

**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.**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) G4S CARES FUND INC			b Care of Name (if applicable)		
c Mailing Address (Number, street and room/suite) 1395 UNIVERSITY BOULEVARD		d City JUPITER		e Country UNITED STATES	
f State FLORIDA		g Zip Code + 4 33458	h Foreign Province (or State)		i Foreign Postal Code
2 Employer Identification Number 85-3482236		3 Month Tax Year Ends DECEMBER		4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative) MICHAEL HOGSTEN - DIRECTOR	
5 Contact Telephone Number 678-485-4226			6 Fax Number (optional)		7 User Fee Submitted \$600.00
8 Organization's Website (if available): g4s.com/en-us/cares-fund					
9 List the names, titles, and mailing addresses of your officers, directors, and/or trustees.					
First Name: MICHAEL		Last Name: HOGSTEN		Title: DIRECTOR & SECRETARY	
Mailing Address: 1395 UNIVERSITY BOULEVARD			City: JUPITER		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 33458			
First Name: GEOFF		Last Name: GERKS		Title: DIRECTOR & PRESIDENT	
Mailing Address: 1395 UNIVERSITY BOULEVARD			City: JUPITER		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 33458			
First Name: JOHN KEATH		Last Name: PATTERSON		Title: DIRECTOR & TREASURER	
Mailing Address: 1395 UNIVERSITY BOULEVARD			City: JUPITER		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 33458			
First Name: KIMBERLY		Last Name: RICH		Title: DIRECTOR	
Mailing Address: 1395 UNIVERSITY BOULEVARD			City: JUPITER		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 33458			
First Name: YAMILA		Last Name: GONZALEZ		Title: DIRECTOR	
Mailing Address: 1395 UNIVERSITY BOULEVARD			City: JUPITER		
State (or Province): FLORIDA		Zip Code (or Foreign Postal Code): 33458			

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

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)

10/05/2020

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.

Florida

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):

Articles of Incorporation p. 1, Art III, Para 3.1

- 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.

Articles of Incorporation pp. 3-4, Art VI

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:

- a. What is the activity?
- b. Who conducts the activity?
- c. Where is the activity conducted?
- d. What percentage of your total time is allocated to the activity?
- e. How is the activity funded (for example, donations, fees, etc.) and what percentage of your overall expenses is allocated to this activity?
- f. How does the activity further your exempt purposes?

Please see attached Exhibit F - Supplemental Responses for G4S Cares Fund, Inc. for a complete summary of the past, present, and planned activities of G4S Cares Fund, Inc.

Part IV Your Activities *(continued)*

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

T30

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

Please see attached Exhibit F - Supplemental Responses

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

Please see attached Exhibit F - Supplemental Responses

5 Do you or will you support or oppose candidates in political campaigns in any way? If "Yes," explain. Yes No

6 Do you or will you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation. Yes No

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

Please see attached Exhibit F - Supplemental Responses

- 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

Please see attached Exhibit F - Supplemental Responses

- 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? Yes No
If "Yes," complete Schedule B.

- 13 Is your principal purpose or function to provide hospital or medical care? Yes No
If "Yes," complete Schedule C.

- 14 Do you or will you provide low-income housing? Yes No
If "Yes," complete Schedule F.

- 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? Yes No
If "Yes," complete Schedule H - Section I.

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Website, mail, email, personal, and/or phone solicitations | <input type="checkbox"/> Foundation grant solicitations |
| <input type="checkbox"/> Receive donations from another organization's website | <input type="checkbox"/> Government grant solicitations |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Other (non-bingo) gaming activities |
| <input type="checkbox"/> 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

Please see attached Exhibit B - Bylaws p. 2, Art III, para B, subpara 7. It is not anticipated that the Directors and officers will receive compensation at this time, though Directors are permitted to receive compensation pursuant to the Organization's Bylaws.

- 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? Yes No
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.

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: 10/05/2020 To: 12/31/2020	From: 01/01/2021 To: 12/31/2021	From: 01/01/2022 To: 12/31/2022	From: _____ To: _____
1 Gifts, grants, and contributions received (do not include unusual grants)	\$235,000	\$230,000	\$230,000		
2 Membership fees received					
3 Gross investment income	\$11,750	\$11,500	\$11,500		
4 Net unrelated business income					
5 Taxes levied for your benefit					
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)					
7 Any revenue not otherwise listed above or in lines 9 - 12 below (provide an itemized list below)					
8 Total of lines 1 through 7	\$246,750	\$241,500	\$241,500	\$0	\$0
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)					
10 Total of lines 8 and 9	\$246,750	\$241,500	\$241,500	\$0	\$0
11 Net gain or loss on sale of capital assets (provide an itemized list below)					
12 Unusual grants (provide an itemized list below)					
13 Total Revenue (add lines 10 through 12)	\$246,750	\$241,500	\$241,500	\$0	\$0
Type of expense	Current tax year	4 prior tax years or 2 succeeding tax years			
14 Fundraising expenses					
15 Contributions, gifts, grants, and similar amounts paid out (provide an itemized list below)	\$190,000	\$190,000	\$190,000		
16 Disbursements to or for the benefit of members (provide an itemized list below)					
17 Compensation of officers, directors, and trustees					
18 Other salaries and wages					
19 Interest expense					
20 Occupancy (rent, utilities, etc.)					
21 Depreciation and depletion					
22 Professional fees	\$35,000	\$30,000	\$30,000		
23 Any expense not otherwise classified, such as program services (provide an itemized list below)					
24 Total Expenses (add lines 14 through 23)	\$225,000	\$220,000	\$220,000	\$0	\$0

25 Itemized financial data

Please see attached Exhibit F - Supplemental Responses

Part VI Financial Data (continued)

B. Balance Sheet (for your most recently completed tax year)		Year End: 12/31/2020
Assets		
1 Cash		\$235,000
2 Accounts receivable, net		
3 Inventories		
4 Bonds and notes receivable (provide an itemized list below)		
5 Corporate stocks (provide an itemized list below)		
6 Loans receivable (provide an itemized list below)		
7 Other investments (provide an itemized list below)		
8 Depreciable assets (provide an itemized list below)		
9 Land		
10 Other assets (provide an itemized list below)		
11 Total Assets (add lines 1 through 10)		\$235,000
Liabilities		
12 Accounts payable		
13 Contributions, gifts, grants, etc. payable		\$190,000
14 Mortgages and notes payable (provide an itemized list below)		
15 Other liabilities (provide an itemized list below)		\$35,000
16 Total Liabilities (add lines 12 through 15)		\$225,000
Fund Balances or Net Assets		
17 Total fund balances or net assets		
18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)		\$225,000

19 Itemized financial data

Please see attached Exhibit F - Supplemental Responses

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, 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? Yes No

If "Yes," are you claiming you are excused 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.

Geoff Gerks

(Type name of signer)

DIRECTOR & PRESIDENT

(Type title or authority of signer)

11/06/2020

(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)? If "Yes," explain. Yes No

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

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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).

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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 filling 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

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

G4S CARES FUND, INC.

ATTACHMENTS TO FORM 1023

**APPLICATION FOR RECOGNITION OF EXEMPTION
UNDER CODE SECTION 501(c)(3)**

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

G4S CARES FUND, INC.

FORM 1023

TABLE OF CONTENTS

- A. Articles of Incorporation
- B. Bylaws
- C. Conflict of Interest Policy
- D. Form 2848 - Power of Attorney and Declaration of Representative
- E. G4S Cares Fund, Inc. Grantmaking Committee Guidelines for Providing Assistance
- F. Supplemental Responses

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Exhibit A – Articles of Incorporation

The Articles of Incorporation of G4S Cares Fund, Inc. were filed on October 5, 2020. See attached Articles of Incorporation as filed.

10/5/2020

N20000010914

Division of Corporations

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ARTICLES OF INCORPORATION OF
G4S CARES FUND, INC.

KNOW ALL MEN BY THESE PRESENTS: That the undersigned do hereby associate ourselves together for the purpose of forming a non-profit, non-stock corporation under Chapter 617 of the Florida Statutes, the Florida Not For Profit Corporation Act and for that purpose do hereby certify and adopt the following Articles of Incorporation:

ARTICLE I: NAME

The name of the corporation shall be: G4S Cares Fund, Inc.

ARTICLE II: PRINCIPAL OFFICE

The initial principal office and mailing address is: 1395 University Boulevard, Jupiter, FL 33458

ARTICLE III: PURPOSES AND POWERS

3.1 G4S Cares Fund, Inc. (hereafter the "Corporation") shall be a not for profit corporation formed exclusively for charitable and benevolent purposes for which a corporation may be formed under the Florida Not For Profit Corporation Act, with specific reference to and in compliance with Section 617.0301 of the Florida Statutes, and within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, its regulations or the corresponding provision of any applicable future United States Internal Revenue Law or regulations (the "Code") and not for pecuniary profit or financial gain. More specifically, the purpose of the Corporation is to provide short-term, immediate financial relief to the current, future, and former employees of G4S Holding One, Inc. and its affiliates and subsidiaries (collectively, "G4S"), and the immediate family members of the current, future, and former employees of G4S, who have suffered significant hardship as a result of death, unforeseeable harm, or losses in emergency, disaster or other crisis situations, based upon an objective determination of need established by an independent selection committee; and to accept donations of money or other property from G4S, its current employees, and other persons for the above purposes or any other charitable and benevolent purposes allowed within the meaning of Section 501(c)(3) of the Code or any successor sections.

3.2 The Corporation shall have no capital stock and no power to issue certificates for shares of capital stock or to declare dividends. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 3.1 hereof. The Corporation shall not carry on propaganda or otherwise attempt to influence legislation to an extent that would disqualify it for tax exemption under Section 501(c)(3) of the Code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Code.

3.3 In carrying out its corporate purposes, the corporation shall have all the powers allowed corporations under the Florida Not For Profit Corporation Act; provided, however, that the corporation shall not have or exercise any power prohibited by this Article III.

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3.4 Notwithstanding the foregoing, if at any time the Corporation shall be a private foundation, within the meaning of 509(a) of the Code:

(A) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to 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.

(C) The Corporation shall not retain any excess business holdings as defined in section 4943(c) of the Code.

(D) The Corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Code.

(E) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Code.

ARTICLE IV: MEMBERS; BOARD OF DIRECTORS

4.1 The Corporation shall have no members/shareholders.

4.2 The number of Directors of the Corporation shall be determined in the manner provided by the Bylaws and may be increased or decreased from time to time in the manner provided therein.

4.3 The affairs of the Corporation shall be conducted by its directors; however, the directors may elect officers and appoint subcommittees pursuant to the Bylaws to conduct day-to-day business in accordance with its Bylaws.

4.4 The directors may make and adopt Bylaws not inconsistent with the provisions of these Articles of Incorporation and the laws of the State of Florida.

4.5 The manner in which the initial officers are to be elected shall be the manner set forth in the Bylaws.

ARTICLE V: DIRECTOR INDEMNIFICATION AND LIMITATION OF LIABILITY

5.1 Pursuant to Section 617.0834 of the Florida Statutes, no director or officer (whereby "director" and "officer" shall, for the purposes of this Paragraph 5.1, have the same definition prescribed to such terms in Florida Statute Section 617.0834, Paragraphs (b) and (c)) of the Corporation shall be personally liable as such on its obligations or to the Corporation for monetary damages for breach of his or her duties as a director or officer except for liability as a result of the director or officer breaching or failing to perform his or her duties as an officer or director and such breach of, or failure to perform, his or her duties constitutes: (a) a violation of the criminal law, unless the officer or director had reasonable cause to believe his or her conduct was lawful or had no reasonable cause to believe his or her conduct was unlawful; however, a judgment or other final adjudication against an officer or director in any criminal proceeding for violation of the criminal law estops that officer or director from contesting the fact that his or her breach, or failure to perform, constitutes a violation of the criminal law, but does not estop the officer or director from establishing that he or she had reasonable cause to believe that his or her conduct was lawful or had no reasonable cause to believe that his or her conduct was unlawful; (b) any

transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation; (c) any transaction from which the director derives an improper personal benefit; or (d) recklessness (as defined by Florida Statute Section 617.0834) or an act or omission that was committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. If the Florida Statutes are subsequently amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Florida Statutes, as so amended. Any repeal or modification of this article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

5.2 Pursuant to Sections 617.0831 and 607.0851 of the Florida Statutes, each person who is or was a director or officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a member, director, trustee, officer, or employee of another corporation, whether elected or appointed, including the heirs, executors, administrators or estate of any such person, to the extent he or she is permitted and included in such class of persons by Section 607.0850 of the Florida Statutes, shall be indemnified by the Corporation to the full amount against any liability and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, director, trustee, officer, or employee or arising out of such person's status as a member, director, trustee, officer, or employee; provided, however, that such person acted in good faith; acted in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the Corporation; and had no reasonable cause to believe his or her conduct was unlawful in the case of any criminal proceeding. In addition to the foregoing, such person shall be similarly indemnified by the Corporation if he or she, pursuant to Section 607.0852 of the Florida Statutes, is wholly successful, on the merits or otherwise, in the defense of any proceeding to which such person was a party because he or she was a serving at the request of the Corporation. Such right of indemnification shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payment of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this article shall not affect any rights or obligations then existing. If any indemnification payment required by this article is not paid by the Corporation within 90 days after a written claim has been received by the Corporation, the member, director, trustee, officer, or employee may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, such person shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under the Florida Not For Profit Corporation Act, under Florida Statutes Sections 607.0850—607.0859, or under this article, but it shall not be obligated to do so. The indemnification provided by this article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of board of directors, or otherwise. If this article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this article that shall not have been invalidated or by any other applicable law.

ARTICLE VI: DURATION; TERMINATION

The duration of the corporation shall be perpetual. No person shall possess any property right in or to the property or assets of the Corporation. Upon dissolution, the Directors (after paying or making provision

for the payment of all liabilities of the Corporation) shall distribute all remaining assets of the Corporation to one or more qualifying charities upon the affirmative vote of the majority of the Directors. Any funds so given must be used for a public purpose within the meaning of Section 501(c)(3) of the Code. Such assets shall go to organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes and shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code or the corresponding provision of any future United States Internal Revenue law.

ARTICLE VII: BY-LAWS

At the first meeting of the Directors of this corporation, there shall be adopted corporate By-Laws, which shall prescribe the manner in which, and the officers and agents by whom, the purposes of the corporation shall be carried out, and the manner in which the By-Laws shall be adopted by the vote of a majority of all the members of the corporation.

ARTICLE VIII: AMENDMENT

These Articles may be amended only upon the affirmative approval of a majority of the Directors of the Corporation.

ARTICLE IX: REGISTERED AGENT

The name and Florida address of the Registered Agent is:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

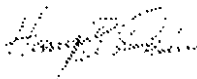
ARTICLE X: INCORPORATORS

The name and address of the Incorporators are:

Geoff Gerks, address: 1395 University Boulevard, Jupiter, FL 33458;
Michael Hogsten, address: 1395 University Boulevard, Jupiter, FL 33458; and
Keath Patterson, address: 1395 University Boulevard, Jupiter, FL 33458.

NOW HERETOFORE Having been named as registered agent to accept service of process for the above-named Corporation at the place designated in these Articles, the undersigned is familiar with and accepts the appointment as registered agent and agrees to act in this capacity on behalf of the Corporation.

CORPORATION SERVICE COMPANY

By: 
Name: Harry B Davis, Asst VP
Title: _____
Date: 10/2/2020

DocuSign Envelope ID: 756F6B8J 96E7-4BCC-AC5C-0A95FF18142B

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IN WITNESS WHEREOF, the undersigned incorporators of the above-named Corporation, have hereunto set their hands this 2nd day of October, 2020.

DocuSigned by:
Geoff Gerks
E4D38FE1DC014F4...
Geoff Gerks, Incorporator

DocuSigned by:
Michael Hogsten
67B268D34914D5...
Michael Hogsten, Incorporator

DocuSigned by:
John Keath Patterson
EE7AC25255C84EE...
Keath Patterson, Incorporator

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G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Exhibit B – Bylaws

The Bylaws of G4S Cares Fund, Inc. (the “*Bylaws*”) were adopted by resolution of the Directors on October 27, 2020. See attached copy of the Bylaws as adopted.

**BYLAWS
OF
G4S CARES FUND, INC.**

**ARTICLE I
NON-MEMBER CORPORATION**

G4S Cares Fund, Inc., a Florida not for profit corporation (the “*Corporation*”), shall have no members in accordance with the Florida Statutes, generally, and, more specifically, the Florida Not For Profit Corporation Act.

**ARTICLE II
OFFICES**

A. Principal Office. The principal office of the Corporation shall be 1395 University Boulevard, Jupiter, Florida 33458. The Corporation may have such other offices, either within or without the State of Florida, as the business of the Corporation may require from time to time.

B. Registered Office and Registered Agent. The Corporation shall maintain a registered agent in the State of Florida. The Corporation’s registered agent is Corporation Service Company, whose address is 1201 Hays Street, Tallahassee, Florida 32301.

**ARTICLE III
DIRECTORS**

A. Duties and Functions of Board of Directors. The Board of Directors (each member of the Board of Directors a “*Director*” or collectively the “*Board of Directors*”) shall be the governing body of the Corporation and shall exercise, conduct, and control all the corporate powers, property, and affairs of the Corporation.

B. Composition of the Board of Directors.

1. Number of Directors. The Board of Directors shall be composed of not less than three (3) nor more than seven (7) persons, as shall be fixed by the Board of Directors in accordance with applicable law.

2. Term. Each Director shall hold office until the next annual meeting of the Board of Directors and until the Director’s successor is elected, or until the Director’s earlier resignation, removal, or death.

3. Election. The initial Board of Directors shall consist of the Directors as set forth in the organizing resolutions of the Corporation. Thereafter, members of the Board of Directors shall be elected in accordance with either Section III(C)(1), if at the annual meeting, or Section III(B)(4), if filling a vacancy on the Board of Directors, as the case may be. From the then serving Directors, the Board of Directors may appoint one Director to serve as Chair of the Board of Directors and such Chair shall preside at all meetings of the Board of Directors.

4. Vacancies. Any vacancy on the Board of Directors arising from death, resignation, or removal of a Director, or an increase in the number of Directors then serving, may be filled by the affirmative vote of a majority of the remaining Directors, even though less than a quorum of the Board of Directors. A Director elected to fill any such vacancy shall hold office for the unexpired term of his or her predecessor and until a successor is elected and qualified.

5. Resignation. A Director may resign at any time by giving notice thereof in writing to the Secretary of the Corporation.

6. Removal. Any Director may be removed at any time with or without cause by the affirmative vote of a majority of the Directors at a meeting at which a quorum is present.

7. Compensation. Each Director may receive compensation for his or her services to the Corporation in an amount fixed from time to time by the Directors. Even if the Directors, as such, do not receive any stated salary for their services, they may, by resolution of the Board, receive a fixed sum and expenses of attendance, if any, for attendance at each regular or special meeting of the Directors. Nothing herein contained shall be construed to preclude any Director from serving the Corporation in any other capacity and receiving compensation therefor.

C. Meetings of the Board of Directors.

1. Annual Meeting. The Board of Directors shall have an annual meeting, unless written action is taken by the Directors in lieu of such meeting in accordance with Section III(C)(7). The Board of Directors shall provide, by resolution, the date, time, and place, either within or without the State of Florida or solely by means of authorized communications equipment to the extent authorized by law, for holding an annual meeting, at which time, members of the Board of Directors shall be elected. Any other business may be transacted at the annual meeting without specific notice of such business being given, except such business as may require specific notice by law. Such resolution shall serve as the notice required under Section III(C)(4).

2. Regular Meetings. Regular meetings of the Board of Directors may be scheduled by the Board of Directors. The Board of Directors may fix any reasonable date, hour, and place, either within or without the State of Florida or solely by means of authorized communications equipment, for holding any regular meeting of the Board of Directors called by such person or persons.

3. Special Meetings. Special meetings of the Board of Directors may be called by (i) the President, or (ii) one-third (1/3) of the members of the Board of Directors. The person or persons authorized to call special meetings of the Board of Directors may fix any reasonable date, hour, and place, either within or without the State of Florida or solely by means of authorized communications equipment, for holding any special meeting of the Board of Directors called by such person or persons.

4. Notice. Notice of each annual, regular or special meeting of the Board of Directors shall be given in writing either by the President or Secretary, not less than ten (10) days nor more than sixty (60) days before the meeting. Any Director may, at any time, waive any notice required to be given under these Bylaws. Attendance at a meeting of the Board of Directors shall constitute a waiver of notice, except where a Director states that he or she is attending for the purpose of objecting to the conduct of business on the grounds that the meeting was not lawfully called or convened. Notice of a meeting will be deemed to have been waived by any Director who attends such meeting and who does not, before or at the commencement of the meeting, protest the lack of proper notice.

5. Quorum. A majority of the members of the Board of Directors shall constitute a quorum unless a larger proportion is required to take the action stated in the notice of the meeting, in which case such larger proportion shall constitute a quorum. A Director shall be considered in attendance at a meeting if the Director is present in person, by the use of authorized communications equipment, or, if an action is taken in accordance with Section III(C)(7)(ii), by mail.

6. Voting. At any meeting at which a quorum is present, all acts, questions and business that may come before the meeting shall be determined by a majority of votes cast by the Directors present at such meeting, unless the vote of a greater number is otherwise required under the Florida Statutes, the Articles of Incorporation of the Corporation, or these Bylaws.

7. Action Without a Meeting.

i. Any action required or permitted to be taken at any meeting of the Board of Directors may be taken without a meeting with the affirmative vote of, and in a writing or writings signed by, all of the Directors. Such consent in writing shall have the same force and effect as a vote of the Board of Directors at a meeting and may be described as such in any document executed by the Corporation. Any transmission by authorized communications equipment that contains an affirmative vote of a Director is a signed writing for purposes of this Section III(C)(7)(i). The date on which that transmission by authorized communications equipment is sent is the date on which the writing is signed.

ii. Except as prohibited by law, voting on any matter other than the election of Directors at the annual meeting may be conducted by mail or by electronic mail. Voting shall remain open as set forth in the notice of such vote and voting must remain open for not less than ten (10) days from the date such notice is delivered; provided, however, in the case of a removal of one or more Directors, a merger, consolidation, or dissolution, or sale, lease, or exchange of assets, the voting must remain open for not less than twenty (20) days from the date the notice is delivered. In the event that the number of Directors casting timely votes would constitute a quorum if such action had been taken at a meeting, such matter shall be approved by the Board of Directors if such matter receives approval by the number of Directors required under Section III(C)(6) had such vote occurred at a meeting of the Board of Directors. Such approval shall have the same force and effect as a vote of the Board of Directors at a meeting and may be described as such in any document executed by the Corporation.

8. By-Laws. The Board of Directors may adopt By-Laws for their own government and that of the Corporation provided such By-Laws are not inconsistent with the Articles of Incorporation or these Regulations.

ARTICLE IV **OFFICERS**

A. Number. The officers of the Corporation (the “*Officers*”) shall be a President, a Secretary, a Treasurer, and such other officers, assistant officers, and agents as may be elected in accordance with the provisions of this Article IV. The Board of Directors is authorized in its discretion to establish such other officers, assistant officers, and agents as it shall deem necessary from time to time and may dispense with any of said offices and agents at any time.

B. Term. Each Officer shall hold office until the next annual meeting of the Board of Directors and until the Officer’s successor is elected, or until the Officer’s earlier resignation, removal, or death.

C. Election and Qualifications. The initial Officers of the Corporation shall consist of the Officers selected by the Board of Directors as set forth in the organizing resolutions of the Corporation. Thereafter, the Officers of the Corporation shall be selected by the Board of Directors at the annual meeting and are answerable to the Board of Directors. Officers may, but need not, be Directors. Any two or more offices may be simultaneously held by the same individual, except for the offices of President and Secretary.

D. Vacancies. If any office shall become vacant by reason of the death, resignation, disqualification, removal of the incumbent thereof, or other cause, the Board of Directors may elect a successor to hold the office for the unexpired term in respect to which such vacancy occurred or was created. In case of the absence of any Officer of the Corporation, the Board of Directors may delegate the powers and duties of such officer to any other Officer or to any Director, except where otherwise provided by these Regulations or by statute, for the duration of such absence.

E. Resignation. An Officer may resign at any time by giving notice thereof in writing to the Board of Directors.

F. Removal. Any Officer may be removed at any time with or without cause by the Board of Directors, but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Election or appointment of an officer or agent shall not of itself create contractual rights.

ARTICLE V
DUTIES OF OFFICERS

A. President. The President shall be responsible for the administration of the affairs of the Corporation and shall be its Chief Executive Officer. The President shall make such recommendations to the Board of Directors, or any committees thereof, as he or she thinks proper, and shall bring before the Board such information as may be required to conduct the business of the Corporation. The President shall have the general management of the day to day business and affairs of the Corporation and shall see that all orders and resolutions of the Board of Directors are carried out. The President shall execute bonds, mortgages, and other contracts, and shall manage the money and assets of the Corporation, all in accordance with the direction of and subject to the approval of the Board of Directors.

B. Secretary. The Secretary shall keep a record of all proceedings of the Board of Directors, and shall perform such other duties as may be assigned to him or her by the Board of Directors or the President.

C. Treasurer. The Treasurer shall have charge of the funds and accounts of the Corporation. He or she shall keep proper books of account showing all receipts, expenditures and disbursements of the Corporation, with vouchers in support thereof. He or she shall also from time to time, as required, make reports and statements to the Board of Directors as to the financial condition of the Corporation, and submit detailed statements of receipts and disbursements; he or she shall perform such other duties as shall be assigned to him or her from time to time by the Board of Directors or the President. The Treasurer shall carry out the recommendation and direction of the Grantmaking Committee with respect to disbursements of the Corporation.

D. Bonds of Officers. The Board of Directors shall determine which officers, if any, of the Corporation shall give bond, and the terms and amount thereof, the expense to be paid by the Corporation.

ARTICLE VI
COMMITTEES

A. Grantmaking Committee. This committee shall review, recommend, and direct the disbursements of the Corporation, and shall be established upon the appointment of the initial Board of Directors of the Corporation. The Grantmaking Committee shall recommend and direct disbursements from time to time pursuant to guidelines established by the Corporation, the first set of such guidelines shall be established by resolution of the initial directors of the Corporation. The guidelines may be altered, modified, or changed from time to time. However, such guidelines shall require that sufficient disbursements be made to ensure that the Corporation meets the requirements of Section 4942 of the Internal Revenue Code of 1986, as amended (the "Code") and the application Treasury Regulations thereunder at any time that the Corporation shall be a private foundation, within the meaning of Section 509 of the Code. At all times, a majority of the members of the Grantmaking Committee shall consist of individuals who are not employed in managerial or supervisory positions with G4S Holding One, Inc., its subsidiaries or its affiliates, nor related to any such individual.

B. Other Committees. In addition to the Grantmaking Committee, the Board of Directors may, by resolution, designate not less than one of its number to serve on an Executive Committee or on such other committee or committees as the Board may from time to time constitute. The Board of Directors may delegate to any such committee any of the authority of the Directors, however conferred, other than that of filling vacancies among the Directors or in any committee of the Directors. The specific duties and authority of any such committee or committees shall be stated in the resolution constituting the same.

ARTICLE VII
SEAL

The Board may provide for a corporate seal if it so elects, but such seal shall not be required.

ARTICLE VIII
AMENDMENTS

These Bylaws may be altered, amended, added to, or repealed only by a two-thirds (2/3) vote of the members of the Board of Directors present at a meeting at which there is a quorum.

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Exhibit C – Conflict of Interest Policy

The Conflict of Interest Policy of G4S Cares Fund, Inc. (the “*Conflict of Interest Policy*”) was adopted by resolution of the Directors on October 27, 2020. A copy of the Conflict of Interest Policy is available upon request.

G4S CARES FUND, INC.
EIN: 85-3482236
Form 1023

Exhibit D – Form 2848

See attached.

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

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

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 G4S Cares Fund, Inc. 1395 University Boulevard Jupiter, Florida 33458	Taxpayer identification number(s) 85-3482236
	Daytime telephone number (678) 485-4226
	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 Melissa Spievack, Esq. 255 E. Fifth Street, Suite 1900 Cincinnati, Ohio 45202 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0312-55220R PTIN P01583786 Telephone No. (513) 832-5465 Fax No. (513) 997-8141 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

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

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that 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 Status	1023	2020 and all subsequent years

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See 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 document. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, 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, or trustee on behalf of the taxpayer, I certify that 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.


 Signature

11/05/2020
 Date

Director, Treasurer
 Title (if applicable)

John Keath Patterson
 Print name

G4S Cares Fund, Inc.
 Print name of taxpayer from line 1 if other than individual

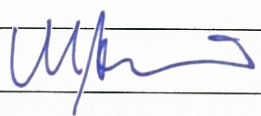
Part II Declaration of Representative

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 contained 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—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an 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	OH	98297		11/5/2020

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Exhibit E – Grantmaking Committee Guidelines for Providing Assistance

The G4S Cares Fund, Inc. Grantmaking Committee Guidelines for Providing Assistance (the “*Guidelines for Providing Assistance*”) were adopted by resolution of the Directors on October 27, 2020. See attached copy of the Guidelines as adopted.

G4S CARES FUND, INC.

GRANTMAKING COMMITTEE

GUIDELINES FOR PROVIDING ASSISTANCE

Initially Adopted October 27, 2020

I. PURPOSES OF THE CORPORATION

G4S Cares Fund, Inc. (the “*Corporation*”) is a Florida not for profit corporation organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (the “*Code*”) and the Treasury Regulations thereunder (the “*Regulations*”). The specific purpose for which the Corporation was formed is to offer assistance, comfort, and relief to those who are among the current, future, and former employees, and immediate family members of current or former employees, of G4S Holding One, Inc. and its subsidiaries and affiliates (each an “*Eligible Beneficiary*”) who are suffering significant hardship as a result of death, unforeseeable harm, or losses in emergency, disaster or other crisis situations, including, without limitation, coping with financial difficulties and other unforeseen circumstances in times of need or distress, such as a consequence of personal tragedies or emergencies, terminal illness, death, natural disasters, or declared national emergencies.

Such assistance may include, without limitation, the provision of resources (“*Assistance Grants*”) for individuals in need who are experiencing financial distress and are unable to be self-sufficient due to the circumstances.

II. GENERAL LIMITATIONS

The Corporation shall not make Assistance Grants that do not comply with the Code, the Regulations, or any rulings or guidelines established by the Internal Revenue Service or any applicable adjudicating body.

Section 501(c)(3) of the Code describes as exempt from federal income tax organizations organized and operated exclusively for charitable purposes (among other purposes), of which no part of the net earnings inures to the benefit of any private shareholder or individual. Section 1.501(c)(3)-1(d)(2) of the Regulations provides, in relevant part, that the term “charitable” includes relief of the poor and distressed or of the underprivileged.

Section 1.170A-4A(b)(2)(ii)(D) of the Regulations defines a needy person as being a person who lacks the necessities of life, involving physical, mental, or emotional well-being, as a result of poverty or temporary distress. Examples of needy persons include a person who is financially impoverished as a result of low income and a lack of financial resources, a person who

temporarily lacks food or shelter (and the means to provide for it), a person who is the victim of a natural disaster (such as fire or flood), a person who is the victim of a civil disaster (such as civil disturbance), and a person who is temporarily not self-sufficient as a result of a sudden and severe personal or family crisis (such as a person who is the victim of a crime of violence or who has been physically abused).

Section 1.501(c)(3)-1(d)(1) of the Regulations provides that an organization is not organized or operated exclusively for an exempt purpose unless it serves a public rather than a private interest. Thus, an organization must establish that it is not organized or operated for the benefit of certain designated individuals.

The group of individuals who may properly receive assistance from a tax-exempt charitable organization is called a “charitable class.” A charitable class must be large enough or sufficiently indefinite that the community as a whole, rather than a pre-selected group of people, benefits when a charity provides assistance. For example, a charitable class could consist of all the individuals in a city, county, or state. This charitable class is large enough that the potential beneficiaries cannot be individually identified and thus providing benefits to this group would benefit the entire community. If the group of eligible beneficiaries is limited to a smaller group, such as the employees of a particular employer, the group of persons eligible for assistance must be indefinite. To be considered to benefit an indefinite class, the program must be open-ended and include both currently-affected individuals and those who may be affected in the future.

Generally, a grantmaking body must make a specific assessment that an individual recipient or Eligible Beneficiary of its charitable class is financially or otherwise in need. Individuals do not have to be totally destitute to be financially needy; they may merely lack the resources to obtain basic necessities. Under established rules, charitable funds cannot be distributed to individuals merely because they are victims of a disaster. Therefore, an organization’s decision to distribute funds to an individual must be based on an objective evaluation of the individual’s needs at the time the grant is made. The scope of the assessment required to support the need for assistance may vary depending upon the circumstances.

Internal Revenue Service Revenue Ruling 56-304 provides for record-keeping requirements when charitable organizations make distributions to individuals. It states that adequate records and case histories should be maintained to show the name and address of each recipient, the amount distributed to each, the purpose for which the aid was given, the manner in which the recipient was selected and the relationship, if any, between the recipient and the organization’s decision-makers, in order that any or all distributions made to individuals can be substantiated upon request by the Internal Revenue Service.

III. CORPORATION-IMPOSED LIMITATIONS

On account of these general limitations, the Board of Directors of the Corporation established a Grantmaking Committee and adopted a set of Grantmaking Committee Rules. Pursuant to the Grantmaking Committee Rules, the Grantmaking Committee has the full and exclusive power on the Corporation’s behalf, in its name, to (a) review and evaluate applications for grants to be

made by the Corporation that are assigned to the Grantmaking Committee by the Board of Directors; (b) designate recipients of such grants and the amount of such grants to be made by the Corporation; and (c) perform such other duties as may be assigned to the Grantmaking Committee by the Board of Directors.

1. *Grants to be Made by the Grantmaking Committee*

The Board of Directors shall assign to the Grantmaking Committee all applications for Assistance Grants that benefit specific individuals who are either (i) current, future, or former employees of G4S Holding One, Inc., or any of its subsidiaries or affiliates (collectively “**G4S**”), or (ii) immediate family members of a current, future, or former employee of G4S and who reside with said current or former employee of G4S. Current employees of G4S are those individuals who are permanent full-time or permanent part-time employees who have been employed for at least 3 months, who are actively at work at the time the Corporation was active, and who are in good standing, meaning that such employee is not in a final warning disciplinary status nor on an unresolved Performance Improvement Plan. Former employees of G4S are those who met all the conditions as a current employee described in the foregoing sentence and who were furloughed, laid off for reasons beyond their control, resigned while in good standing, or retired from employment. Former employees of G4S for purposes of this program shall not include those employees who were terminated based upon performance issues, disciplinary status, or commission of a crime under any law or laws. Future employees of G4S include those individuals who meet the eligibility qualifications for full-time or part-time employment with G4S. An immediate family member of a current, future, or former employee shall include a spouse, immediate ancestors, and immediate lineal descendants (including adopted lineal descendants). Any application for an Interested Grant shall be evaluated in accordance with the Grantmaking Committee Rules and these Guidelines for Providing Assistance.

IV. ASSISTANCE GRANT LIFE CYCLE

1. *Application*

Eligible Beneficiaries, or individuals on behalf of Eligible Beneficiaries, will submit an application to: **G4S Cares Fund, Inc., Attn: Grantmaking Committee**. The application will be in a form substantially similar to Exhibit A.

2. *Initial Review by the Application Manager*

Upon receipt, a member of the Grantmaking Committee to be designated by a majority of the members of the Grantmaking Committee (the “**Application Intake Manager**”) will review the submitted application. This initial review by the Application Intake Manager will be limited to the criteria set forth below.

This initial review by the Application Intake Manager will consist of two parts: (1) completeness, and (2) proposed recipient background information.

Completeness

The Application Intake Manager will review the application to make sure that it is complete. If the application is incomplete, it will be returned to the applicant with a request for further information. The application will be considered “on hold” until the additional information is received. After 60 days, the application will be automatically cancelled unless resubmitted with additional information as requested.

Proposed Recipient Background Information

The Application Intake Manager will review the application to make sure that it is properly routed to the Grantmaking Committee pursuant to the above-described Corporation-Imposed Limitations or back to the applicant for completion. The Application Intake Manager will route each completed application for an Assistance Grant to the Grantmaking Committee.

4. Procedure for Formal Review

Applications for Assistance Grants shall be reviewed by the Grantmaking Committee. Such applications will be circulated among the members of the Grantmaking Committee. The Grantmaking Committee may: (i) call a special meeting to vote on the application; (ii) vote on the application at the next scheduled regular meeting of the Grantmaking Committee; or (iii) take action in writing without a meeting, all in accordance with the Grantmaking Committee’s own rules and regulations.

Review by the Grantmaking Committee shall be based on the content of application and all supporting materials submitted with respect to the application. If such review is required to be conducted in accordance with these Guidelines for Providing Assistance (i.e., an application that benefits an individual), the review will consist of two parts: (1) satisfaction of the Assistance Grant Criteria set forth in Section V below, and (2) financial threshold confirmation.

Assistance Grant Criteria

The Grantmaking Committee shall review the content of the application and, in its sole and absolute discretion, shall determine if a grant to the Eligible Beneficiary would be consistent with its stated purposes and the Assistance Grant Criteria set forth in Section V below. If the Grantmaking Committee determines that the Assistance Grant Criteria is satisfied, it may request additional information with respect to financial threshold confirmation.

Financial Threshold

Unless the Grantmaking Committee makes a finding by a preponderance of the evidence that exceptional circumstances exist as set forth in the application, an application must be rejected if the application provides that the Eligible Beneficiary's monthly income exceeds the Eligible Beneficiary's monthly expenses by more than a reasonable allowance per individual permanently residing in the Eligible Beneficiary's household (including the Eligible Beneficiary) as may be affixed by the Board of Directors from time to time. For purposes of this determination, each Eligible Beneficiary shall be entitled to expenses in an amount up to the Internal Revenue Service Collection Financial Standards (available at <http://www.irs.gov/Individuals/Collection-Financial-Standards>) applicable to the Eligible Beneficiary as a matter of fact. In the event that any expense in the application is in excess of the Internal Revenue Service Collection Financial Standards, the Grantmaking Committee may rely on any information submitted with the application to confirm such excess. If such information provides for the excess, the Grantmaking Committee must account for the excess in making this determination. In the event that such information is not submitted with the application, the application will be considered incomplete and managed in accordance with the provisions above.

Exceptional circumstances may, without limitation, be found if the circumstances applicable to the Eligible Beneficiary have so changed since the amounts taken into account in calculating the financial threshold were determined that such amounts do not accurately reflect (i) the Eligible Beneficiary's current income and/or expenses, or (ii) the reasonably-expected income and/or expenses of the Eligible Beneficiary for the immediate future and to continue for an indefinite period of time.

5. *Decision*

Decisions with respect to complete applications will be made by the Grantmaking Committee in accordance with (i) the Articles of Incorporation of the Corporation, (ii) the Bylaws of the Corporation, (iii) the Conflict of Interest Policy of the Corporation, and (iv) if applicable, the voting procedures set forth in the Grantmaking Committee Rules. To prevent any potential violations of the Conflict of Interest Policy of the Corporation, the identity of all Eligible Beneficiaries shall be disclosed to the members of the Grantmaking Committee, and the Grantmaking Committee shall not be entitled to conduct a "blind review" of any application.

The applicant will receive notification of the status of the application once a decision is made by the Grantmaking Committee. If an Assistance Grant is to be made on account of the application, the applicant will also receive an instruction request form, pursuant to which the Grantmaking Committee will request information as to how the funds, services, or goods are to be delivered to the Eligible Beneficiary. If no information is received within 90 days, the Assistance Grant will be cancelled and no delivery of funds, services, or goods will be made.

If an Assistance Grant is to be made to an individual, the Grantmaking Committee will make a report to the Treasurer of the Corporation containing the following: (i) the identity of the Eligible Beneficiary; (ii) the address of the Eligible Beneficiary; (iii) whether the individual is a current

or former employee of G4S or an immediate family member of a current or former employee of G4S; (iv) a description of the funds, services, and/or goods to be delivered to the Eligible Beneficiary; and (v) the results of the vote on the application, including the identity of the members of the Grantmaking Committee.

6. *Delivery*

If the Assistance Grant includes funds to be delivered, the Treasurer will distribute such funds. If the Assistance Grant includes services or goods to be delivered, the Grantmaking Committee will determine the manner in which such services or goods are to be delivered.

V. ASSISTANCE GRANT CRITERIA

The Corporation may make Assistance Grants consistent with its stated purposes in accordance with the following:

- Assistance Grants may be awarded only if the Eligible Beneficiary is considered “needy and distressed” as defined by the Internal Revenue Service. Specifically, the Eligible Beneficiary must be unable to be self-sufficient during a time of need or distress, such as a consequence of personal tragedies or emergencies, terminal illness, death, or the process of grief and bereavement.
- In order to adhere to Internal Revenue Service guidelines for charitable giving, financial information must be collected with respect to the Eligible Beneficiary that represents the Eligible Beneficiary’s entire household. The application contains specific requests to aid in the collection of this information. Additional supporting information may be requested by the Grantmaking Committee, such as:
 - Bank statements;
 - Copies of bills; or
 - Proof of income.
- If the application demonstrates that the Eligible Beneficiary is needy and distressed, the Grantmaking Committee will have the discretion to make an Assistance Grant to the Eligible Beneficiary.
 - If the Assistance Grant includes the ongoing delivery of funds, services, or goods, the Grantmaking Committee must ensure that determinations of whether the Eligible Beneficiary remains needy or distressed will be made at reasonable intervals as established by the Grantmaking Committee at the time of the making of the Assistance Grant and in most cases to be on a monthly basis.
 - Provided that the total funds, services, and goods are reasonable and the provision thereof is consistent with these rules, there is no maximum

lifetime limit for Assistance Grants made to any individual Eligible Beneficiary.

- If the application does not demonstrate that the Eligible Beneficiary is needy and distressed, the Grantmaking Committee will not have the discretion to make an Assistance Grant to the Eligible Beneficiary.
 - An Eligible Beneficiary who is denied an Assistance Grant may re-apply for an Assistance Grant at any time after the adverse determination if the facts contained in an updated application would be materially different than the facts contained in the rejected application.

VI. SPECIFIC GUIDANCE AND LIMITATIONS

- Assistance Grants will not be awarded to pay for any of the following:
 - Life insurance premiums;
 - Income taxes;
 - Credit card payments or fees;
 - Personal loans;
 - Educational loans; or
 - Reimbursement.
- Assistance Grants will not be made to cover costs that were paid prior to application submission (some exceptions may be made on a case-by-case basis in an event of a true emergency during non-business hours).
- When applicable and to the extent possible, the Grantmaking Committee should ensure that delivery of funds as part of an Assistance Grant are not made to the Eligible Beneficiary directly, unless and until the Eligible Beneficiary enters into an agreement with the Corporation to use the Assistance Grant only for specified purposes.
- With respect to Assistance Grants related to community bereavement activities or community memorial services, no amount shall be expended if the primary purpose is to generate referrals or provide publicity or direct benefit to any specific provider and no amount shall be expended for event gifts or incentive items.
- In making all Assistance Grants, collaboration with community partners is highly recommended.

VII. BOOKS, RECORDS, AND REPORTING

The Corporation must maintain adequate records to show that the Corporation's payments further the Corporation's charitable purposes and that the Eligible Beneficiaries are needy or distressed. The Corporation must also maintain appropriate records to show that it has made distributions after making appropriate needs assessments based on the Eligible Beneficiary's financial resources and, when applicable, his or her physical, mental, and emotional well-being.

Generally, documentation should include:

- A complete description of the assistance provided;
- Costs associated with providing the assistance;
- The purpose for which the aid was given;
- The Corporation's objective criteria for disbursing assistance;
- How the recipient was selected;
- The name, address, and amount distributed to each recipient;
- Any relationship between a recipient and officers, directors, or key employees of, or substantial contributors to, the Corporation; and
- The composition of the Grantmaking Committee.

To the extent required by the instructions for the Corporation's applicable annual information return, the Board of Directors and the Grantmaking Committee shall make an annual report no later than March 31 with respect to the immediately preceding calendar year to the Treasurer of the Corporation. Such report shall include the information necessary for the completion of the Form 990, *Return of Organization Exempt from Income Tax*, even if the Corporation has historically filed either Form 990-EZ, *Short Form Return of Organization Exempt from Income Tax*, or Form 990-N, *Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or 990-PF*, including, but not limited to, the information necessary to complete Schedule I, *Grants and Other Assistance to Organizations, Governments, and Individuals in the United States*.

CERTIFICATE OF DISCLOSURE STATEMENT AND REVIEW OF
G4S CARES FUND, INC.
GRANTMAKING COMMITTEE: GUIDELINES FOR PROVIDING ASSISTANCE

In compliance with the policy regarding grantmaking as adopted by the Board of Directors of G4S Cares Fund, Inc.:

By signing below, I hereby affirm that I have:

- (a) Received a copy of the Grantmaking Committee Guidelines for Providing Assistance;
- (b) Read and understand the Grantmaking Committee Guidelines for Providing Assistance;
- (c) Agreed to comply with the Grantmaking Committee Guidelines for Providing Assistance and I have retained a copy of the guidelines for future reference;
- (d) Understand that G4S Cares Fund, Inc. is a charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signed: _____

Date: _____, 2015

Printed Name: _____

16867342.2

G4S Cares Fund Grant Application

G4S Cares Fund Mission Statement

G4S Cares Fund, Inc. exists for the purpose of offering financial and other relevant support during times of uncertainty and need for (i) current, future, or former employees of G4S Holding One, Inc., or any of its subsidiaries or affiliates (collectively “**G4S**”), or (ii) immediate family members of a current, future, or former employee of G4S and who reside with said current or former employee of G4S. Our mission is to mobilize the caring power of our fellow employees and show that we are there for us.

Our Focus & Services

Disaster Relief – When an extraordinary life event or need arises, we’ll look for ways to support our employees financially.

Helping Hand During Hardships – Whether it’s during times of hardships or in support of the organizations near and dear to our employees, our volunteerism makes a difference in our communities where we live and work.

Resource Support – Working to connect our employees in need with resource support that can help them beyond their monetary need.

*Please note that applications can be filled out by a potential recipient or a friend/family member who would like to nominate someone who could use assistance from G4S Cares Fund.

Applicant’s Name: _____
Applicant’s Phone: _____ Applicant’s Email: _____

Beneficiary’s Name(s): _____
Beneficiary’s Address: _____

Beneficiary is a (circle one):

Current Employee *Former Employee* *Future Employee*
Family Member of Current/Former/Future Employee

If a current employee, please provide (1) start date of employment by a G4S company; (2) the name of the company employed by; and (3) which office, division, or group employed in, if applicable:

If a future employee, please provide (1) eligibility for qualification for employment by a G4S company; (2) the name of the company applied to; and (3) which office, division, or group employed applied to, if applicable:

Financial Need Statement for Grants to Individuals *In order to adhere to IRS guidelines for charitable giving to individuals, detailed financial information must be collected with respect to the Beneficiary and the other family members representing the entire household. If you are seeking financial assistance, please be prepared to provide documentation required if chosen.*

[Remainder of page blank. Application continues on following page.]

G4S Cares Fund Financial Need Supplement

In order to adhere to IRS guidelines for charitable giving to individuals, detailed financial information must be collected with respect to the Beneficiary and the other family members representing the entire household.

Beneficiary's Name(s): _____

Beneficiary's Address: _____

Names and Ages of Additional Individuals Residing with Beneficiary:

Monthly Household Income		Monthly Household Expenses	
Wages (after taxes) ¹	\$	Food, Clothing, and Misc. ²	\$
Interest/Investment Income	\$	Housing and Utilities ³	\$
Net Business Income ⁴	\$	Vehicle Ownership Costs	\$
Rental Income	\$	Vehicle Operating Costs ⁵	\$
Distributions (K-1, IRA, etc.)	\$	Public Transportation	\$
Pension	\$	Health Insurance	\$
Social Security	\$	Out of Pocket Health Care	\$
Child Support	\$	Child/Dependent Care	\$
Alimony	\$	Credit Cards	\$
Other Income:	\$	Other Expenses:	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

Number of total family members in the household: _____ x \$100 = \$ _____

Total Expenses + Amount Calculated Above = \$ _____ - Total Income = \$ _____

Please describe any exceptional circumstances tending to suggest that the above financial information, while correct, is not representative of the Eligible Beneficiary's current and present financial need or distress (e.g. loss of income, unforeseen and significant expenses, loss of life or property, natural disaster, catastrophic event, or other serious accident):

¹ If paid weekly, multiply weekly gross wages by 4.3. If paid biweekly, multiply biweekly gross wages by 2.17.

² Total of food, clothing, housekeeping supplies, and personal care products for one month.

³ Total of rent or mortgage payment, and property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities.

⁴ This is the amount after ordinary and necessary business expenses. If a loss, enter "o"

⁵ Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls.

INFORMATION FOR APPLICANTS

Unless the reviewing body of G4S Cares Fund makes a finding that exceptional circumstances exist as set forth in the application, an application must be rejected if the application provides that the Beneficiary's monthly income exceeds the Beneficiary's monthly expenses by more than a reasonable allowance per individual permanently residing in the Beneficiary's household (including the Beneficiary) as may be affixed by the Board of Directors from time to time. For purposes of this determination, each Beneficiary shall be entitled to expenses in an amount up to the Internal Revenue Service Collection Financial Standards (available at <http://www.irs.gov/Individuals/Collection-Financial-Standards>) applicable to the Beneficiary as a matter of fact. In the event that any expense in the application is in excess of the Internal Revenue Service Collection Financial Standards, G4S Cares Fund may rely on any information submitted with the application to confirm such excess. In the event that such information is not submitted with the application, the application will be considered incomplete and managed in accordance with the provisions above.

The Applicant will receive notification of the status of the application once a decision is made by G4S Cares Fund. If grant is to be made on account of the application, the Applicant will also receive an instruction request form, pursuant to which G4S Cares Fund will request information as to how the funds, services, or goods are to be delivered to the Beneficiary. If no information is received within 90 days, the grant will be cancelled and no delivery of funds, services, or goods will be made.

I. ASSISTANCE GRANT CRITERIA

The Corporation may make grants ("*Assistance Grants*") consistent with its stated purposes in accordance with the following:

- Assistance Grants may be awarded only if the Beneficiary is considered "needy and distressed" as defined by the Internal Revenue Service. Specifically, the Beneficiary must be unable to be self-sufficient during a time of need or distress, such as a consequence of personal tragedies or emergencies, terminal illness, death, or the process of grief and bereavement.
- In order to adhere to Internal Revenue Service guidelines for charitable giving, financial information must be collected with respect to the Beneficiary that represents the Beneficiary's entire household. The application contains specific requests to aid in the collection of this information. Additional supporting information may be requested by G4S Cares Fund, such as:
 - Bank statements;
 - Copies of bills; or
 - Proof of income.
- If the application demonstrates that the Beneficiary is needy and distressed, G4S Cares Fund will have the discretion to make an Assistance Grant to the Beneficiary.
 - If the Assistance Grant includes the ongoing delivery of funds, services, or goods, G4S Cares Fund must ensure that determinations of whether the Beneficiary remains needy or distressed will be made at reasonable intervals as

- established by G4S Cares Fund at the time of the making of the Assistance Grant and in most cases to be on a monthly basis.
- Provided that the total funds, services, and goods are reasonable and the provision thereof is consistent with these rules, there is no maximum lifetime limit for Assistance Grants made to any individual Beneficiary.
- If the application does not demonstrate that the Beneficiary is needy and distressed, G4S Cares Fund will not have the discretion to make an Assistance Grant to the Beneficiary.
 - A Beneficiary who is denied an Assistance Grant may re-apply for an Assistance Grant at any time after the adverse determination if the facts contained in an updated application would be materially different than the facts contained in the rejected application.

II. SPECIFIC GUIDANCE AND LIMITATIONS

- Assistance Grants will not be awarded to pay for any of the following:
 - Life insurance premiums;
 - Income taxes;
 - Credit card payments or fees;
 - Personal loans;
 - Educational loans; or
 - Reimbursement.
- Assistance Grants will not be made to cover costs that were paid prior to application submission (some exceptions may be made on a case-by-case basis in an event of a true emergency during non-business hours).
- When applicable and to the extent possible, G4S Cares Fund should ensure that delivery of funds as part of an Assistance Grant are not made to the Beneficiary directly, unless and until the Beneficiary enters into an agreement with the Corporation to use the Assistance Grant only for specified purposes.
- With respect to Assistance Grants related to community bereavement activities or community memorial services, no amount shall be expended if the primary purpose is to generate referrals or provide publicity or direct benefit to any specific provider and no amount shall be expended for event gifts or incentive items.

In making all Assistance Grants, collaboration with community partners is highly recommended.

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Exhibit F – Supplemental Responses

Statement IV.1

G4S Cares Fund, Inc., a Florida not for profit corporation (the “**Organization**”), is an assistance fund for current, future, and former employees of G4S Holding One, Inc. and its affiliates and subsidiaries (collectively, “**G4S**”), and the immediate family members of the current, future, and former employees of G4S, who have suffered significant hardship as a result of death, unforeseeable harm, or losses in emergency, disaster or other crisis situations (the “**Eligible Beneficiaries**”). An independent selection committee comprised of a majority of individual who are not employed in managerial or supervisory positions with G4S, nor related to any such individual, shall make determinations with respect to which individuals among the Eligible Beneficiaries shall receive financial assistance from the Organization based on a set of objective selection criteria.

The Eligible Beneficiaries include individuals who may be employed by G4S, or who were or may be employed in the future by G4S, or family members of such individuals, who are resident in the United States, Canada, the United Kingdom, Brazil, Colombia, Argentina, Peru, Chile, Guatemala, Mexico, Uruguay, Barbados, St. Lucia, Grenada, Trinidad & Tobago, Costa Rica, Ecuador, Paraguay, Nicaragua, and El Salvador (collectively, the “**Operations Base**”).

The Organization will advertise the existence of the Organization and the availability of assistance grants through its website (the “**Website**”). The Website will be updated periodically with stories about recipients of grants from the Organization to highlight beneficiaries to the Eligible Beneficiaries. The Website, or similar websites, will be available to the Eligible Beneficiaries in the Operations Base in English and such other languages as shall be necessary for individuals resident in the applicable country to access the Website materials. The Eligible Beneficiaries will be able to access and submit their applications for grants through the Website. The general public will be able to make donations through the Website. Eligible Beneficiaries who shall be current G4S employees may also choose to donate a portion of their wages through making an election with G4S.

It is anticipated that the activities of the Organization will principally be conducted in the United States by the Organization’s directors, officers, and volunteers, but that there may be eligible grantees located outside of the United States in the Operations Base. Donations to the Organization may similarly be collected in the Operations Base. One hundred percent of the Organization’s time will be allocated to the solicitation, management, and distribution of funds as set forth in this Statement IV.1. Approximately 90-95% of the Organization’s expenses are allocated to the distribution of funds to Eligible Beneficiaries; the balance is anticipated to consist of professional and administrative fees.

The Organization is organized as a nonprofit corporation exclusively for charitable purposes for which a corporation may be formed under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, its regulations or the corresponding provision of any applicable future United States Internal Revenue Law or regulations (the “**Code**”) and not for pecuniary profit or financial gain.

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

Section 1.501(c)(3)-1(d)(2) of the Treasury Regulations (the “*Regulations*”) provides that the term “charitable” as used in Section 501(c)(3) of the Code, is used in its generally accepted legal sense and includes, among other things, relief of the poor and distressed or of the underprivileged and promotion of social welfare. Section 501(c)(3) of the Code describes as exempt from federal income tax organizations organized and operated exclusively for charitable purposes (among other purposes), of which no part of the net earnings inures to the benefit of any private shareholder or individual. Section 1.501(c)(3)-1(d)(2) of the Regulations provides, in relevant part, that the term “charitable” includes relief of the poor and distressed or of the underprivileged.

Section 1.170A-4A(b)(2)(ii)(D) of the Regulations defines a needy person as being a person who lacks the necessities of life, involving physical, mental, or emotional well-being, as a result of poverty or temporary distress. Examples of needy persons include a person who is financially impoverished as a result of low income and a lack of financial resources, a person who temporarily lacks food or shelter (and the means to provide for it), a person who is the victim of a natural disaster (such as fire or flood), a person who is the victim of a civil disaster (such as civil disturbance), and a person who is temporarily not self-sufficient as a result of a sudden and severe personal or family crisis (such as a person who is the victim of a crime of violence or who has been physically abused).

Section 1.501(c)(3)-1(d)(1) of the Regulations provides that an organization is not organized or operated exclusively for an exempt purpose unless it serves a public rather than a private interest. Thus, an organization must establish that it is not organized or operated for the benefit of certain designated individuals.

The group of individuals who may properly receive assistance from a tax-exempt charitable organization is called a “charitable class.” A charitable class must be large enough or sufficiently indefinite that the community as a whole, rather than a pre-selected group of people, benefits when a charity provides assistance. For example, a charitable class could consist of all the individuals in a city, county, or state. This charitable class is large enough that the potential beneficiaries cannot be individually identified and thus providing benefits to this group would benefit the entire community. If the group of eligible beneficiaries is limited to a smaller group, such as the employees of a particular employer, the group of persons eligible for assistance must be indefinite. To be considered to benefit an indefinite class, the program must be open-ended and include both currently-affected individuals and those who may be affected in the future. The Organization’s charitable class consists not only of currently-affected individuals, but also those who may be affected in the future, as set forth herein.

By conducting the above described activities the Organization will further its exempt purposes under Section 501(c)(3) through the provision of assistance to a sufficiently broad class of needy individuals, specifically the current, future, and former employees of G4S and the immediate family members of the current, future, and former employees of G4S, who have suffered significant hardship as a result of death, unforeseeable harm, or losses in emergency, disaster or other crisis situations. Given the objective determination of need established by an independent selection committee, the charitable activities of the Organization are not operated for

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

the benefit of designated individuals and will not provide more than any incidental or tenuous benefit to G4S.

Statement IV.3

The Organization provides funds to current, future and former employees, and the immediate family members of current, future, and former employees, of G4S Holding One, Inc. and its subsidiaries and affiliates. (See Articles of Incorporation, Page 1, Article III, Paragraph 3.1, attached hereto as Exhibit A).

Recipients of funds from the organization are selected pursuant to the G4S Cares Fund, Inc. Grantmaking Committee Guidelines for Providing Assistance, attached hereto as Exhibit E ("*Guidelines for Providing Assistance*"). Employees who qualify as current, future, and former employees and individuals who qualify as immediate family members of current, future, and former employees are further defined in the Guidelines for Providing Assistance, Article III, Paragraph 1.

Statement IV.4

The Organization provides funds to current, future and former employees, and the immediate family members of current, future, and former employees, of G4S. Directors and officers of the Corporation may be employees of G4S. Recipients of funds from the organization are selected pursuant to the Guidelines for Providing Assistance by the Grantmaking Committee, which is comprised of individuals who are not directors or officers of the Organization and is comprised of individuals who are not in a managerial position with respect to G4S.

Statement IV.10

The Organization will operate in Canada, the United Kingdom, Brazil, Colombia, Argentina, Peru, Chile, Guatemala, Mexico, Uruguay, Barbados, St. Lucia, Grenada, Trinidad & Tobago, Costa Rica, Ecuador, Paraguay, Nicaragua, and El Salvador; in each of the aforementioned countries, the Organization's operations will be limited solely to the solicitation and collection of donations to the Organization and distribution of assistance grants in accordance with the procedures set forth more fully in Statement IV.1. The solicitation and collection of donations will occur in the regions of the aforementioned countries in which G4S offices are located, and donations will be made to the Eligible Beneficiaries throughout said countries.

Statement IV.10.a

The Organization will have in place an agency agreement with the G4S entity in the applicable country pursuant to which such G4S entity agrees, on behalf of the Organization, to collect, maintain as separate, and disburse at the direction of the Organization, the donations solicited in such country on behalf of the Organization. The Organization will require the applicable G4S entity to report on a periodic basis (including providing account statements reflecting receipts and disbursements) on the receipts and disbursements on behalf of the Organization. No disbursements will be made except to qualified Eligible Beneficiaries, each of

G4S CARES FUND, INC.

EIN: 85-3482236

Form 1023

whom shall have been screened to ensure that such individual is not on the OFAC List of Specially Designated Nationals and Blocked Persons and does not meet any domestic or foreign criteria as an individual who has been flagged as supporting any terrorist efforts or any other non-charitable activities. All Eligible Beneficiaries who are seeking grant assistance will be required to have been approved by the Grantmaking Committee in accordance with the Guidelines for Providing Assistance.

Statement V.1

The Organization may compensate its officers and directors in accordance with the procedures set forth in the Organization's Bylaws, the Organization's Conflict of Interest Policy, and the procedures set forth in this Part V.

Statement V.2

The Organization's Conflict of Interest Policy was adopted by resolution of the Board of Directors. The Conflict of Interest Policy is attached hereto as Exhibit C.

Statement VI.A.25

The Organization has not yet been funded. The information set forth in Section VI.A.25 is a good faith estimate of the Organization's projected revenues and expenses for the 2020-2022 fiscal years. It is anticipated that 90-95% of the Organization's annual revenues will be paid out in assistance grants as set forth more fully in Statement IV.1.

Statement VI.B

The Organization has not yet been funded. The information set forth in Section VI.B is a good faith estimate of the Organization's projected balance sheet for the 2020 fiscal year. It is anticipated that 90-95% of the Organization's annual revenues will be paid out in assistance grants as set forth more fully in Statement IV.1.