a written financial assistance policy (FAP) and a written policy relating to emergency medical care as required by section 501(r)(4)? If "No," explain. ☐ Yes ☐ No

Schedule C. Hospitals and Medical Research Organizations *(continued)*

10c Do you both (1) limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under your FAP to not more than amounts generally billed to individuals who have insurance covering such care, and (2) prohibit use of gross charges as required by section 501(r)(5)? If "No," explain.

☐ Yes☐ No

10d Do you make reasonable efforts to determine whether an individual is FAP-eligible before engaging in extraordinary collection actions as required by section 501(r)(6)? If "No," explain.

☐ Yes☐ No

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

- 1** List the names, addresses, and EINs of the organizations you support.

- 2** Are all your supported organizations public charities under section 509(a)(1) or (2)? If "Yes," continue to Line 3. ☐ Yes ☐ No

- 2a** Are your supported organizations tax exempt under section 501(c)(4), 501(c)(5), or 501(c)(6) and do your supported organizations meet the public support test under section 509(a)(2)? If "No," explain how each organization you support is a public charity under section 509(a)(1) or 509(a)(2). ☐ Yes ☐ No

- 3** Which of the following describes your relationship with your supported organization(s)?

- ☐ A majority of your governing board or officers are elected or appointed by your supported organization(s). (Type I supporting organization)
- ☐ Your control or management is vested in the same persons who control or manage your supported organization(s). (Type II supporting organization)
- ☐ One or more of your officers, directors, or trustees are elected or appointed by the officers, directors, trustees, or membership of your supported organization(s), or one or more of your officers, directors, trustees, or other important office holders, are also members of the governing body of your supported organization(s), or your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s). (Type III supporting organization)

- 4** Describe how your governing board and officers are selected. If you are a Type III organization, also describe how your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of your supported organization(s).

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

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

- 6 Do any persons who are disqualified persons (except individuals who are disqualified persons only because they are foundation managers) have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. ☐ Yes ☐ No

- 7 Does your organizing document specify your supported organization(s) by name? ☐ Yes ☐ No
If "Yes" and you selected Type I above, continue to Line 8.
If "Yes," and you selected Type II, do not complete the rest of Schedule D.
If "No" and you selected Type III above, amend your organizing document to specify your supported organization(s) by name or you will not meet the organizational test and need to reconsider your requested public charity classification; then continue to Line 8.

- 7a Does your organizing document name a similar purpose or charitable class of beneficiaries as to your supported organization(s)? If "No," amend your organizing document to specify your supported organization(s) by name, purpose, or class or you will not meet the organizational test and need to reconsider your requested public charity classification. ☐ Yes ☐ No

If you selected Type II above, do not complete the rest of Schedule D.

- 8 Do you or will you receive contributions from any person who alone, or combined with family members or an entity at least 35% controlled by that person, controls any of your supported organizations, or will you receive contributions from any family member of, or an entity at least 35% controlled by, any person who controls any of your supported organizations? If "Yes," explain. ☐ Yes ☐ No

If you selected Type I above, do not complete the rest of Schedule D.

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

- 9 Do the officers, directors, or trustees of your supported organization have a significant voice in your investment policies, the timing and making of grants, the selection of grant recipients, and in otherwise directing the use of your income or assets? If "Yes," explain. ☐ Yes ☐ No

- 10 In each taxable year, do you or will you provide each of your supported organizations with (a) a written notice addressed to a principal officer of the supported organization describing the type and amount of all of the support you provided to the supported organization during the immediately preceding taxable year, (b) a copy of your most recently filed Form 990-series return or notice, and (c) a copy of your governing documents? If 'No,' explain. ☐ Yes ☐ No

- 11 Do you exercise a substantial degree of direction over the policies, programs, and activities of your supported organization(s) and appoint or elect (directly or indirectly) a majority of the officers, directors, or trustees of your supported organization(s)? If "Yes," explain. ☐ Yes ☐ No

- 12 Do substantially all of your activities directly further the exempt purposes of one or more supported organizations to which you are responsive by performing the functions of, or carrying out the purposes of, such supported organization(s) and but for your involvement would normally be engaged in by such supported organization(s). If "Yes," explain and do not complete the rest of Schedule D. ☐ Yes ☐ No

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

- 13** Do you distribute at least 85% of your annual net income or 3.5% of the aggregate fair market value of all of your non-exempt-use assets (whichever is greater) to your supported organization(s)? If "No," explain.

☐ Yes ☐ No

- 13a** How much do you contribute annually to each supported organization?

- 13b** What is the total annual revenue of each supported organization?

- 13c** Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," explain.

☐ Yes ☐ No

Schedule E. Effective Date

- 1** Are you applying for reinstatement of exemption after being automatically revoked for failure to file required returns or notices for three consecutive years? If "No," continue to Line 2. ☐ Yes ☐ No

- 1a** Revenue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the section of Revenue Procedure 2014-11 under which you want us to consider your reinstatement request.

- ☐ Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Do not complete the rest of Schedule E.
- ☐ Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.
- Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in at least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.
- ☐ Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.
- Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.
- ☐ Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application. Do not complete the rest of Schedule E.

- 2** Generally, if you did not file Form 1023 within 27 months of formation, the effective date of your exempt status will be the date you filed Form 1023 (submission date). Requests for an earlier effective date may be granted when there is evidence to establish you acted reasonably and in good faith and the grant of relief will not prejudice the interests of the government.

- ☐ Check this box if you accept the submission date as the effective date of your exempt status. Do not complete the rest of Schedule E.
- ☐ Check this box if you are requesting an earlier effective date than the submission date.

- 2a** Explain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, and how granting an earlier effective date will not prejudice the interests of the Government.

You may want to include the events that led to the failure to timely file Form 1023 and to the discovery of the failure, any reliance on the advice of a qualified tax professional and a description of the engagement and responsibilities of the professional as well as the extent to which you relied on the professional, a comparison of (1) what your aggregate tax liability would be if you had filed this application within the 27-month period with (2) what your aggregate liability would be if you were exempt as of your formation date, or any other information you believe will support your request for relief.

Schedule F. Low-Income Housing

- 1 Describe each facility including the type of facility, whether you own or lease the facility, how many residents it can accommodate, the current number of residents, and whether the residents purchase or rent housing from you.

- 2 Describe who qualifies for your housing in terms of income levels or other criteria and explain how you select residents.

- 3 Do you meet the safe harbor requirements outlined in Revenue Procedure 96-32, 1996-1 C.B. 717, which provides guidelines for providing low-income housing that will be treated as charitable, including for each project that (a) at least 75 percent of the units are occupied by residents that qualify as low-income and (b) either at least 20 percent of the units are occupied by residents that also meet the very low-income limit for the area or 40 percent of the units are occupied by residents that also do not exceed 120 percent of the area's very low-income limit, and less than 25 percent of the units are provided at market rates to persons who have incomes in excess of the low-income limit?

☐ Yes ☐ No

- 4 Is your housing affordable to low-income residents? If "Yes," describe how your housing is made affordable to low-income residents.

☐ Yes ☐ No

- 5 Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions.

☐ Yes ☐ No

Schedule F. Low-Income Housing *(continued)*

- 6** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined.

☐ Yes ☐ No

- 7** Do you provide social services to residents? If "Yes," describe these services.

☐ Yes ☐ No

- 8** Do you participate in any government housing programs? If "Yes," describe these programs.

☐ Yes ☐ No

Schedule G. Successors to Other Organizations

- 1** List the name, last address, and EIN of your predecessor organization and describe its activities.

- 2** List the owners, partners, principal stockholders, officers, and governing board members of your predecessor organization. Include their names, addresses, and share/interest in the predecessor organization (if for-profit).

- 3** Are you a successor to a for-profit organization? If "Yes," explain your relationship with the predecessor organization that resulted in your creation and explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status; continue to Line 4.

☐ Yes ☐ No

- 3a** Explain your relationship with the other organization that resulted in your creation and why you took over the activities or assets of another organization.

Schedule G. Successors to Other Organizations (continued)

- 4** Do or will you maintain a working relationship with any of the persons listed in question 2 or with any for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the relationship. ☐ Yes ☐ No

- 5** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof and describe any restrictions that were placed on the use or sale of the assets. ☐ Yes ☐ No

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

- 7** Will you lease or rent any property or equipment to or from the predecessor organization or any persons listed in Line 2 or a for-profit organization in which these persons own more than a 35% interest? If "Yes," describe the arrangement(s) including how the lease or rental value was determined. ☐ Yes ☐ No

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

Public charities and private foundations complete lines 1 through 8 of this section.

- 1** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc., including the purpose, number and amount(s) of grants, how the program is publicized, and if you award educational loans, the terms of the loans.

- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," explain.

☐ Yes ☐ No

- 3** Describe the specific criteria you use to determine who is eligible for your program (for example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.).

- 4** Describe the specific criteria you use to select recipients (for example, specific selection criteria could consist of prior academic performance, financial need, etc.).

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

- 5** Describe any requirement or condition you impose on recipients to obtain, maintain, or qualify for renewal of a grant (for example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.).

- 6** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Explain whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.

- 7** How do you determine who is on the selection committee for the awards made under your program?

- 8** Are relatives of members of the selection committee, or of your officers, directors, or substantial contributors eligible for awards made under your program? If "Yes," what measures do you take to ensure unbiased selections?

☐ Yes ☐ No

Do not complete the rest of Schedule H. If you are a private foundation, you will be directed to complete Section II of Schedule H later in the application.

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

Section II

Private foundations complete lines 1 through 7 of this section. Public charities do not complete this section.

- 1** As a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 1a** Check the box(es) indicating under which section(s) you want your grant making procedures to be considered.

☐ 4945(g)(1) - Scholarship or fellowship grant to an individual for study at an educational institution

☐ 4945(g)(3) - Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product

- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? ☐ Yes ☐ No

- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in Line 2? ☐ Yes ☐ No

- 4** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an employee of a particular employer? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 5** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? ☐ Yes ☐ No

- 6** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? If "No," continue to Line 7. ☐ Yes ☐ No

- 6a** Will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No

- 7** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? ☐ Yes ☐ No

If "No," do not complete the rest of Schedule H.

- 7a** Will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No

If "Yes," do not complete the rest of Schedule H.

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

- 7b** Will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution; do not complete the rest of Schedule H.

☐ Yes ☐ No

- 7c** Will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test or the 10% test in questions 7a and 7b.

☐ Yes ☐ No

Attached Documents

- Organizing Documents:
 - Certificate of Incorporation
 - Amended and Restated Articles of Incorporation
- Bylaws
- Form 2848, Power of Attorney and Declaration of Representative
- Supplemental Responses:
 - Budget Itemization
- Expedited Handling Request Letter



Secretary of the State of Connecticut Certificate of Incorporation

Domestic Non-Stock Corporation

Filing Details

Filing Number: 0012025195

Filed On: 10/18/2023 10:43:07 AM

Primary Details

Name of Corporation:	BSEB-Birth Support, Education & Beyond Inc.
Business ALEI:	US-CT.BER:2875740
Business Email Address:	traci.mccomiskey@bsebct.org
NAICS Information:	Other Individual and Family Services (624190)
Membership Statement:	The corporation shall have one class of members
Specify Class of Member:	N/A
Nature of Activities to be Conducted or Purposes to be Promoted by the Corporation:	To provide comprehensive perinatal support services for youth , young adults and vulnerable pregnant and newly parenting persons who have limited natural resources, may have complex trauma and/or mental health diagnosis. BSEB will offer prenatal support and education, labor doula services, postpartum support, parenting education, lactation counseling and community health work including assistance with prenatal and pediatric appointments, connection into added community support providers.
Other Provisions:	N/A

Required Non-Profit Statement: The Corporation is non-profit and shall not have or issue shares of stock or make distributions.

Appointment of Registered Agent

Type:	Individual
Agent's Name:	Traci McComiskey
Business Address:	15 Crossley Ct, Niantic, CT, 06357-2342, United States
Residence Address:	15 Crossley Ct , Niantic, CT, 06357-2342, United States

Agent Appointment Acceptance

Agent Signature: Traci McComiskey
This signature has been executed electronically

Incorporator Information

Filing Number: 0012025195

Filed On: 10/18/2023 10:43:07 AM



Secretary of the State of Connecticut Certificate of Incorporation

Domestic Non-Stock Corporation

<i>Name</i>	<i>Business Address</i>
Traci McComiskey	15 Crossley Court, Niantic, CT, 06357, United States

Acknowledgement

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Incorporator: Traci McComiskey
Incorporator Title: N/A

Filer Name: Traci McComiskey
Filer Signature: Traci McComiskey
Execution Date: 10/18/2023
This signature has been executed electronically



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE OF AMENDMENT NONSTOCK CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Priya Morganstern, Esq. ADDRESS: Pro Bono Partnership, Inc. 280 Trumbull St., 28 th Fl CITY: Hartford STATE: CT ZIP: 06103	FILING FEE: \$20.00 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF CORPORATION: BSEB – Birth Support, Education & Beyond Inc.	
2. THE CERTIFICATE OF INCORPORATION IS (check A, B or C): <input type="checkbox"/> A. AMENDED <input type="checkbox"/> B. RESTATED <input checked="" type="checkbox"/> C. AMENDED AND RESTATED THE RESTATED CERTIFICATE CONSOLIDATES ALL AMENDMENTS INTO A SINGLE DOCUMENT	
3. TEXT OF EACH AMENDMENT / RESTATEMENT: Exhibit A: Amended and Restated Certificate of Incorporation Exhibit B: Description of Changes	


4. VOTE INFORMATION (CHECK A, B OR C)		
<input type="checkbox"/> A. THE AMENDMENT WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTIONS 33-1140 TO 33-1147 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.		
<input type="checkbox"/> B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.		
<input checked="" type="checkbox"/> C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER APPROVAL WAS NOT REQUIRED.		
5. EXECUTION:		
DATED THIS 25th DAY OF JUNE, 2024		
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE(S)
Traci McComiskey	Director	

EXHIBIT A

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF

BSEB – BIRTH SUPPORT, EDUCATION & BEYOND INC.

A Connecticut Nonstock Corporation

1. **Name:** The name of the Corporation is **BSEB – Birth Support, Education & Beyond Inc.** (the “Corporation”).
2. **Purposes:** The Corporation shall be organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (the “Code”). In furtherance thereof, the nature of the activities to be conducted and the purposes to be promoted or carried out by the Corporation are:
 - (A) To provide home visiting perinatal support services;
 - (B) To provide assistance to governmental and not-for-profit organizations with purposes similar to, or with activities in furtherance of, the purposes set forth hereinabove; and
 - (C) To engage, subject to this Article 2 and the limitations set forth in Article 6 below, in any lawful act or activity for which a corporation may be organized under the Connecticut Revised Nonstock Corporation Act (the “Act”).
3. **No stock:** The Corporation is nonprofit and shall not have or issue shares of stock or make distributions.
4. **No Members:** The Corporation shall not have members.
5. **Powers:** The Corporation shall have all powers granted by law, all powers that are or may hereafter be conferred by the laws of the state of Connecticut upon corporations without capital stock, and all legal powers necessary or convenient to effect any or all of the purposes stated in this certificate of incorporation, whether or not such powers are set forth herein; provided, however, that no such powers and privileges may be exercised, nor shall any activities be conducted, by the Corporation, if the same are inconsistent with the express limitations contained in this certificate of incorporation or with the Corporation’s nonprofit purposes.
6. **Limitations:** Notwithstanding any other provision of this certificate of incorporation:
 - (A) The Corporation shall at all times be organized and operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Code;
 - (B) No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to the Corporation’s directors, officers, or other private persons, provided that the Corporation may pay reasonable compensation for services actually rendered and may reimburse reasonable expenses actually incurred by any such persons and may make payments and distributions, to the extent

reasonable and necessary in furtherance of the purposes set forth in Article 2 above;

- (C) No director or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the corporate assets upon its dissolution;
- (D) No substantial part of the activities of the Corporation shall include carrying on propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate or intervene (including by the publication or distribution of statements) in any political campaign on behalf of or in opposition to any candidate for public office;
- (E) The Corporation shall not conduct any activities not permitted to be conducted by a corporation exempt from taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code or by a corporation the contributions to which are deductible by a contributor under Section 170(c)(2) of the Code; and
- (F) The Corporation shall not indemnify any individual with respect to any excise tax imposed on such individual under Chapter 42 of the Code.

7. **Corporation Email Address:** The Corporation's email address is
traci.mccomiskey@bsebct.org

8. **Private Foundation Restrictions:** Notwithstanding anything herein to the contrary, if at any time the Corporation is or shall become a private foundation within the meaning of Section 509(a) of the Code, then the Corporation shall be subject to the following for so long as it shall remain a private foundation:

- (A) The Corporation shall distribute its income for each tax year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code.
- (B) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code; nor retain any excess business holdings as defined in Section 4943(c) of the Code; nor make any investments in such a manner as to subject it to tax under Section 4944 of the Code; nor make any taxable expenditures as defined in Section 4945(d) of the Code.

9. **Appointment of Registered Agent.** The name, address and acceptance of appointment of the Corporation's registered agent is on file with the Secretary of the State.
10. **Board of Directors:** The activities, business, property, and affairs of the Corporation shall be managed by or under the direction of the board of directors. The board of directors shall be self-perpetuating. The bylaws shall prescribe the number, terms of office, qualifications (if any), and manner of election of directors, and such provisions may be amended from time to time in such lawful manner as the bylaws shall prescribe and as shall not be inconsistent with the provisions of this certificate of incorporation. Ex officio directors may serve on the board as voting or nonvoting directors as may be provided in the Corporation's bylaws.
11. **Limitation on Liability of Directors:**
- (A) No person who is or was a director of the Corporation shall be personally liable to the Corporation for monetary damages for breach of duty as a director in an amount that exceeds the compensation, if any, received by the director for serving the Corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut General Statutes, to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the Corporation under circumstances in which the director was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Corporation, or (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the Corporation. Any lawful repeal or modification of this article or the adoption of any provision inconsistent herewith by the board of directors of the Corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection of such person existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith.
- (B) The limitation of liability of any person who is or was a director provided for in this Article shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any person under, Connecticut law as in effect on the effective date of this certificate of incorporation and as thereafter amended.
12. **Indemnification:** The Corporation shall indemnify and advance expenses to its directors to the fullest extent permitted by law. In furtherance of the foregoing, the Corporation shall indemnify its directors against liability to any person for any action taken, or any failure to take any action, as a director, except liability that (a) involved a knowing and culpable violation of law by the director, (b) enabled the director or an associate, as defined in Section 33-840 of the Connecticut General Statutes, to receive an improper personal economic gain, (c) showed a lack of good faith and a conscious disregard for the duty of the director to the Corporation under circumstances in which the director was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Corporation, or (d) constituted a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the Corporation.

The Corporation shall indemnify and advance expenses to each officer, employee or agent of the Corporation who is not a director, or who is a director but is made a party to a proceeding in his or her capacity solely as an officer, employee or agent, to the same extent as the Corporation is permitted to provide the same to a director, and may indemnify and advance expenses to such persons to the extent permitted by Section 33-1122 of the Act.

The Corporation may also procure insurance providing greater indemnification as provided by law.

Notwithstanding any provision hereof to the contrary, the Corporation shall not indemnify any director, officer, employee or agent against any penalty excise taxes assessed against such person under Section 4958 of the Code.

13. **Fundamental Changes.** The following fundamental changes must be approved by a vote of at least two-thirds (2/3) of the directors present and voting at a meeting at which a quorum is present:

- (1) Amendments to the certificate of incorporation;
- (2) Dissolution of the Corporation;
- (3) The transfer, sale or mortgage of substantially all of the assets of the Corporation outside of the Corporation's usual course of affairs; and
- (4) The merger of the Corporation with another corporation or the consolidation of the Corporation into a new corporation.

The directors of the Corporation shall have the right to make other fundamental changes to the extent and in the manner permitted by Connecticut law to directors of a Connecticut nonstock corporation, except as otherwise provided in this certificate of incorporation or the bylaws of the Corporation.

14. **Dissolution:** In the event of dissolution of the Corporation or the winding up of its affairs, subject to any restrictions on use or transfer that may exist, the assets of the Corporation remaining after all liabilities and obligations have been satisfied or provided for shall be paid over, transferred or conveyed, in accordance with a plan for distribution of assets adopted by the board of directors, to one or more organizations that meet the following conditions:

- (1) The organization shall be organized and operated either (a) exclusively for the purposes set out in Article 2 above, or (b) exclusively for purposes determined by the board of directors to be similar to or supportive of those set out in Article 2 above; and
- (2) The organization shall either be: (a) an organization exempt from federal income taxation under Section 501(a) of the Code as an organization described in Section 501(c)(3) of the Code that is not a private foundation as defined in Section 509(a) of the Code or (b), provided such assets will be used exclusively for one or more public purposes, the federal or a state government or a political subdivision thereof.

Any such assets not so distributed shall be disposed of as determined by a court of competent jurisdiction, exclusively for such purposes, or to such organization or organizations, as said court shall determine, that are exempt from federal taxation under Section 501(a) of the Code as organizations described in Section 501(c)(3) of the Code and are not private foundations as defined in Section 509(a) of the Code, or to the federal or a state government or political subdivision thereof for a public purpose.

15. **Amendment/Restatement:** This certificate of incorporation may be amended or restated by a vote of at least two-thirds of the directors present and voting at a meeting of the board at which a quorum is present; provided that notice of the meeting state that amendment of the certificate of incorporation is to be voted on at that meeting, and further provided that the certificate of incorporation shall not be amended to permit the corporation to engage in any activity that would be inconsistent with its classification as an organization described in Section 501(c)(3) of the Code and as an organization contributions to which are deductible under Section 170(c)(2) of the Code.

* * *

EXHIBIT B

DESCRIPTION OF CHANGES

BSEB – BIRTH SUPPORT, EDUCATION & BEYOND INC.

- Revised Purpose (Article 2)
- Revised Dissolution (Article 14)
- Added new provisions addressing:
 - o corporate powers (Article 5)
 - o powers of the Board (Article 10)
 - o limitation of monetary liability (Article 11)
 - o indemnification (Article 12)
 - o fundamental changes (Article 13)
 - o amendment (Article 15)

BYLAWS
OF
BSEB – BIRTH SUPPORT, EDUCATION & BEYOND INC.

Adopted June 25, 2024

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BYLAWS
OF
BSEB – BIRTH SUPPORT, EDUCATION & BEYOND INC.

ARTICLE I
General

These bylaws are intended to supplement and implement applicable provisions of law and of the certificate of incorporation of **BSEB – Birth Support, Education & Beyond Inc.** (the “Corporation”).

ARTICLE II
Offices

The principal office of the Corporation shall be located within or without the state of Connecticut, at such place as the board of directors shall from time to time designate. The Corporation may maintain additional offices at such other places as the board of directors may designate. The Corporation shall continuously maintain within the state of Connecticut a registered office at such place as may be designated by the board of directors.

ARTICLE III
Membership

Section 3.1 The Corporation shall have no members.

ARTICLE IV
Board of Directors

Section 4.1 **Power of Board and Qualification of Directors.** All corporate powers shall be exercised by or under the authority of, and the activities, properties and affairs of the Corporation shall be managed by or under the direction of, the board of directors. A director need not be a resident of the state of Connecticut.

Section 4.2 **Number of Directors.** The number of directors constituting the entire board of directors shall be not fewer than five nor more than eleven. The number of directors constituting the board of directors shall be the number prescribed by the directors within the foregoing range or, if no such number has been prescribed, shall be the number of directors then in office. The number of directors may be increased or decreased by action of the board of directors.

Section 4.3 **Election and Term of Directors.** The initial directors shall be appointed by the incorporator. Thereafter, at each annual meeting of the board of directors, the then-acting directors shall elect or re-elect directors, each director to hold office for a term of one year until the next annual meeting of the board of directors and until his or her successor has been elected and qualified.

No director shall serve more than five consecutive full one-year terms, unless he or she has had an intervening year in which he or she was not a director.

- Section 4.4 **Removal of Directors.** Any one or more of the directors may be removed with or without cause at any time by action of the board of directors of the Corporation. A director may be removed only at a meeting called for that purpose, and the meeting notice must state that the purpose, or one of the purposes, of the meeting is the removal of the director.
- Section 4.5 **Resignation.** Any director may resign at any time by delivering written notice to the board of directors, its president, or the secretary of the Corporation. Such resignation shall take effect when such notice is so delivered unless the notice specifies a later effective date.
- Section 4.6 **Newly-Created Directorships and Vacancies.** Newly created directorships, resulting from an increase in the number of directors, and vacancies occurring in the board of directors for any reason, shall be filled by the board. Such vacancy shall be filled until the next annual meeting at which directors are elected or, if the board is staggered, for the unexpired portion of the term, if applicable.
- Section 4.7 **Meetings of the Board of Directors; Notice.**

(a) An annual meeting of the board of directors shall be held each year in the month of October, for the election of directors and officers and for the transaction of such other business as may properly come before the meeting. The annual meeting shall require a minimum of five (5) days' advance notice.

(b) Regular meetings of the board of directors shall be held at such time and place (in or out of the State of Connecticut) as may be fixed by the board. Except as otherwise set forth below, regular recurring meetings of the board may be held without notice of the date, time, place or purpose of the meeting. Otherwise, regular meetings of the board shall require a minimum of five (5) days' advance notice.

(c) Special meetings of the board of directors may be called at any time and place (in or out of the state of Connecticut) by the president of the board or a majority of the directors. Special meetings of the board shall require a minimum of two (2) days' advance notice and shall state the reason for the meeting.

(d) Notice of the following proposed actions must be given if any of these are to be acted upon: removal of a director; amending the certificate of incorporation; adoption, amendment or repeal of the bylaws; dissolution of the Corporation; transfer of substantially all of the Corporation's assets to another corporation; or merger or consolidation of the Corporation. The notice of the meeting must: include the date, time and place of the meeting; set forth which of the above actions are to be considered and/or any other purpose for which the meeting is called.

(e) A director may waive any notice required by law, the certificate of incorporation or these bylaws before or after the date and time stated in the notice. The

waiver shall be in writing, shall be signed by the director, and shall be delivered to the secretary of the Corporation for inclusion in the minutes of the meeting or filing with the corporate records. A director's attendance at or participation in a meeting waives any required notice to him or her of the meeting unless at the beginning of such meeting, or promptly upon his or her arrival, such director objects to holding the meeting or transacting business at the meeting, and does not thereafter vote for or assent to action taken at the meeting.

(f) Notice of any meeting as referenced above may be given in person, by mail or other method of delivery, or by telephone, voicemail or other electronic means.

Section 4.8 Quorum of Directors and Voting. Unless a greater proportion is required by law, by the certificate of incorporation, or these bylaws, a majority of the number of directors prescribed in accordance with Section 4.2, but in no event fewer than two, directors shall constitute a quorum for the transaction of business or of any particular business. Except as otherwise provided by law or by the certificate of incorporation or these bylaws, the affirmative vote of a majority of the directors present and voting at the meeting at the time of such vote, if a quorum is then present, shall be the act of the board. Voting by proxy is not permitted.

Section 4.9 Action without a Meeting. Any action required or permitted to be taken at any meeting of the board of directors may be taken without a meeting if the action is taken by all members of the board. Such action shall be evidenced by one or more written consents describing the action taken, shall be signed by each director and shall be included in the minutes or filed with the corporate records reflecting the action taken. Action taken under this Section 4.9 is the act of the board of directors when one or more consents signed by all the directors are delivered to the Corporation. The consent may specify the time at which the action taken thereunder is to be effective. A director's consent may be withdrawn by a revocation signed by the director and delivered to the Corporation prior to delivery to the Corporation of unrevoked written consents signed by all the directors.

Section 4.10 Presumption of Assent. A director of the Corporation who is present at a meeting of the board of directors at which action on any corporate matter is taken shall be presumed to have assented to the action taken, unless his/her dissent shall be entered in the minutes of the meeting or unless s/he shall file his/her written dissent to such action with the person acting as the secretary of the meeting before the adjournment thereof, or shall forward such written dissent to the secretary of the Corporation immediately after the adjournment of the meeting. Such right to dissent shall not apply to director who voted in favor of such action.

Section 4.11 Meetings by Conference Call. Any one or more members of the board of directors may participate in any meeting of the board by, or conduct the meeting through the use of, any means of conference telephone, videoconference or similar communications equipment by which all directors participating in the meeting may simultaneously hear each other during the meeting. A director participating in a meeting by such means is deemed to be present in person at the meeting.

- Section 4.12 **Compensation of Directors.** No director shall receive compensation for services rendered to the Corporation in such capacity, but directors shall be entitled to reimbursement for reasonable and necessary expenses actually incurred in connection with the performance of their duties in the manner and to the extent that the board shall determine, consistent with the requirements of Section 33-1092 of the Connecticut Revised Nonstock Corporation Act (the “Act”). Notwithstanding the foregoing, the Corporation shall provide no reimbursement for expenses or compensation other than those reasonable and necessary in furthering the Corporation's purposes. Directors may receive reasonable compensation for services performed in other capacities for or on behalf of the Corporation pursuant to authorization by the board of directors, subject, however, to Article VIII of these bylaws and to Sections 33-1127 through 33-1131 of the Act.
- Section 4.13 **Minutes.** The board shall arrange for minutes to be kept of each meeting of the board of directors and upon adoption by the board of directors shall retain such minutes with the permanent records of the Corporation.

ARTICLE V

Committees

- Section 5.1 **Committees.** The board of directors may create one or more committees and appoint one or more members of the board to serve on them. The creation of a committee and the appointment of directors to a committee shall be approved by a majority of all the directors in office when the action is taken. The board of directors may appoint one or more directors as alternate directors to replace any absent or disqualified director during the director's absence or disqualification. The board may also appoint persons who are not board members to serve in an advisory non-voting capacity on any committee of the board. In addition, the board may create one or more additional advisory committees and appoint such individuals, who may or may not be members of the board, to serve on such committees as the board determines will assist it by providing sound advice, reflecting the views of the community or otherwise serving the best interests of the Corporation.
- Section 5.2 **Authority of Committees.** To the extent specified by the board of directors, any committee may exercise the power of the board, provided all the voting members of such committee are directors of the Corporation. Otherwise, all committees shall be advisory only. In no event may a committee do any of the following:
- (a) fill vacancies on the board of directors or, except as provided in this section, on any of its committees;
 - (b) adopt, amend or repeal these bylaws or make changes to the Corporation's certificate of incorporation;
 - (c) approve a plan of merger;

(d) approve a sale, lease, exchange or other disposition of all, or substantially all, of the property of the Corporation, other than in the usual and regular course of affairs of the Corporation; or

(e) approve a proposal to dissolve the Corporation.

- Section 5.3 **Committee Rules.** Sections 4.7, 4.8, 4.9, 4.10 and 4.11 of these bylaws apply to committees and their members as well, except that committees shall not be required to hold annual meetings.
- Section 5.4 **Compliance with Standards of Conduct.** The creation of, delegation of authority to, or action by a committee does not alone constitute compliance by a director with the standards of conduct described in Section 33-1104 of the Act.
- Section 5.5 **Minutes.** Each committee shall keep regular minutes of its proceedings and report the same to the board of directors, and such minutes shall be retained with the permanent records of the Corporation.

ARTICLE VI

Officers

- Section 6.1 **Officers; Eligibility.** The board of directors shall elect from among them a president, vice president, secretary, treasurer, and such other officers as determined by the board of directors.
- Section 6.2 **Election; Term of Office; Removal; Vacancies.** All officers shall be appointed at the annual meeting of the board of directors or at any other meeting of the board as the board may determine. Each officer shall hold office for one year and until his or her successor has been appointed and qualified. There shall be no limit to the number of times an officer can be re-elected to a particular office. Any officer may be removed by the board of directors at any time with or without cause. Any vacancy or vacancies occurring in any office of the Corporation may be filled until the next meeting at which officers are elected by the concurring vote of a majority of the remaining directors, though such remaining directors are less than a quorum, though the number of directors at the meeting is less than a quorum, and though such majority is less than a quorum.
- Section 6.3 **Resignation.** Any officer may resign at any time by delivering written notice to the Corporation. Unless the written notice specifies a later effective time, the resignation shall be effective when the notice is delivered to the board of directors, its president, or the secretary of the Corporation.
- Section 6.4 **Powers and Duties of Officers.**
- A. *President.* The president shall preside at each meeting of the directors and shall have such powers and duties as usually pertain to the office of president and shall perform such other duties as may from time to time be assigned to him or her, or specifically required to be performed by him or her, by these bylaws, by the board of directors or by law.

In general, the president shall consult with and advise the chief executive officer, if any, with respect to the achievement of the mission of the Corporation. If there is no chief executive officer, the president shall assume the duties, but not the compensation, of the chief executive officer.

B. *Vice-President.* In the absence of the president or in the event of his or her inability or refusal to act, the vice-president shall perform the duties of the president, and, when so acting, shall have all the powers of and be subject to all the restrictions upon the president. If there is more than one vice-president, the board of directors shall determine which of them shall so perform the duties of the president under such circumstances. The vice-president[s] shall perform such other duties and have such other powers as the board of directors may from time to time prescribe by standing or special resolution, or as the president may from time to time provide, subject to the powers and the supervision of the board of directors.

C. *Secretary.* The secretary shall be responsible for preparing and maintaining custody of minutes of all meetings of the board of directors and for authenticating and maintaining the records of the Corporation, and shall give or cause to be given all notices in accordance with these bylaws or as required by law, and, in general, shall perform all duties customary to the office of secretary.

D. *Treasurer.*

(1) If the Corporation does not have staff managing daily operations, the treasurer shall be responsible for the prompt deposit of all receipts, an accurate accounting of income and expenditures, and shall present a written financial report to the board of directors at meetings of the board of directors. The treasurer shall maintain the financial records of the Corporation using acceptable accounting practices and shall perform those other duties inherent to the office of treasurer.

(2) If the Corporation has staff managing daily operations, the treasurer shall be responsible for general oversight of the budgeting, monthly reporting processes, and ensuring that the board of directors receives current financial reports in a timely manner for review and/or approval at meetings of the board of directors.

ARTICLE VII

Executive Director

The chief executive officer shall serve at the pleasure of the board of directors. The chief executive officer shall have general supervision over the business of the Corporation, subject to the control of the board of directors. The chief executive officer shall see that all orders and resolutions of the board of directors are carried into effect. In general, the chief executive officer shall perform other duties as may from time to time be assigned to him or her, or specifically required to be performed by him or her, by these bylaws, by the board of directors, or by law. The compensation and terms of employment of the chief executive officer shall be determined at least annually by the

board of directors. The board will meet in executive session to evaluate the chief executive officer's performance and decide upon the annual salary of the chief executive officer. If there is no chief executive officer, the president shall assume the duties, but not the compensation, of the chief executive officer.

ARTICLE VIII

Directors' Conflicting Interest Transactions

- Section 8.1 **Conflicts of Interest; Adoption of Policy.** The Corporation shall adopt a conflict of interest policy to assure that any potential "directors' conflicting interest transaction" as that term is defined in Section 33-1127 of the Act, or any potential "excess benefit transaction" involving a "disqualified person," (including a director or officer of the Corporation) as those terms are defined in Section 4958 of the Internal Revenue Code, shall only be undertaken after the requisite disclosure, determinations and voting by directors as provided in Sections 33-1129 and 33-1130 of the Act and under any relevant regulations of the Internal Revenue Service.
- Section 8.2 **Disclosure; Annual Review of Policy.** The conflict of interest policy shall be reviewed by the board at least annually. At the time of their election or appointment, each director or officer of the Corporation may be asked to complete a disclosure statement identifying all related parties of the director or officer who have a conflicting interest with respect to any transaction between such person and the Corporation. These statements shall be kept on file at the Corporation's office. These statements shall be updated annually and any additions or other changes shall be made by the director or officer in writing as they occur.

ARTICLE IX

Miscellaneous

- Section 9.1 **Fiscal Year.** The fiscal year of the Corporation shall be the calendar year.
- Section 9.2 **Checks, Notes and Contracts.** The board of directors shall determine who shall be authorized from time to time on the Corporation's behalf to sign checks, drafts, or other orders for payment of money; to sign acceptances, notes, or other evidences of indebtedness; to enter into contracts; or to execute and deliver other documents and instruments.
- Section 9.3 **Written Notice or Consent.** Any written notice or consent required hereunder may, without limitation, be issued by regular mail, hand delivery, electronic transmission or facsimile.
- Section 9.4 **Books and Records.** The Corporation shall keep at its office correct and complete books and records of the accounts, activities and transactions of the Corporation, the minutes of the proceedings of the board of directors and any Committee of the Corporation, and a current list of the directors and officers of the Corporation and their business addresses. Any of the books, minutes and records of the Corporation may be

in written form or in any other form capable of being converted into written form within a reasonable time.

Section 9.5 **Amendments to Bylaws.** Subject to the notice requirements of Section 4.7, the bylaws of the Corporation may be adopted, amended or repealed in whole or in part by the affirmative vote of two-thirds the directors present and voting at a meeting of the board of directors at which a quorum is present, provided that notice of the meeting state that amendment of the bylaws is to be voted on at that meeting.

Section 9.6 **References.** Reference in these bylaws to a provision of the Internal Revenue Code is to such provision of the Internal Revenue Code of 1986, as amended, or the corresponding provision(s) of any subsequent federal income tax law. Reference in these bylaws to a provision of the Connecticut Revised Nonstock Corporation Act or any provision of Connecticut law set forth in such statutes is to such provision of the General Statutes of Connecticut, Revision of 1958, as amended, or the corresponding provision(s) of any subsequent Connecticut law.

**Power of Attorney
and Declaration of Representative**

► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date ____/____/____

Part I Power of Attorney

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

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

Taxpayer name and address

BSEB-Birth Support, Education & Beyond, Inc.
15 Crossley Court, Niantic CT 06357

Taxpayer identification number(s)

93-3981292

Daytime telephone number

860-867-7541

Plan number (if applicable)

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

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

Name and address

Priya Morganstern, Esq.
Pro Bono Partnership
One State St., Hartford CT 06103
Check if to be sent copies of notices and communications ☐

CAF No. _____

PTIN _____

Telephone No. 860-541-4950

Fax No. 860-275-8299

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

Check if to be sent copies of notices and communications ☐

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

(Note: IRS sends notices and communications to only two representatives.)

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

(Note: IRS sends notices and communications to only two representatives.)

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

- 3 Acts authorized (you are required to complete line 3).** Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)

Tax Form Number
(1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)
(see instructions)

Application for Tax-exempt Recognition

1023

2024-2025

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

- 5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider;

☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;

☐ Other acts authorized: _____

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
- List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

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

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

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Traci McComiskey

Signature

08-26-2024

Date

Executive Director

Title (if applicable)

Traci McComiskey

Print name

BSEB-Birth Support, Education & Beyond, Inc.

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
a	CT	307241	<i>Traci McComiskey</i>	8/26/24

Budget Itemization:**Line item: 7 (revenues):**

2024: CT Coalition Against Domestic Violence- contract for services \$24,000.

2024 Line item 7 total= \$24,000.

2025: CT Coalition Against Domestic Violence- contract for services \$33,500., CT Department of Public Health 2024 through 2027 multi-year contract; year one=\$175,000.; Medicaid Insurance Payment for Birth Doula services (20 births in 2025 at \$1200 per birth) \$24,000.

2025 Line item 7 total= \$232,500.

2026: CT Coalition Against Domestic Violence- contract for services \$35,000.

Department of Public Health 2024 through 2027 multi-year contract; year two=\$175,000.

Medicaid Insurance Payment for Birth Doula services (40 births in 2025 at \$1200 per birth) \$48,000.

CT Department of Mental Health and Addiction Services, Young Adult Services Program 2026 through 2028 multi-year contract: year one \$285,000.

2026 Line item 7 total= \$543,000.

Line item: 22 (prof. fees):

2024: Independent contractor services fees for: grant writing services, human resource consultation, marketing/social media management- \$4,000.

2024 Line item 22 Total= \$4,000.

2025: Independent contractor services fees for: clinical advisement and case consultation, grant writing services, human resource package administration, administrative assistant services, marketing and fundraising services, independent auditing, fiscal services, database management- \$112,601.

2025 Line item 22 Total= \$112,601.

2026: Independent contractor fees for: client service delivery, case planning and clinical advisement, grant writing services, human resource administrator, marketing and fundraising services, independent auditing, fiscal services, database management- \$175,101

2026 Line item 22 Total= \$175,101.

Line item: 23 (expenses not classified):

2024: Bank Account opening Deposit \$25.

State of CT, Office of Secretary 2024 Filing Fee's \$120.

IRS application fee \$600.

atty. administrative fees \$695.

Insurance; Directors & Officers, employments practices, general liability insurances. \$5,945.

Independent Contractor Perinatal Support specialist fees for client services \$6,000.

2024 Line item 23 total= \$13,385.

2025: State of CT, Office of Secretary Filing Fee's \$50.

Professional training/continuing education, conference costs/presenting & education on program services \$5,250.

Insurance: Directors & Officers, employments practices, general liability insurances. \$6,275.

technical data tracking equipment and online subscriptions & securities \$17,100.

maternal and newborn essentials client supply need \$30,000.

office supplies; phones & services \$15,000.

Independent Contractor Perinatal Support specialist fees for client services \$27,500

misc. \$1,410.

2025 Line item 23 total= \$102,585.

2026: State of CT, Office of Secretary Filing Fee's \$50.

Staff Training/continuing education, conference costs/presenting & education on program services \$9,750.

Insurance; Directors & Officers, employment practices, general liability insurances \$9,275.

technical data tracking equipment and online subscriptions & securities \$18,500.

maternal and newborn essentials client supply need \$45,000.

office supplies; phones & services \$18,000.

Independent Contractor Perinatal Support specialist fees for client services \$5,000

misc. \$3,396.

2026 Line item 23 total= \$108,971.

Request for Expedited Processing

BSEB- Birth Support, Education & Beyond, Inc.

EIN: 93-3981292

BSEB- Birth Support, Education & Beyond, Inc. (the "Applicant") respectfully requests expedited processing of its application for 501(c)(3) tax-exempt recognition.

Applicant has relationships with several community and private foundation funders, and is working to cultivate support from individual donors and state and federal grant opportunities. However, many of these funders have advised that such funding is handicapped by virtue of not having the IRS 501(c)(3) recognition. Specific potential funding and grant opportunities that this applies to include the following:

- The Wild Gifting Project, general operational support grant for \$150,000.00. Erin Livensparger, Grants Manager
- Liberty Bank Foundation, general operational support & workforce development, grant for \$25,000.00. Lisa McNulty, Assistant Vice President, Branch Manager
- The Connecticut Health Foundation, funding for social services delivery, up to \$150,000.00. Tamisha Phillip, Senior Grants Manager
- The Global Doula Project, fundraising support with additional \$1000.00 match opportunity. Anne Kathryn Rice, Founder/Director
- The Hartford Foundation for Public Giving, operational support grant, up to \$15,000.00 every 2 years. Lucas Codognolla, Senior Community Impact Officer

Further, the lack of the 501(c)(3) status limits Applicant's eligibility for certain contracts to provide community health services and limits its use of certain social media platforms. The lack of 501(c)(3) status also means Applicant cannot accept corporate matching dollars, despite requests and inquiries that come in frequently.

The need for Applicant's services for vulnerable pregnant and newly parenting families in Connecticut is greater now than ever. Having its 501(c)(3) recognition in place as soon as possible will provide Applicant with better opportunities to secure funding and provide the vital services and supports as discussed in this application for high-risk perinatal families.

Please accept Applicant's sincere appreciation for your consideration of its request for expedited application processing and recognition of 501(c)(3) status.