

Form 1023 Checklist

(Revised June 2006)

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

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

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

- ☒ Assemble the application and materials in this order:
- ✓ Form 1023 Checklist
 - Form 2848, *Power of Attorney and Declaration of Representative* (if filing) *N/A*
 - Form 8821, *Tax Information Authorization* (if filing) *N/A*
 - Expedite request (if requesting) *N/A*
 - ✓ Application (Form 1023 and Schedules A through *H*, as required) *N/A*
 - ✓ Articles of organization
 - ✓ Amendments to articles of organization in chronological order
 - ✓ Bylaws or other rules of operation and amendments
 - Documentation of nondiscriminatory policy for schools, as required by Schedule B *N/A*
 - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing) *N/A*
 - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- ☒ User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- ☒ Employer Identification Number (EIN) *42-2928518*
- ☒ Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- ✓ You must provide specific details about your past, present, and planned activities.
 - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
 - Describe your purposes and proposed activities in specific easily understood terms.
 - Financial information should correspond with proposed activities.
- ☒ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- | | | | |
|------------|--|------------|--|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes ___ No <input checked="" type="checkbox"/> | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- ☒ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters. *Amended Articles Page 1 Article VII Para 3.01*
- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) _____
 - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law *Amended Articles Pg 4 Article XI Paragraph 12.01*
- ☒ Signature of an officer, director, trustee, or other official who is authorized to sign the application.
- Signature at Part XI of Form 1023.
- ☒ Your name on the application must be the same as your legal name as it appears in your articles of organization.

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

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

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

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



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

OMB No. 1545-0056

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

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

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

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document) Rocky Mountain Ham Radio Inc.		2 c/o Name (if applicable)
3 Mailing address (Number and street) (see instructions) 12244 Applewood Knolls DR	Room/Suite	4 Employer Identification Number (EIN) 45-2928518
City or town, state or country, and ZIP + 4 Lakewood, CO 80215-7204		5 Month the annual accounting period ends (01 - 12) 05
6 Primary contact (officer, director, trustee, or authorized representative) a Name: John Maxwell		b Phone: 303-432-2886 c Fax: (optional)
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Organization's website: www.rmham.org		
b Organization's email: (optional)		
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 05 / 24 / 2010		
12 Were you formed under the laws of a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the country.		

Part II Organizational Structure

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

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

Part III Required Provisions in Your Organizing Document

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

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Amend Art. Page 3 Article 3.01 ☒
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☒
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Amended Articles of Incorporation Page 3 Article 11.61
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ☐

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

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

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Jeffrey Ryan	President	12244 Applewood Knolls DR Lakewood, CO 80215-7204	None
David Markham	Vice President	12244 Applewood Knolls DR Lakewood, CO 80215-7204	None
John Maxwell	Secretary	12244 Applewood Knolls DR Lakewood, CO 80215-7204	None
Wayne Heinen	Treasurer	12244 Applewood Knolls DR Lakewood, CO 80215-7204	None
Douglas Sharp	Director/Chief Technical Officer	12244 Applewood Knolls DR Lakewood, CO 80215-7204	None

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

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

- c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees related to each other through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ Yes ☒ No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No
- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No
- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☐ Yes ☒ No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? ☐ Yes ☒ No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? ☐ Yes ☒ No

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

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☐ Yes ☒ No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? ☐ Yes ☒ No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☒ Yes ☐ No

b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ Yes ☒ No

b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ Yes ☒ No

8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ Yes ☒ No

b Describe any written or oral arrangements that you made or intend to make.

c Identify with whom you have or will have such arrangements.

d Explain how the terms are or will be negotiated at **arm's length**.

e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.

f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ Yes ☒ No

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

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. ☒ Yes ☐ No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. ☒ Yes ☐ No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☒ Yes ☐ No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☐ Yes ☒ No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ Yes ☒ No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ Yes ☒ No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. ☐ Yes ☒ No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. ☒ Yes ☐ No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ Yes ☒ No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. ☐ Yes ☒ No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. ☐ Yes ☒ No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) ☒ **Yes** ☐ **No**

- ☒ mail solicitations
☒ email solicitations
☒ personal solicitations
☐ vehicle, boat, plane, or similar donations
☒ foundation grant solicitations
☒ phone solicitations
☒ accept donations on your website
☐ receive donations from another organization's website
☒ government grant solicitations
☐ Other

Attach a description of each fundraising program.

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ **Yes** ☒ **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ **Yes** ☒ **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☐ **Yes** ☒ **No**

- 5** Are you affiliated with a governmental unit? If "Yes," explain. ☐ **Yes** ☒ **No**

- 6a** Do you or will you engage in economic development? If "Yes," describe your program. ☐ **Yes** ☒ **No**

- b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

- 7a** Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

- b** Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

- c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

- 8** Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☐ **Yes** ☒ **No**

- 9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ **Yes** ☒ **No**

- b** Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

- c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

- d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

- 10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☐ **Yes** ☒ **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☒ **Yes** ☐ **No**
-
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ **Yes** ☒ **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☐ **Yes** ☒ **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ **Yes** ☐ **No**
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☐ **Yes** ☐ **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☐ **Yes** ☐ **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ **Yes** ☒ **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ **Yes** ☐ **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ **Yes** ☐ **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ **Yes** ☐ **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ **Yes** ☐ **No**

Part VIII Your Specific Activities (Continued)

- | | | | |
|-----------|--|------------------------------|--|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped ? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From <u>05/2010</u> To <u>05/2011</u>	(b) From <u>05/2011</u> To <u>05/2012</u>	(c) From <u>05/2012</u> To <u>05/2013</u>	(d) From <u>05/2013</u> To <u>05/2014</u>		
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	2042	4500	4500	4500	15042	
	2 Membership fees received						
	3 Gross investment income						
	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 (attach an itemized list)						
	8 Total of lines 1 through 7	2042	4500	4500	4500	15042	
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)						
	10 Total of lines 8 and 9	2042	4500	4500	4500	15042	
	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)						
	12 Unusual grants						
	13 Total Revenue Add lines 10 through 12	2042	4500	4500	4500	15042	
Expenses	14 Fundraising expenses						
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)						
	16 Disbursements to or for the benefit of members (attach an itemized list)						
	17 Compensation of officers, directors, and trustees						
	18 Other salaries and wages						
	19 Interest expense						
	20 Occupancy (rent, utilities, etc.)	300	720	720	720		
	21 Depreciation and depletion						
	22 Professional fees						
	23 Any expense not otherwise classified, such as program services (attach itemized list)						
	24 Total Expenses Add lines 14 through 23	300	720	720	720		

Part IX Financial Data (Continued)**B. Balance Sheet (for your most recently completed tax year)**Year End: **2011**

Assets		(Whole dollars)
1	Cash	1742
2	Accounts receivable, net	
3	Inventories	
4	Bonds and notes receivable (attach an itemized list)	
5	Corporate stocks (attach an itemized list)	
6	Loans receivable (attach an itemized list)	
7	Other investments (attach an itemized list)	
8	Depreciable and depletable assets (attach an itemized list)	
9	Land	
10	Other assets (attach an itemized list)	
11	Total Assets (add lines 1 through 10)	
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc. payable	
14	Mortgages and notes payable (attach an itemized list)	
15	Other liabilities (attach an itemized list)	
16	Total Liabilities (add lines 12 through 15)	
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)	1742
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. ☐ Yes ☒ No
If you are unsure, see the instructions.

b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. ☐

2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. ☐ Yes ☒ No

3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. ☐ Yes ☒ No

4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? ☐ Yes ☒ No

5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.

The organization is not a private foundation because it is:

a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. ☐

b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. ☐

c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. ☐

d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. ☐

Part X Public Charity Status (Continued)

- e** 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f** 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g** 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☒
- h** 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐
- i** A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐
- 6** If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.
- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

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

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☒
- (i) (a)** Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \$141.00
- (b)** Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☒
- (ii) (a)** For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐
- (b)** For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☐
- 7** Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☒ No

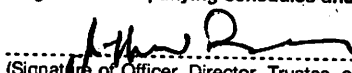
Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☒ Yes ☐ No
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change). ☐
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change). ☒

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

Please
Sign
Here


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

Jeffrey Ryan

(Type or print name of signer)

President

(Type or print title or authority of signer)

12/4/2011
(Date)

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

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

Rocky Mountain Ham Radio Inc.
ORIGINAL ARTICLES 10 of 4

EIN: 42-2928518



Document must be filed electronically.
Paper documents will not be accepted.

Document processing fee
Fees & forms/cover sheets
are subject to change.

\$50.00

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Colorado Secretary of State
Date and Time: 05/24/2010 06:53 PM
ID Number: 20101298407
Document number: 20101298407
Amount Paid: \$50.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation for a Nonprofit Corporation

filed pursuant to § 7-122-101 and § 7-122-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the nonprofit corporation is

Rocky Mountain Ham Radio Inc.

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the nonprofit corporation's initial principal office is

Street address

12244 Applewood Knolls Drive

(Street number and name)

Lakewood

(City)

CO

(State)

80215

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the nonprofit corporation's initial registered agent are

Name

(if an individual)

Maxwell

(Last)

John

(First)

R.

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

12244 Applewood Knolls Drive

(Street number and name)

Lakewood

(City)

CO

(State)

80215

(ZIP Code)

ORIGINAL ARTICLES 2 of 4

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

CO
(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

- ☒
- The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name

(if an individual)

Maxwell

(Last)

John

(First)

R.

(Middle)

(Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address

12244 Applewood Knolls Drive

(Street number and name or Post Office Box information)

Laekwood

(City)

CO

(State)

80215

(ZIP/Postal Code)

United States

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐
- The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. (If the following statement applies, adopt the statement by marking the box.)

- ☒
- The nonprofit corporation will have voting members.

6. (The following statement is adopted by marking the box.)

- ☒
- Provisions regarding the distribution of assets on dissolution are included in an attachment.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐
- This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

ORIGINAL ARTICLES 3 of 4

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

Maxwell	John	R.	
(Last)	(First)	(Middle)	(Suffix)
12244 Applewood Knolls Drive			
(Street number and name or Post Office Box information)			
Lakewood	CO	80215	
(City)	(State)	(ZIP/Postal Code)	
	United States		
(Province – if applicable)	(Country)		

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

Rocky Mountain HAM Radio Inc
Original ARTICLES 4 of 4

EIN 42-2928518

ROCKY MOUNTAIN HAM RADIO INC.

STATEMENT OF DISTRIBUTION OF ASSETS UPON DISSOLUTION

In the event of either voluntary or involuntary dissolution of the corporation, the assets of the corporation shall be distributed to another non-profit corporation or government entity or subdivision of a government entity providing emergency relief services to the general public. The choice of such entity shall be in the sole discretion of the Board of Directors serving at the time of dissolution of the corporation. In the event that there are no members of the Board of Directors, then any court of competent jurisdiction shall have authority to distribute the assets in accordance with then existing law pertaining to dissolution of non-profit organizations.



Document must be filed electronically.
Paper documents will not be accepted.

Document processing fee
Fees & forms/cover sheets
are subject to change.

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visit www.sos.state.co.us and
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\$25.00

Colorado Secretary of State

Date and Time: 11/19/2011 08:47 PM

ID Number: 20101298407

Document number: 20111639572

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number 20101298407

1. Entity name Rocky Mountain Ham Radio Inc.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name
(if applicable) _____

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*
☒ Other amendments are attached.

4. If the nonprofit corporation's period
of duration as amended is less than
perpetual, state the date on which the
period of duration expires _____
(mm/dd/yyyy)

OR

If the nonprofit corporation's period of duration as amended is perpetual, mark this box ☒

5. *(Optional)* Delayed effective date _____
(mm/dd/yyyy)

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If
applicable, mark this box ☐ and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

<u>Ryan</u>	<u>Jeffrey</u>	<u>William</u>	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>12244 Applewood Knolls Drive</u>			
<small>(Street name and number or Post Office Box information)</small>			
<hr/>			
<u>Lakewood</u>	<u>CO</u>	<u>80215</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u></u>	<u>United States</u>		
<small>(Province – if applicable)</small>	<small>(Country – if not US)</small>		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

ARTICLES OF INCORPORATION

PREAMBLE

These Articles of Incorporation are hereby adopted in accordance with C.R.S. 7-122-101 and C.R.S. 7-122-102 as the constitution and governing document of Rocky Mountain Ham Radio Inc.

ARTICLE I

Name

1.01 The name of the corporation is **Rocky Mountain Ham Radio Inc.** hereinafter referred to as "the Company".

ARTICLE II

Duration

2.01 The period of the corporation's duration is perpetual.

ARTICLE III

Purpose

3.01 The purpose for which the corporation is organized is to conduct any and all lawful business for which non-profit corporations can be organized pursuant to Colorado statutes including but not limited to:

- a) Providing communications assistance to governmental, charitable and other qualified organizations
- b) The promotion, operation and support of Amateur Radio routine and emergency response activities
- c) To further the exchange of information and cooperation among members
- d) To promote radio knowledge and fraternalism and to advance the interest and welfare of Amateur Radio in the community.

3.02 The Corporation is organized to operate exclusively for purposes consistent with Section 501 (c)(3) of the Internal Revenue Code.

ARTICLE IV

Powers

4.01 The corporation has the power to engage in any lawful activity under the corporation code of the State of Colorado, including opening and operating a bank account.

ARTICLE V

Incorporator and Registered Agent

5.01 The name of the incorporator and registered agent is:

John Maxwell

5.02 The street address of the incorporator and registered agent is:

**12244 Applewood Knolls Drive
Lakewood, CO 80215**

ARTICLE VI

Principal Office and Mailing Address

6.01 The complete street address of the designated principal office is:

**12244 Applewood Knolls Drive
Lakewood, CO 80215**

6.02 The complete mailing address of the corporation is:

**12244 Applewood Knolls Drive
Lakewood, CO 80215**

ARTICLE VII

Form and Authorized Shares

7.01 The Company is formed as a Colorado non-profit corporation and no shares will be issued at any time during the existence of the Company. No part of the income or net earnings of the Company shall inure to the benefit of, or be distributable to its members, trustees, directors, officers or any other private individuals.

Article VIII
Directors and Officers

8.01 The corporation's Officers shall be a president, vice president, secretary, treasurer, and chief technical officer each of which shall also be a director and collectively shall comprise the board of directors of the corporation. The officers shall serve for a term of one year or until their successors are duly elected. Terms shall begin and end coincident with the date of the Annual Meeting.

8.02 No director or member of the Company shall receive compensation from the Company for any duties, work, work product, or service in any capacity. Members and directors may be reimbursed for out-of-pocket expenses personally paid while conducting the Company business or purchasing items or equipment at the direction of the Company.

ARTICLE IX
Bylaws

9.01 The board of directors shall adopt the bylaws of the corporation. The membership may amend the bylaws at anytime by the provisions therein.

ARTICLE X
Meetings

10.01 The Company shall hold an annual meeting at a time and place specified in the bylaws for the election of officers and to vote on all matters properly brought before the members. Any five (5) members or any three (3) directors can request a special meeting if necessary to vote on matters where time is of the essence. Any such request shall be communicated to the Secretary of the Company. Notice of any meeting of the Company will be communicated to all members of record to be received not less than fourteen (14) days in advance of said meeting.

ARTICLE XI
Indemnification

11.01 The corporation does indemnify any director, officer, and member of the corporation from any liability regarding the corporation and the business of the corporation, unless the person fraudulently violated the law or maliciously conducted acts to damage or defraud the corporation, or as otherwise provided under applicable law.

ARTICLE XII
Dissolution

12.01 The Corporation may be dissolved upon a three fourths (3/4) majority vote of the Full Members (as defined in the Bylaws) present at any meeting, provided that notice of the dissolution has been delivered to all Full Members at least 30 days in advance of the meeting and provided that a quorum of at least fifty percent (50%) of the voting membership is present. In the event of dissolution all assets remaining after payment of all just debts will be distributed to one or more qualified organization(s) exempt under Section 501 (c)(3) of the Internal Revenue Code, such organizations to be selected by the Officers of the Corporation. The Officers shall decide how the assets are to be distributed. If the Officers do not agree, then the President shall determine the distribution of the assets.

ARTICLE XIII
Amendment

13.01 This constitution may be amended at any regular or special meeting by a three fourths majority vote provided fifty percent (50%) of the voting membership is present. Proposals for amendments shall be submitted in writing at a regular meeting and shall be voted on at the next following regular meeting

**BYLAWS
OF
Rocky Mountain Ham Radio Inc.**

1. Meetings.

The annual meeting shall be held at a time and place determined by the officers of the corporation for the purposes of the election of officers and all other business properly brought before the membership. The date and location for any Special Meeting shall be at the discretion of the board of directors. All meetings will be conducted in accordance with Robert's Rules of Order. A quorum consists of the members present at any regular or special meeting with the exception of a motion for dissolution or amendment to the Articles of Incorporation.

2. Officers – Method of Election and Duties

The officers/directors of this corporation shall be a president, a vice president, a secretary, a treasurer and a chief technical officer. The directors may create and appoint additional officers upon unanimous affirmative vote which position shall be elected in subsequent years. Officers/Directors must be a member in good standing with tenure of at least one (1) year. Officers/Directors shall be elected during the annual meeting and hold office for a period of one (1) year. Nominations may be submitted to the Nominating Committee in advance of the annual meeting and nominations shall be accepted from the floor during the annual meeting. Should there be more than one candidate for a given office, voting shall be by ballot and the candidate with a simply majority shall be declared elected. Any vacancy shall be filled appointment by the President unless two (2) officers dissent. Any vacancy in the office of the President shall be filled by the Vice President.

The duties of the officers are as follows:

The President shall preside at all meeting. He/she shall enforce due observance of this Constitution and By-Laws, decide all questions of order, sign all official documents adopted by the Company, make appointments to committees and perform all other duties pertaining to the office of President.

The Vice President shall assume all the duties of the President in his/her absence. He/she shall organize the activities of the Company, plan and recommend participation in contests, and advance the Company interest and activity. He/she shall maintain liaison with the ARRL Colorado Section Emergency Coordinator to further participation of the Company in the Amateur Radio Emergency Service.

The Secretary shall keep a record of the proceedings of all meetings, keep a roll of members, submit membership applications to the Board of Directors for approval, carry on all correspondence, read communications at each meeting, and mail or email meeting notices to each member. He/She will maintain an up-to-date copy of the Articles of Incorporation and Bylaws of the Company and ensure copies are available for inspection by any member at all meetings. The Secretary will communicate any proposed amendments to the Articles of Incorporation or Bylaws to all members concurrent with any Notice of Meeting. At the expiration of his/her term he/she shall turn over all items belonging to the Company to his/her successor.

The Treasurer shall receive and issue receipt for all monies paid to the Company, keep an accurate account of all monies received and expended, and pay bills as authorized by the Board of Directors. At the end of each quarter he/she shall submit an itemized statement of disbursements and receipts to the Board of Directors. At the annual meeting, the Treasurer shall present an audited report of the Company's finances to the Board of Directors. The report will be audited in accordance with paragraph 5a of these Bylaws. At the end of his/her term of office he/she shall turn over everything in his/her possession belonging to the Company to his/her successor.

The Chief Technical Officer shall be responsible for the technology used by the company in the conduct of its operations. He/she shall make recommendations for the methods, equipment selection and technical procedures to be employed by the Company.

3. Board of Directors - Duties and Removal from the Board

The Board of Directors shall formulate the policies and rules governing the operation of the Company. The Board is authorized to make all financial decisions necessary for the operation of the Company. A director can be removed upon a motion, second and three fourths vote of the board of directors.

4. Membership

All persons holding a valid, renewable Amateur Radio license shall be eligible for full membership. Membership shall be by application and approval of the Board of Directors. Membership is granted upon donation of time and effort to the betterment of Amateur Radio through the efforts of the Company. From time to time, the Board of Directors will review participation to determine continued membership. All full members are eligible to vote at any regular or special meeting, offer motions and speak in support of or in opposition to any motion brought before the membership.

5. Committees

The following standing committees shall exist:

a. **Audit Committee**

The Treasurer shall chair the audit committee and appoint one other director; the President shall appoint one other director. The committee shall meet in person to review/audit the financial statements of the Company at least 14 days prior to the Annual Meeting. At the conclusion of this review, all three directors will sign a statement attesting to the accuracy of the financial statements of the Company. This report will be presented to the Board of Directors at the Annual Meeting and become part of the permanent Company records.

b. **Nominating Committee**

The Vice President will appoint a member or director to chair the nominating committee. The nominating committee will accept nominations for officers/directors of the Company by mail, email and directly from members during the Annual Meeting. The nominating committee will conduct the election of officers/directors and appoint tellers to count ballots.

6. Conflict of Interest Policy

Any interested party with any actual or possible conflict of interest must disclose to the directors the existence of the interest and all material facts. The directors shall meet and discuss the interest and material facts with the interested party, who then shall leave the meeting while the disinterested directors discuss and vote on the transaction or arrangement involving the possible conflict of interest taking into account what is in the best interest and benefit of Rocky Mountain Ham Radio Inc. and is fair and reasonable. The directors will make reasonable efforts to obtain a more advantageous transaction or arrangement with a disinterested party that would not give rise to a conflict of interest. The directors shall take appropriate disciplinary and corrective action with any interested party who fails to disclose an actual or possible conflict of interest.

7. Amendments

These Bylaws may be amended by a majority vote. Proposals for amendments shall be submitted in writing at a regular meeting and shall be voted on at the following regular meeting.

Part IV – Narrative Description of Your Activities

Part IV – Narrative Description of Your Activities

Activities of Rocky Mountain Ham Radio Inc.

Rocky Mountain Ham Radio began as a loose knit organization of individuals who held licenses issued by the United States Federal Communications Commission to operate radio transmitting equipment under Part 97 of the Commission's rules. Beginning in 2006, Rocky Mountain Ham Radio began providing volunteer non-commercial communications services consisting of the radio transmission of voice and data information. We transported, set up and operated communications transmitters, receivers, antennas and other related communications equipment to support our served agencies non-commercial communications needs. The services were provided on demand, in support of our served governmental and charitable agencies. (See Attachment Chronological list of Major Activities)

Presently, Rocky Mountain Ham Radio Inc. was incorporated in 2010 in the State of Colorado for the express purpose of becoming a 501 (c) 3 organization and is continuing to provide services in support of our served governmental and charitable agencies. Our future plans include the continuation of supplying these communications services to the agencies that we have served and to enable us to expand our activities by acquiring funding through various fund raising activities. This will allow Rocky Mountain Ham Radio Inc. to expand the pool of available equipment and services available and permit us to begin serving additional agencies.

In addition, Rocky Mountain Ham Radio Inc. will purchase or construct and maintain radio communications transceivers, antennas and related communications equipment for non-commercial routine and emergency use in the FCC regulated Amateur Radio Service and/or other non-commercial communications services.

Rocky Mountain Ham Radio Inc. will be able to conduct training classes and educational seminars pertaining to radio communications methods, procedures, equipment and operations. As well as exploring communications technology and methods by experimentation, fabrication and operation of non-commercial radio communications equipment and systems.

All services provided by Rocky Mountain Ham Radio Inc. are on a voluntary, non-compensated basis with each participant operating using the privileges of their individual and personally held FCC issued licenses when required to operate radio transmitters within FCC regulated services.

Part V - Question 3, 4, and 6: All directors, officers and members are non-compensated. There will be no compensation for any services performed on behalf of the Corporation. All directors, officers and members contribute on a volunteer basis.

Part V - Question 5: Rocky Mountain Ham Radio Inc. has adopted a conflict of interest policy contained in our by-laws Page 3, Paragraph 6

Part VI – Questions 1a and 1b: Communications services to include transmission and reception of communications voice, data, or video transmissions that are of a non-

commercial nature. Training and education via classroom, computer-based media and/or printed material

Part VI – Question 2: The Services of the Corporation will only be provided to individuals or groups that are not using said services in the furtherance of financial gain to themselves or their employer. Services provided within the Amateur Radio Service are restricted by federal regulation §47 CFR 97.113 and this limitation will apply to all such services provided by the Corporation.

Part VIII – Question 2a: Amateur Radio is a government regulated activity and Amateur Radio comprises the bulk of our purposes as stated in “ARTICLE III: PURPOSES” of the Constitution of Rocky Mountain Ham Radio Inc. Therefore Rocky Mountain Ham Radio Inc. may, on rare occasions have representatives appear before legislative bodies and give testimony or file public comments with legislative and regulatory bodies to support or oppose legislation that affects those stated activities of Rocky Mountain Ham Radio Inc. when the prospective legislation may have an effect on the purposes of Rocky Mountain Ham Radio Inc. As noted, the instances that this may occur would be rare and would require a bare minimum of time or expense when such situations would arise. Rocky Mountain Ham Radio Inc. has no literature and would not be inclined to produce any, as our involvement would be focused on the extent that any legislation or regulation would impact our stated purposes.

Part VIII – Question 4a

We will pursue grants from private and/or government agencies to fund increased Rocky Mountain Ham Radio Inc. activities to further the stated purposes of the Rocky Mountain Ham Radio Inc. by expanding the width and depth of our influence in the area. Current funding is limited to funds on hand and contributions.

Part VIII – Question 4d

The Rocky Mountain Ham Radio Inc. would begin to pursue funding within the region of influence in the greater Denver metropolitan area and the Front Range cities of Colorado. Rocky Mountain Ham Radio Inc. will solicit contributions and donations via its website.

Part VIII – Question 11: Rocky Mountain Ham Radio Inc. will accept donations in any form if the donation will benefit our stated activities. To date we have accepted non donations other than cash, surplus equipment that has been converted to cash, and the use of equipment used in performance of services to our served agencies. Rocky Mountain Ham Radio Inc. does not believe there is any reason to limit or otherwise exclude any donation that has value. Rocky Mountain Ham Radio Inc. expects that most donations that are not labor, cash or equipment that is used in the performance of our activities will be converted to cash or otherwise immediately used in the performance of our stated activities. At now time will Rocky Mountain Ham Radio Inc. accepted donations that would have terms or condition that would be contrary to the any provisions contained within Section 501 (c)(3) of the Internal Revenue Code.

Part IX Line 1 This revenue is the result of the sale of items donated by the Amateur Radio Community that occurred at local Amateur Radio fleas markets. Amounts in Columns b, c and d reflect projections based on tentative commitments of donations based on Rocky Mountain Ham Radio obtaining 501c (3) status.

Part IX Line 20 Column b, Column c and Column

Column a is expenses for an Amateur radio repeater site. Column b and Column c are the estimated expenses for use of Amateur radio repeater sites that we anticipate occupying.

Rocky Mountain Ham Radio Inc
EIN Document 10 R Z

EIN 42-2928518



OGDEN UT 84201-0038

In reply refer to: 0440676091
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BODC: SB

ROCKY MOUNTAIN HAM RADIO INC
12244 W APPLEWOOD KNOLLS DR
LAKEWOOD CO 80215-7204



017759

Employer Identification Number: 45-2928518

Dear Taxpayer:

Thank you for your inquiry of Sep. 20, 2011.

Your Employer Identification Number (EIN) is 45-2928518. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at www.irs.gov or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

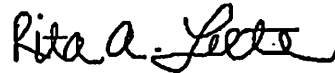
Rocky Mountain Ham Radio Inc
EIN Document 2 of 2

EIN 42-2928518

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00002896

ROCKY MOUNTAIN HAM RADIO INC
12244 W APPLEWOOD KNOLLS DR
LAKEWOOD CO 80215-7204

Sincerely yours,



Rita A. Leete
Accounts Management II

Enclosure(s):
Copy of this letter

Rocky Mountain Ham Radio Inc.

Name	Callsign
Nicholas Albright	W1RTP
Dwayne Allen	WY7FD
Katie Allen	WY7KRA
Ken Anderson	W0ETT
Ben Baker	KB0UBZ
Ben Barefoot	KD0IRP
George Bartling	WA9TCD
David Bogdan	N2NYS
Scott Burkhardt	W0KU
Randy Councell	N0OEM
Mary Ellen Davey	K0IME
Mike Davey	N0VBY
David Dean	K0PWO
Paul Deeth	WA2YZT
Nate Duehr	WY0X
Scott Elias	WA4SE
Wayne Heinen	N0POH
Dennis Hudson	N2LBT
Emit Hurdelbrink	W0UAW
John Hurdelbrink	N2MED
Lisa Hurdelbrink	K0LMH
Jim Kummerow	N9DUX
David Markham	W0CBI
John Maxwell	W0VG
Ron Monk	KC0VFN
Mike Mullarkey	K7PFJ
Kris Olmhausen	KC0ZSW
Jeff Ryan	K0RM
Doug Sharp	K2AD
Bob Sterner	KN0BOB
Scott Taylor	W0KVA
Marie Teto	KD0BQD
Bryon Veal	N0AH
Gerry Villhauer	W0GV
David Ward	KA4MEP
Robert Wareham	N0ESQ
Bob Zimprich	KB0BZZ

Member Roster

Hometown
Denver CO
Sundance WY
Sundance WY
Parker CO
Aurora CO
Denver CO
Aurora CO
Longmont CO
Denver CO
Aurora CO
Aurora CO
Aurora CO
Centennial CO
Golden CO
Centennial CO
Loveland CO
Aurora CO
Albany NY
Aurora CO
Thornton CO
Commerce City CO
Commerce City CO
Aurora CO
Lakewood CO
Centennial CO
Firestone CO
Denver CO
Westminster CO
Firestone CO
Aurora CO
Arvada CO
Commerce City CO
Littleton CO
Westminster CO
Westminster CO
Highlands Ranch CO
Aurora CO

CHECK TO IRS
REMOVED OR
SECURITY