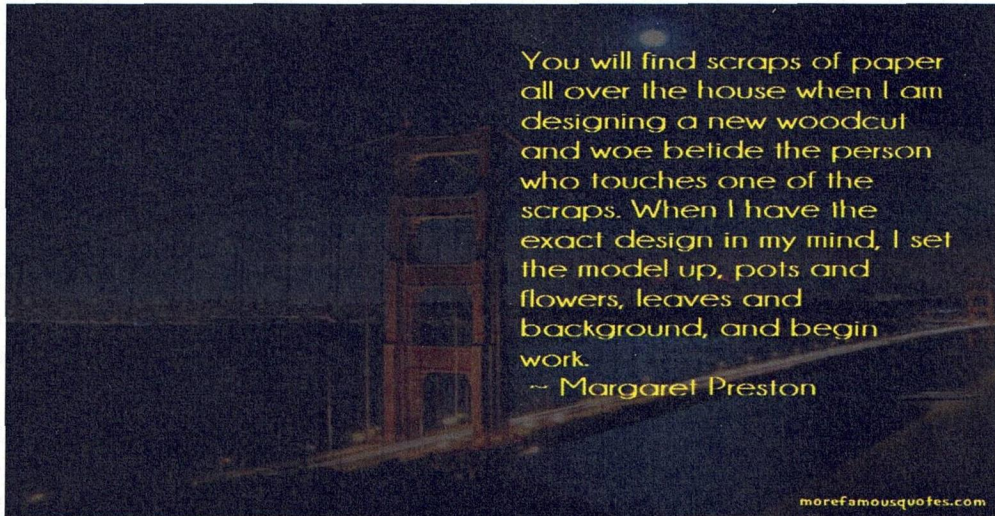


# HOUSEPARTY!

Charles Murillo

**President**



## Articles of Organization

- ❖ FORM 1023 EZ
- ❖ Narrative
- ❖ Conflict of Interest
- ❖ Revenue & Expenses
- ❖ Articles of Incorporation
- ❖ Bylaws
- ❖ General Information
- ❖ EIN Number
- ❖ Invoice/Receipt

*Prepared by:*  
*Theda Fields White*

**12.20.2018**

*Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world. Joel A. Barker*





# Help 4 Us, Inc.

Theda Fields White

PO Box 8276

Kentwood, MI 49518

616.706.8568

Email: [help4us.inc@gmail.com](mailto:help4us.inc@gmail.com)

December 24, 2018

Charles Murillo  
HOUSEPARTY!  
6 Bellwood Dr  
Holland, MI 49423

Re: 501 C 3 1023 EZ Application for Recognition of Tax Exemption

Dear Charles,

I would first like to thank you for choosing me for your organizational needs. Enclosed please find your completed Application for Recognition of Exemption (501 C 3). I have also enclosed a bound copy for your files. When you're ready to submit to the IRS feel free to call me and I will be glad to submit the application with your payment information or you may submit it yourself by clicking on the SAVED application. Once opened hit the CONTINUE button at the bottom of the page to the payment information page which is the 4<sup>th</sup> page amount due in the amount of \$275.00.

Your completed application is at: <https://www.pay.gov/public/a/myaccount/myforms>

Username: ChaMur

Password: Houseparty6\$

Email: [Help4us.inc@gmail.com](mailto:Help4us.inc@gmail.com)

Once the application is received by the IRS they will notify you if any additional information is needed. I will answer all questions and follow the application until you have satisfied their approval process. It takes approximately 30 days or sooner from the time of submission to receive your determination letter.

Please feel free to contact me any time for any questions you may have or concerns. It is my desire to be a blessing to you and your organization. Thank you again for this opportunity to assist you.

With blessing,  
*Theda Fields White*  
Theda Fields White



**Form 1023-EZ Eligibility Worksheet**  
(Must be completed prior to completing Form 1023-EZ)

If you answer "Yes" to any of the worksheet questions, you are not eligible to apply for exemption under section 501(c)(3) using Form 1023-EZ. You must apply on Form 1023. If you answer "No" to all of the worksheet questions, you may apply using Form 1023-EZ.

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                             |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | <p><b>Do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years?</b></p> <p>Gross receipts are the total amounts the organization received from all sources during its annual accounting period, without subtracting any costs or expenses. You should consider this year and the next two years.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | <p><b>Have your annual gross receipts exceeded \$50,000 in any of the past 3 years?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | <p><b>Do you have total assets the fair market value of which is in excess of \$250,000?</b></p> <p>Total assets includes cash, accounts receivable, inventories, bonds and notes receivable, corporate stocks, loans receivable, other investments, depreciable and depletable assets, land, buildings, equipment, and any other assets.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | <p><b>Were you formed under the laws of a foreign country (United States territories and possessions are not considered foreign countries)?</b></p> <p>You are formed under the laws of a foreign country if you are not formed under the laws of (1) the United States, its states, territories, or possessions; (2) federally recognized Indian tribal or Alaskan native governments; or (3) the District of Columbia.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | <p><b>Is your mailing address in a foreign country (United States territories and possessions are not considered foreign countries)?</b></p> <p>Your mailing address is the address where all correspondence will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | <p><b>Are you a successor to, or controlled by, an entity suspended under section 501(p) (suspension of tax-exempt status of terrorist organizations)?</b></p> <p>Section 501(p)(1) suspends the exemption from tax under section 501(a) of any organization described in section 501(p)(2). An organization is described in section 501(p)(2) if the organization is designated or otherwise individually identified (1) under certain provisions of the Immigration and Nationality Act as a terrorist organization or foreign terrorist organization; (2) in or pursuant to an Executive Order which is related to terrorism and issued under the authority of the International Emergency Economic Powers Act or section 5 of the United Nations Participation Act of 1945 for the purpose of imposing on such organization an economic or other sanction; or (3) in or pursuant to an Executive Order issued under the authority of any federal law, if the organization is designated or otherwise individually identified in or pursuant to the Executive Order as supporting or engaging in terrorist activity (as defined in the Immigration and Nationality Act) or supporting terrorism (as defined in the Foreign Relations Authorization Act) and the Executive Order refers to section 501(p)(2).</p> <p>Under section 501(p)(3) of the Code, suspension of an organization's tax exemption begins on the date of the first publication of a designation or identification with respect to the organization, as described above, or the date on which section 501(p) was enacted, whichever is later. This suspension continues until all designations and identifications of the organization are rescinded under the law or Executive Order under which such designation or identification was made.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 7.  | <b>Are you organized as an entity other than a corporation, unincorporated association, or trust?</b><br><br>Answer "Yes" if you are organized as an LLC under the laws of the state in which you were formed.                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.  | <b>Are you formed as a for-profit entity?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.  | <b>Are you a successor to a for-profit entity?</b><br><br>You are a successor if you have:<br><br>1. Substantially taken over all of the assets or activities of a for-profit entity;<br>2. Been converted or merged from a for-profit entity; or<br>3. Installed the same officers, directors, or trustees as a for-profit entity that no longer exists.                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | <b>Were you previously revoked or are you a successor to a previously revoked organization (other than an organization the tax-exempt status of which was automatically revoked for failure to file a Form 990-series return for three consecutive years)?</b><br><br>Do not check "Yes" if your previous revocation, or your predecessor's revocation, was an automatic revocation (pursuant to section 6033(j)) for failing to satisfy Form 990-series filing requirements for three consecutive years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | <b>Are you currently recognized as tax exempt under another section of IRC 501(a) or were you previously exempt under another section of IRC 501(a)?</b>                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <p><b>12. Are you a church or a convention or association of churches described in section 170(b)(1)(A)(i)?</b></p> <p>There is no single definition of the word "church" for tax purposes; however, the characteristics generally attributed to churches include:</p> <ul style="list-style-type: none"> <li>• A distinct legal existence,</li> <li>• A recognized creed and form of worship,</li> <li>• A definite and distinct ecclesiastical government,</li> <li>• A formal code of doctrine and discipline,</li> <li>• A distinct religious history,</li> <li>• A membership not associated with any other church or denomination,</li> <li>• Ordained ministers ministering to the congregation,</li> <li>• Ordained ministers selected after completing prescribed courses of study,</li> <li>• A literature of its own,</li> <li>• Established places of worship,</li> <li>• Regular congregations,</li> <li>• Regular religious services,</li> <li>• Sunday schools for the religious instruction of the young, and</li> <li>• Schools for the preparation of ministers.</li> </ul> <p>Although it is not necessary that each of the above characteristics be present, a congregation or other religious membership group that meets regularly for religious worship is generally required. A church includes mosques, temples, synagogues, and other forms of religious organizations. For more information, see Pub. 1828.</p> | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <p><b>13. Are you a school, college, or university described in section 170(b)(1)(A)(ii)?</b></p> <p>An organization is a school if it:</p> <ol style="list-style-type: none"> <li>1. Presents formal instruction as its primary function,</li> <li>2. Has a regularly scheduled curriculum,</li> <li>3. Has a regular faculty of qualified teachers,</li> <li>4. Has a regularly enrolled student body, and</li> <li>5. Has a place where educational activities are regularly carried on.</li> </ol> <p>The term "school" includes primary, secondary, preparatory, high schools, colleges, and universities. It does not include organizations engaged in both educational and non-educational activities, unless the latter are merely incidental to the educational activities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |



|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                           |
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| <p><b>14.</b></p> | <p><b>Are you a hospital or medical research organization described in section 170(b)(1)(A)(iii) or a hospital organization described in section 501(r)(2)(A)(i)?</b></p> <p>An organization is a hospital described in section 170(b)(1)(A)(iii) if its principal purpose or function is providing medical or hospital care, or medical education or research. Medical care includes treatment of any physical or mental disability or condition, on an inpatient or outpatient basis. Thus, if an organization is a rehabilitation institution, outpatient clinic, or community mental health or drug treatment center, it is a hospital if its principal function is providing treatment services as described above.</p> <p>A hospital does not include convalescent homes, homes for children or the aged, or institutions whose principal purpose or function is to train handicapped individuals to pursue a vocation.</p> <p>An organization is a medical research organization described in section 170(b)(1)(A)(iii) if its principal purpose or function is the direct, continuous, and active conduct of medical research in conjunction with a hospital. The hospital with which the organization is affiliated must be described in section 501(c)(3), a federal hospital, or an instrumentality of a governmental unit, such as a municipal hospital.</p> <p>An organization is a hospital organization described in section 501(r)(2)(A)(i) if the organization operates a facility which is required by a state to be licensed, registered, or similarly recognized as a hospital.</p> | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>15.</b></p> | <p><b>Are you an agricultural research organization described in section 170(b)(1)(A)(ix)?</b></p> <p>An organization is an agricultural research organization described in section 170(b)(1)(A)(ix) if it is an agricultural research organization directly engaged in the continuous active conduct of agricultural research (as defined in section 1404 of the Agricultural Research, Extension, and Teaching Policy Act of 1977) in conjunction with a land grant college or university (as defined in such section) or a non-land grant college of agriculture (as defined in such section), and during the calendar year in which the contribution is made such organization is committed to spend such contribution for such research before January 1 of the fifth calendar year which begins after the date such contribution is made.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <p><b>16. Are you applying for exemption as a cooperative hospital service organization under section 501(e)?</b></p> <p>A cooperative hospital service organization described in section 501(e) is organized and operated on a cooperative basis to provide its section 501(c)(3) hospital members one or more of the following activities.</p> <ul style="list-style-type: none"> <li>• Data processing.</li> <li>• Purchasing (including purchasing insurance on a group basis).</li> <li>• Warehousing.</li> <li>• Billing and collection (including purchasing patron accounts receivable on a recourse basis).</li> <li>• Food.</li> <li>• Clinical.</li> <li>• Industrial engineering.</li> <li>• Laboratory.</li> <li>• Printing.</li> <li>• Communications.</li> <li>• Record center.</li> <li>• Personnel (including selecting, testing, training, and educating personnel) services.</li> </ul> <p>A cooperative hospital service organization must also meet certain other requirements specified in section 501(e).</p> | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| <p><b>17. Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)?</b></p> <p>An organization is a cooperative service organization of operating educational organizations if it is organized and operated solely to provide investment services to its members. Those members must be organizations described in section 170(b)(1)(A)(ii) or (iv) that are tax exempt under section 501(a) or whose income is excluded from taxation under section 115.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |



|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                    |
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| 18. | <p><b>Are you applying for exemption as a qualified charitable risk pool under section 501(n)?</b></p> <p>A qualified charitable risk pool is treated as organized and operated exclusively for charitable purposes. Check the appropriate box to indicate whether you are a charitable risk pool. A qualified charitable risk pool is an organization that:</p> <ol style="list-style-type: none"> <li>1. Is organized and operated only to pool insurable risks of its members (not including risks related to medical malpractice) and to provide information to its members about loss control and risk management,</li> <li>2. Consists only of members that are section 501(c)(3) organizations exempt from tax under section 501(a),</li> <li>3. Is organized under state law authorizing this type of risk pooling,</li> <li>4. Is exempt from state income tax (or will be after qualifying as a section 501(c)(3) organization),</li> <li>5. Has obtained at least \$1,000,000 in startup capital from nonmember charitable organizations,</li> <li>6. Is controlled by a board of directors elected by its members, and</li> <li>7. Is organized under documents requiring that:               <ol style="list-style-type: none"> <li>a. Each member be a section 501(c)(3) organization exempt from tax under section 501(a),</li> <li>b. Each member that receives a final determination that it no longer qualifies under section 501(c)(3) notify the pool immediately, and</li> <li>c. Each insurance policy issued by the pool provide that it will not cover events occurring after a final determination described in (b).</li> </ol> </li> </ol> | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <p><b>19.</b></p> | <p><b>Are you requesting classification as a supporting organization under section 509(a)(3)?</b></p> <p>A supporting organization (as defined in section 509(a)(3)) differs from the other types of public charities described in section 509. Instead of describing an organization that conducts a particular kind of activity or that receives financial support from the general public, section 509(a)(3) describes organizations that have established certain relationships in support of public charities described in section 509(a)(1) or 509(a)(2). Thus, an organization can qualify as a supporting organization (and not be classified as a private foundation) even though it may be funded by a single donor, family, or corporation. This kind of funding ordinarily would indicate private foundation status, but a section 509(a)(3) organization has limited purposes and activities, and gives up a significant degree of independence. A supporting organization is an organization that:</p> <ol style="list-style-type: none"> <li>1. Is organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more specified organizations as described in section 509(a)(1) or 509(a)(2). These section 509(a)(1) and 509(a)(2) organizations are commonly called publicly supported organizations.</li> <li>2. Has one of three types of relationships with one or more organizations described in section 509(a)(1) or 509(a)(2). It must be: <ol style="list-style-type: none"> <li>a. Operated, supervised, or controlled by one or more section 509(a)(1) or 509(a)(2) organizations (Type I supporting organization);</li> <li>b. Supervised or controlled in connection with one or more section 509(a)(1) or 509(a)(2) organizations (Type II supporting organization); or</li> <li>c. Operated in connection with one or more section 509(a)(1) or 509(a)(2) organizations (Type III supporting organization).</li> </ol> </li> <li>3. Is not controlled directly or indirectly by disqualified persons (as defined in section 4946) other than foundation managers and other than one or more organizations described in section 509(a)(1) or 509(a)(2).</li> </ol> <p>See Pub. 557 for more information.</p> | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>20.</b></p> | <p><b>Is a substantial purpose of your activities to provide assistance to individuals through credit counseling activities such as budgeting, personal finance, financial literacy, mortgage foreclosure assistance, or other consumer credit areas?</b></p> <p>These activities involve the education of the consumer on budgeting, personal finance, financial literacy, mortgage foreclosure assistance, or other consumer credit areas. It may also involve assisting the consumer in consolidating debt and negotiating between debtors and creditors to lower interest rates and waive late and over-limit fees.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>21.</b></p> | <p><b>Do you or will you invest 5% or more of your total assets in securities or funds that are not publicly traded?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>22.</b></p> | <p><b>Do you participate, or intend to participate, in partnerships (including entities or arrangements treated as partnerships for federal tax purposes) in which you share losses with partners other than section 501(c)(3) organizations?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>23.</b></p> | <p><b>Do you sell, or intend to sell carbon credits or carbon offsets?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |
| <p><b>24.</b></p> | <p><b>Are you a Health Maintenance Organization (HMO)?</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><input type="checkbox"/> <b>Yes</b></p> | <p><input type="checkbox"/> <b>No</b></p> |

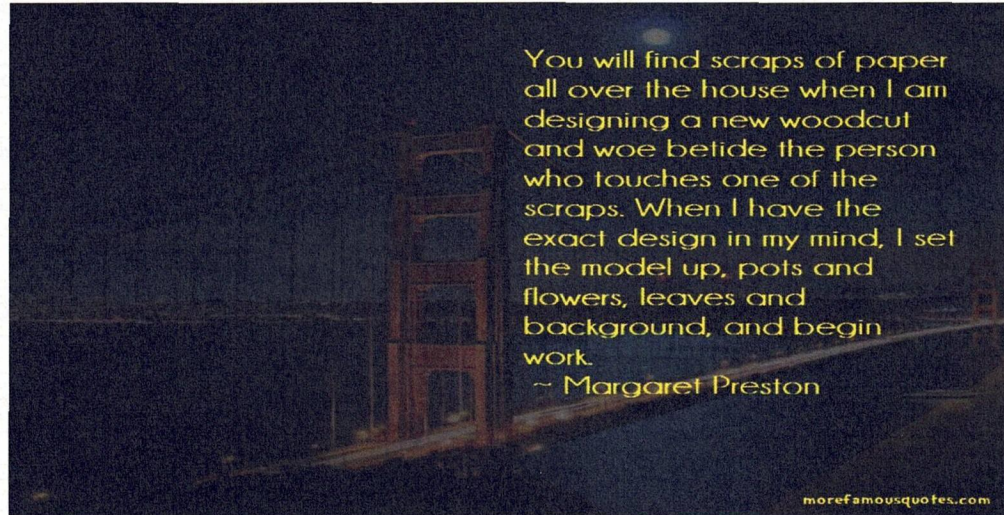


|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 25. | <p><b>Are you an Accountable Care Organization (ACO), or an organization that engages in, or intends to engage in, ACO activities (such as participation in the Medicare Shared Savings Program (MSSP) or in activities unrelated to the MSSP described in Notice 2011-20, 2011-16 I.R.B. 652)?</b></p> <p>ACOs are entities formed by groups of physicians, hospitals, and other health care service providers and suppliers to manage and coordinate the care provided to patients. For a discussion of tax law issues relating to ACOs, see Notice 2011-20 and FS-2011-11, available at <a href="http://IRS.gov/uac/Tax-Exempt-Organizations-Participating-in-the-Medicare-Shared-Savings-Program-through-Accountable-Care-Organizations">IRS.gov/uac/Tax-Exempt-Organizations-Participating-in-the-Medicare-Shared-Savings-Program-through-Accountable-Care-Organizations</a>.</p>                                                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. | <p><b>Do you maintain or intend to maintain one or more donor advised funds?</b></p> <p>In general, a donor advised fund is a fund or account that is owned and controlled by the organization but that is separately identified by reference to contributions of a donor or donors and with respect to which a donor (or any person appointed or designated by the donor) has or expects to have advisory privileges concerning the distribution or investment of amounts held in the fund or account by reason of the donor's status as a donor. For additional information, see Pub. 557.</p> <p>Check "No" if you are a governmental unit referred to in section 170(c)(1) or a private foundation referred to in section 509(a).</p>                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. | <p><b>Are you organized and operated exclusively for testing for public safety and requesting a foundation classification under section 509(a)(4)?</b></p> <p>Generally, these organizations test consumer products to determine their acceptability for use by the general public.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. | <p><b>Are you requesting classification as a private operating foundation?</b></p> <p>Private foundations lack general public support. What distinguishes a private operating foundation from other private foundations is that it engages 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). Private operating foundations are subject to more favorable rules than other private foundations in terms of charitable contribution deductions and attracting grants from private foundations. However, to be classified as a private operating foundation, an organization must meet certain tests. Additional information about private operating foundations is available at <a href="http://IRS.gov/Charities-&amp;-Non-Profits/Private-Foundations/Private-Operating-Foundations">IRS.gov/Charities-&amp;-Non-Profits/Private-Foundations/Private-Operating-Foundations</a>.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. | <p><b>Are you applying for reinstatement under section 4 of Rev. Proc. 2014-11, and seeking to change your foundation classification from the classification you had at the time of your revocation?</b></p> <p>Only organizations that are seeking the same foundation classification that they had at the time of revocation may use Form 1023-EZ to apply for reinstatement under section 4 of Rev. Proc. 2014-11. If you wish to change your foundation classification, you must use the full Form 1023.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. | <p><b>Are you applying for retroactive reinstatement of exemption under section 5 or 6 of Rev. Proc. 2014-11, after being automatically revoked?</b></p> <p>Only organizations applying for reinstatement under section 4 or 7 of Rev. Proc. 2014-11 may use Form 1023-EZ. If you are applying for retroactive reinstatement under section 5 or 6 of Rev. Proc. 2014-11, you must submit the full Form 1023 along with the appropriate reasonable cause statement and a statement confirming you have filed the required annual returns as described in the revenue procedure.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



# FORM 1023

- Narrative
- Conflict of Interest
- Revenues & Expenses





|                                                                                           |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>1023-EZ</b><br>January 2018)<br>Department of the Treasury<br>Internal Revenue Service | <b>Streamlined Application for Recognition of Exemption<br/>Under Section 501(c)(3) of the Internal Revenue Code</b><br>Do not enter Social Security numbers on this form as it will be made public.<br>Information about Form 1023-EZ and its separate instructions is at <a href="http://www.irs.gov/form1023">www.irs.gov/form1023</a> | OMB No. 1545-0056<br><br><b>Note:</b> If exempt status is approved,<br>this application will be open for<br>public inspection. |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

**Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

## I Identification of Applicant

|                                                                                                                                               |                                  |                                                                      |                                  |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------|----------------------------------|------------------------------|
| a Full Name of Organization<br>HOUSEPARTY                                                                                                     |                                  |                                                                      |                                  |                              |
| b Mailing Address (number, street, and room/suite). If a P.O. box, see instructions.<br>6 BELLWOOD DR                                         |                                  | c City<br>HOLLAND                                                    | d State<br>MI                    | e Zip code + 4<br>49423-0000 |
| 2 Employer Identification Number<br>83-2903916                                                                                                | 3 Month Tax Year Ends (MM)<br>12 | 4 Person to Contact if More Information is Needed<br>CHARLES MURILLO |                                  |                              |
| 5 Contact Telephone Number<br>616-422-1226                                                                                                    |                                  | 6 Fax Number (optional)                                              | 7 User Fee Submitted<br>\$275.00 |                              |
| 8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.) |                                  |                                                                      |                                  |                              |
| Name: CHARLES                                                                                                                                 |                                  | Last Name: MURILLO                                                   |                                  | Title: PRESIDENT             |
| Mailing Address: 6 BELLWOOD DR                                                                                                                |                                  | City: HOLLAND                                                        | State: MI                        | Zip code + 4: 49423-0000     |
| Name: KATE                                                                                                                                    |                                  | Last Name: VILLAS                                                    |                                  | Title: DIRECTOR              |
| Mailing Address: 6 BELLWOOD DR                                                                                                                |                                  | City: HOLLAND                                                        | State: MI                        | Zip code + 4: 49423-0000     |
| Name: MIKE                                                                                                                                    |                                  | Last Name: TANAEL                                                    |                                  | Title: DIRECTOR              |
| Mailing Address: 6 BELLWOOD DR                                                                                                                |                                  | City: HOLLAND                                                        | State: MI                        | Zip code + 4: 49423-0000     |
| Name:                                                                                                                                         |                                  | Last Name:                                                           |                                  | Title:                       |
| Mailing Address:                                                                                                                              |                                  | City:                                                                | State:                           | Zip code + 4:                |
| Name:                                                                                                                                         |                                  | Last Name:                                                           |                                  | Title:                       |
| Mailing Address:                                                                                                                              |                                  | City:                                                                | State:                           | Zip code + 4:                |
| a Organization's Website (if available):                                                                                                      |                                  |                                                                      |                                  |                              |
| b Organization's Email (optional):                                                                                                            |                                  |                                                                      |                                  |                              |

## II Organizational Structure

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1 To file this form, you must be a corporation, an unincorporated association, or a trust. <b>Select the box</b> for the type of organization.<br><input checked="" type="radio"/> Corporation <input type="radio"/> Unincorporated association <input type="radio"/> Trust                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 2 <input checked="" type="checkbox"/> <b>Check this box</b> to attest that you have the organizing document necessary for the organizational structure indicated above.<br>(See the instructions for an explanation of <b>necessary organizing documents</b> .)                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| 3 Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12202018 |
| 4 State of Incorporation or other formation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Michigan |
| 5 Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).<br><input checked="" type="checkbox"/> <b>Check this box</b> to attest that your organizing document contains this limitation.                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| 6 Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.<br><input checked="" type="checkbox"/> <b>Check this box</b> to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.                                                                                                                                         |          |
| 7 Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.<br><input checked="" type="checkbox"/> <b>Check this box</b> to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision. |          |



**Part III Your Specific Activities**

- 1** Briefly describe the organization's mission or most significant activities (limit 250 characters)

Our mission is to create an models and resources that empower people to live to their greatest potential. The purpose is to empower people to create their dream home by providing support and resources to improve their quality of of life.

- 2** Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions):

P20

- 3** To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

- |                                                                                         |                                                                       |                                                    |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Charitable                                          | <input type="checkbox"/> Religious                                    | <input checked="" type="checkbox"/> Educational    |
| <input type="checkbox"/> Scientific                                                     | <input type="checkbox"/> Literary                                     | <input type="checkbox"/> Testing for public safety |
| <input type="checkbox"/> To foster national or international amateur sports competition | <input type="checkbox"/> Prevention of cruelty to children or animals |                                                    |

- 4** To qualify for exemption as a section 501(c)(3) organization, you must:

- Refrain from supporting or opposing candidates in political campaigns in any way.
- Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
- Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
- Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
- Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
- Not provide commercial-type insurance as a substantial part of your activities.

☒ **Check this box** to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.

- |                                                                                                                                                                                                  |                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|
| <b>5</b> Do you or will you attempt to influence legislation?<br>(If yes, consider filing Form 5768. See the instructions for more details.)                                                     | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>6</b> Do you or will you pay compensation to any of your officers, directors, or trustees?<br>(Refer to the instructions for a definition of <b>compensation</b> .)                           | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>7</b> Do you or will you donate funds to or pay expenses for individual(s)?                                                                                                                   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>8</b> Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States?                                              | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>9</b> Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>10</b> Do you or will you have unrelated business gross income of \$1,000 or more during a tax year?                                                                                          | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>11</b> Do you or will you operate bingo or other gaming activities?                                                                                                                           | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| <b>12</b> Do you or will you provide disaster relief?                                                                                                                                            | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

**Part IV Foundation Classification**

**Part IV 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.**

- 1** Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions ☐ Yes ☒ No
- 2** If you qualify for public charity status, check the appropriate box (**2a - 2c** below) and skip to **Part V** below.
- a** ☐ **Select this box** to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
- b** ☒ **Select this box** to attest that 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. **Section 509(a)(2).**
- c** ☐ **Select this box** to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**
- 3** If you are not described in items **2a - 2c** above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
- ☐ **Select this box** to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)



**Part V Reinstatement After Automatic Revocation**

**Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)**

- 1 ☐ **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, 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. (See the instructions for requirements.)
- 2 ☐ **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

**Part VI 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.**

CHARLES MURILLO

(Type name of signer)

PRESIDENT

(Type title or authority of signer)

12242018

(Date)





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## Success

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Application for tax exemption using the 1023 EZ

**Form Number:** 1023-EZ Payment Form

**Form Status:** Saved

**Pay.gov Tracking ID:** 26E9V69F

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WARNING WARNING WARNING

You have accessed a United States Government computer. Unauthorized use of this computer is a violation of federal law and may subject you to civil and criminal penalties. This computer and the automated systems which run on it are monitored. Individuals are not guaranteed privacy while using government computers and should, therefore, not expect it. Communications made using this system may be disclosed as allowed by federal law.

Note: This system may contain Sensitive But Unclassified (SBU) data that requires specific data privacy handling.

**Part IV Activities and Operational Information**

1. **Provide a detailed narrative description of all the activities of the organization---past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.**

**RESPONSE:**

The *purpose* of **HOUSEPARTY!** is to empower people to create their dream home by providing support and resources to improve their quality of life. **HOUSEPARTY!** was birthed out the need of individuals and families struggling in a perpetual cycle of rental and unstable living. Once they do the work to maintain gainful employment they are often faced with a desire to have their own home but are unable to find one that suits their needs as the cost that is affordable to them. Although many programs are available to purchase the barriers occur when individuals don't have the adequate supply to meet their needs nor their dream home concept.

**HOUSEPARTY!** understands that providing assistance, in a consistent place where individuals and families are safe to share struggles, barriers and are committed to receive information, and guidance is vital to their success in the program and for their life goals. **HOUSEPARTY!** Provides the individuals and families with a unique opportunity to allow them to create a model of their dream home and provide support and resources for them to accomplish their goal of owning their dream.



The **primary** activity is to educate, individuals and families on the process, culture and value of secure living. This will be accomplished in a classroom or seminar setting. This activity will be used to build character, assets, and esteem; essential tools to be successful and overcome challenges of home, school and community. This activity will account for 45% of the organizations time.

The **second** activity is creating housing models that match the stage of development for the individual or family. This activity will account for 30% of the organizations time.

The **third** mentoring activity will include recreational activities in addition to the support and any additional guidance needed for emotional, educational and community resource support related to maintaining secure living. This activity will also include the availability of referring youth and families to existing resources in the community to build their capacity for better life outcomes. This activity will account for 10% of the organizations time.

The **fourth** activity is to provide community events to ensure networking and availability of resources in the community are linked to those in need. This activity will account for 5% for the organizations time.

The **fifth** activity is to provide support groups, panel discussions and chat events where youth can feel safe to share their feelings, aspirations and dreams. This activity will account for 5% of the organizations time.

The **sixth** activity will be to host an annual fundraiser. This activity will account for 5% of the organizations time.

The **mission** of **HOUSEPARTY!** is to create an atmosphere through models and resources that empower people to live to their greatest potential.

## CONFLICT OF INTEREST POLICY

---

Officers and Directors of **HOUSEPARTY!** are obligated to always act in the best interest of the organization. This obligation requires that any officer or member, in the performance of organization duties, seek only the furtherance of the organization mission. At all times, officers and board members are prohibited from using their job title or the organization's name or property, for private profit or benefit.

- A. The officers and members of the organization should neither solicit nor accept gratuities, favors, or anything of monetary value from contractors/vendors. This is not intended to preclude bona-fide organization fund raising-activities.
- B. No officer, or member of the organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:
  - 1. The officer or director;
  - 2. Any member of their immediate family;
  - 3. Their partner;
  - 4. An organization in which any of the above is an officer, director or employee;
  - 5. A person or organization with whom any of the above individuals is negotiating or has an arrangement concerning prospective employment.
- C. **Disclosure**--Any possible conflict of interest shall be disclosed by the person or persons concerned.
- D. **Board Action**--When a conflict of interest is relevant to a matter requiring action by the Board, the interested person(s) shall call it to the attention of the Board and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final decision or related deliberation regarding the matter under consideration. When there is a doubt as to whether a conflict exists, the matter shall be resolved by vote of the Board of Trustees, excluding the person(s) concerning whose situation the doubt has arisen.
- E. **Record of Conflict**--The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote and did not vote on the matter.

---

Official Agency Title

---

Name of Authorized Representative Title of Authorized Representative

---

Signature of Authorized Representative Date



## PART IX: FINANCIAL DATA

### A. Statement of revenue and expenses schedule

How much money did you expect to receive?

**HOUSEPARTY!**

**83-2903916**

|                             |                    | <u>2018</u>  | <u>2019</u>  | <u>2020</u>   |
|-----------------------------|--------------------|--------------|--------------|---------------|
| Contributions               |                    | 3,000        | 5,000        | 10,000        |
| <b>Total Contributions</b>  |                    | <b>3,000</b> | <b>5,000</b> | <b>10,000</b> |
| <u>Category</u>             | <u>Explanation</u> | <u>2018</u>  | <u>2019</u>  | <u>2020</u>   |
| Telephone                   | \$30/mo x 12 mo    | 360          | 360          | 720           |
| Material/Supplies           |                    | 500          | 1,000        | 2,500         |
| Computer/printer/fax        |                    | 500          | 1,500        | 1,500         |
| Transportation              |                    |              |              | 500           |
| Equipment                   |                    |              |              |               |
| Office Supplies             |                    | 500          | 500          | 1,000         |
| Insurance                   |                    |              |              |               |
| Travel                      |                    |              | 300          | 1,500         |
| Teaching Materials/software |                    | 500          | 1,200        | 1,500         |
| Miscellaneous               |                    | 140          | 140          | 780           |
| <b>#23 Other</b>            |                    | <b>3,000</b> | <b>5,000</b> | <b>10,000</b> |
|                             |                    | <u>2018</u>  | <u>2019</u>  | <u>2020</u>   |
| <b>Total contributions</b>  |                    | <b>3,000</b> | <b>5,000</b> | <b>10,000</b> |
| <b>Total expenses</b>       |                    | <b>3,000</b> | <b>5,000</b> | <b>10,000</b> |
|                             |                    | <b>0.00</b>  | <b>0.00</b>  | <b>0.00</b>   |

**PART IX: FINANCIAL DATA**

**B. BALANCE SHEET**

***HOUSEPARTY!***  
**83-2903916**

|                |             |             |             |
|----------------|-------------|-------------|-------------|
|                | <u>2018</u> | <u>2019</u> | <u>2020</u> |
| GROSS RECEIPTS | 3,000       | 5,000       | 10,000      |
| TOTAL RECEIPTS | 3,000       | 5,000       | 10,000      |

**EXPENSES**

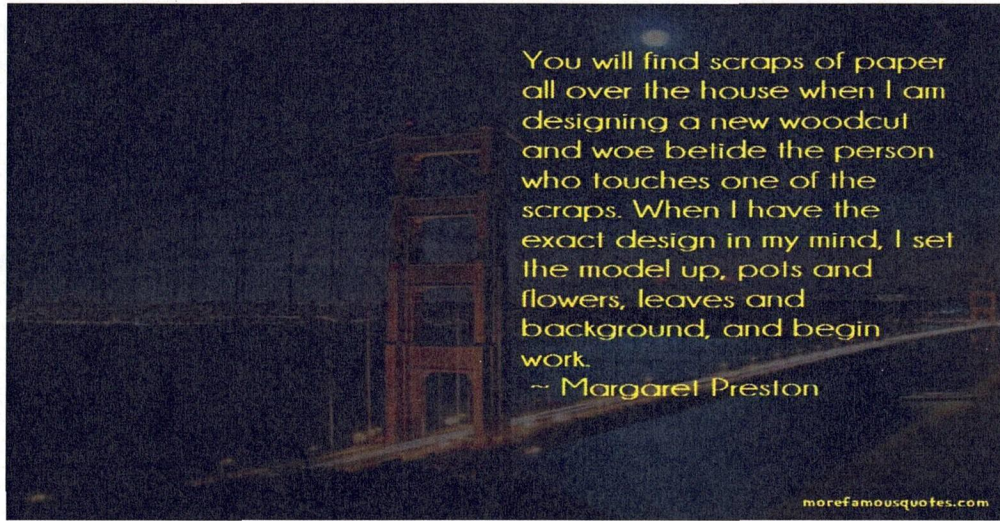
|       |             |             |             |
|-------|-------------|-------------|-------------|
|       | <u>2018</u> | <u>2019</u> | <u>2020</u> |
| OTHER | 3,000       | 5,000       | 10,000      |

**FUND BALANCES OR NET ASSETS**

|                   |              |              |               |
|-------------------|--------------|--------------|---------------|
| TOTAL RECEIPTS    | <u>2018</u>  | <u>2019</u>  | <u>2020</u>   |
|                   | 3,000        | 5,000        | 10,000        |
| TOTAL EXPENSES    | <u>3,000</u> | <u>5,000</u> | <u>10,000</u> |
| EXCESS OF REVENUE | 0.00         | 0.00         | 0.00          |
| OVER EXPENSE      |              |              |               |



# ARTICLES OF INCORPORATION



You will find scraps of paper  
all over the house when I am  
designing a new woodcut  
and woe betide the person  
who touches one of the  
scraps. When I have the  
exact design in my mind, I set  
the model up, pots and  
flowers, leaves and  
background, and begin  
work.

~ Margaret Preston

[morefamousquotes.com](http://morefamousquotes.com)



Theda Fields &lt;help4us.inc@gmail.com&gt;

---

**MI Corporations Division Filing Endorsement**

---

**MI Corporations Division Filings** <LARA-CSCL-CorpFiling@michigan.gov>

Thu, Dec 20, 2018 at 7:29 AM

To: CHARLES S MURILLO &lt;help4us.inc@gmail.com&gt;

To CHARLES S MURILLO,

Attached is the filed copy of the ARTICLES OF INCORPORATION that you have submitted online. The CID and PIN required to sign in the online filing system of the entity are as follows.

**ENTITY NAME:** HOUSEPARTY!**ID:** 802264520**CID:** BR4AB0**PIN:** 1265

Please keep the CID and PIN in a safe place, and do not share it with anyone that does not have authority to submit documents on behalf of the entity.

Sincerely,

Corporations Division  
Corporations, Securities & Commercial Licensing Bureau  
Department of Licensing and Regulatory Affairs  
Telephone: (517) 241-6470

This email was sent from an unmonitored email address. Please do not reply to this email. You may contact the Corporations Division using this email address: CorpsMail@michigan.gov

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** ARTICLES OF INCORPORATION

***for***

HOUSEPARTY!

***ID Number:*** 802264520

***received by electronic transmission on*** December 18, 2018 ***, is hereby endorsed.***

***Filed on*** December 20, 2018, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of December, 2018.***

***Julia Dale, Director***

***Corporations, Securities & Commercial Licensing Bureau***

**LARA** Corporations  
Online Filing System  
Department of Licensing and Regulatory Affairs

Form Revision Date 07/201

**ARTICLES OF INCORPORATION**

**For use by DOMESTIC NONPROFIT CORPORATION**

*Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Articles:*

**ARTICLE I**

The name of the corporation is:

HOUSEPARTY!

**ARTICLE II**

The purpose or purposes for which the corporation is formed are:

To empower people to create their dream home by proving support and resources to improve their quality of life.

**ARTICLE III**

The Corporation is formed upon  ☒ basis.

If formed on a stock basis, the total number of shares the corporation has authority to issue is

If formed on a nonstock basis, the description and value of its real property assets are (if none, insert "none"):

none

The description and value of its personal property assets are (if none, insert "none"):

none

The corporation is to be financed under the following general plan:

Donations, Contributions, Foundations, Fundraising, and Grants

The Corporation is formed on a  ☒ basis.

**ARTICLE IV**

The street address of the registered office of the corporation and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

1. Agent Name: CHARLES S MURILLO

2. Street Address: 6 BELLWOOD DRIVE

Apt/Suite/Other:

City: HOLLAND

State: MI

Zip Code: 49423

3. Registered Office Mailing Address:

P.O. Box or Street Address: 6 BELLWOOD DRIVE

Apt/Suite/Other:

City: HOLLAND

State: MI

Zip Code: 49423



The name(s) and address(es) of the incorporator(s) is (are) as follows:

| Name              | Residence or Business Address           |
|-------------------|-----------------------------------------|
| CHARLES S MURILLO | 6 BELLWOOD DRIVE, HOLLAND, MI 49423 USA |

Signed this 18th Day of December, 2018 by the incorporator(s).

| Signature         | Title        | Title if "Other" was selected |
|-------------------|--------------|-------------------------------|
| Charles S Murillo | Incorporator |                               |

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline      ☒ Accept

## Cont. Article II

1. Our **mission** is to create an atmosphere through models and resources that empower people to live to their greatest potential. The services will be rendered regardless of creed, color, religion, sex or national origin.
2. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
3. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the organization 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 the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt for federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.
4. Upon the dissolution of the 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. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



12/24/2018

Gmail - Fwd: HOUSEPARTY!

Subject: HOUSEPARTY!

To: [charles.s.murillo@gmail.com](mailto:charles.s.murillo@gmail.com) <[charles.s.murillo@gmail.com](mailto:charles.s.murillo@gmail.com)>

## CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU, CORPORATIONS DIVISION

Dear Sir or Madam,

Thank you for your online submission of ARTICLES OF INCORPORATION to the Corporations Division. The document cannot be filed for the following reason(s):

-Please adjust Article III as to how the corporation is to be financed. The corporation may not be strictly financed by the founder/incorporator. If it will be financed by donations then please also state that as a fact.

The CID and PIN Number that you will need to access your record is as follows:

|              |             |
|--------------|-------------|
| Entity Name: | HOUSEPARTY! |
| CID:         | BR4AB0      |
| PIN:         | 1265        |

It is suggested that you copy and paste the CID into the appropriate field and then type in the PIN Number as some letters look like numerals.

In order to modify the document you must log into the Corporations Online Filing System at [www.michigan.gov/corpfileonline](http://www.michigan.gov/corpfileonline) and enter your CID and PIN Number in the appropriate fields. Click on the link that has the word "rejected" next to it and you may then modify the document. Sign the document and click on "Click here to submit this information", review your document to ensure that it is correct and then click on "Accept" in the bottom right-hand corner.

The proposed name is available for use by another entity until the submitted document is endorsed as filed by the administrator. If you wish to reserve the name in the interim, you may submit an Application for Reservation of Name, CSCL/CD-540. This form is available on our website at: [www.michigan.gov/corporations](http://www.michigan.gov/corporations).

The file will be closed if no response is received within 60 days of the date of this electronic notice. Section 1060 of the Act provides that fees are due when the document is delivered. Filing fees are earned upon receipt and cannot be refunded or transferred to other submissions.

This email was sent from an unmonitored email address. Please do not reply to this email. If you have any questions you may contact our office at (517) 241-6470.

Jeremy Devers

Departmental Analyst

Corporations Division

(517) 241-6470

---

**Theda Fields** <help4us.inc@gmail.com>  
To: Charles Murillo <charles.s.murillo@gmail.com>

Tue, Dec 18, 2018 at 10:09 AM

Thanks, I'll take a look.

[Quoted text hidden]

---

**Charles Murillo** <charles.s.murillo@gmail.com>  
To: Theda Fields <help4us.inc@gmail.com>

Wed, Dec 19, 2018 at 11:58 PM

Theda,

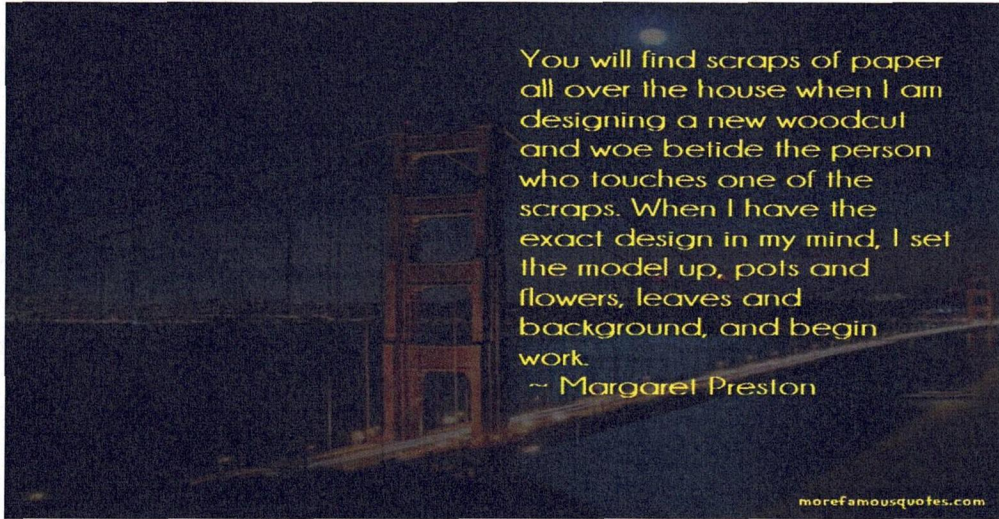
Great, thanks! I talked with a lawyer today. He recommends going as an LLC -perhaps single entity for now. We can always adjust it later. I presume you're going to take time off for the holidays. When should I expect a progress update? Perhaps between first and second week of January would be appropriate. In addition, perhaps late in January would be an appropriate time to learn about your contract services.

Chas

[Quoted text hidden]



# BYLAWS



You will find scraps of paper  
all over the house when I am  
designing a new woodcut  
and woe betide the person  
who touches one of the  
scraps. When I have the  
exact design in my mind, I set  
the model up, pots and  
flowers, leaves and  
background, and begin  
work.

~ Margaret Preston

[morefamousquotes.com](http://morefamousquotes.com)



# HOUSEPARTY!

## BYLAWS

### ARTICLE I-NAME

The name of the organization is **HOUSEPARTY!**

**SECTION 1. PRINCIPAL OFFICE.** The principal office of the corporation shall be in the City of Holland, Michigan in Ottawa County.

**SECTION 2. OTHER OFFICES.** The corporation may also have offices at such other places within or without the State of Michigan as the Board of Director may from time to time determine or the activities of the corporation may require.

**SECTION 3. REGISTERED OFFICE.** The registered office of the corporation shall be established and maintained at 6 Bellwood Drive in the County of Ottawa in the State of Michigan.

### ARTICLE II-MISSION

The *mission* of **HOUSEPARTY!** is to create an atmosphere through models and resources that empower people to live to their greatest potential.

### ARTICLE III-PURPOSE

The *purpose* of **HOUSEPARTY!** Is to empower people to create their dream home by providing support and resources to improve their quality of life.

### ARTICLE IV-BOARD OF DIRECTORS AND OFFICERS

The Board of Directors shall control and manage the affairs of **HOUSEPARTY!** accordance with the bylaws of the corporation. The members of the Board of Directors must subscribe to and uphold the purpose of **HOUSEPARTY!** organization.

The Board of Directors shall consist of a minimum of (3) three members and maximum of twelve (12). The Board shall elect its own officers, consisting of Chairman, Vice Chair, Secretary, and Treasurer from its own membership for one year terms.





# HOUSE PARTY!

## SECTION I: OFFICERS & DUTIES

**SECTION 1. OFFICERS.** The officers of the corporation shall consist of a president, vice president, a treasurer, and a secretary, and shall be elected by the Board of Directors and shall hold office until their successors are elected and qualified. In addition, the Board of Directors may elect a chairman and form committees for said purposes. Purposes to include special projects, meet deadlines, marketing and public relations projects. The officers shall be elected at the second meeting of the first year and at every annual meeting thereafter. More than two offices may be held by the same person, except, the offices of president and secretary, unless there is only one member.

**SECTION 2. OTHER OFFICERS AND AGENTS.** The Board of Directors may appoint such officers and agents as it may deem advisable, who shall hold their offices for such terms and shall exercise such power and perform such duties as shall be determined from time to time by the Board Members.

**SECTION 3. PRESIDENT.** The President shall be the chief executive officer of the corporation and shall have the general powers and duties of supervision and management usually vested in the office of the president of a corporation. She shall preside at all meetings of the Board if present thereat, and at all meetings of the Board of Directors, and shall have general supervision, direction and control of the affairs of the corporation. Except as the Board of Directors shall authorize the execution thereof in some manner, she shall execute bonds, mortgages, and other contracts on behalf of the corporation, and shall cause the seal to be affixed to any instrument requiring it and when so affixed the seal shall be attested by the signature of the secretary or treasurer.

**SECTION 4. VICE PRESIDENT.** Each vice-president shall have such powers shall perform such duties as shall be assigned to him or her by the directors.

**SECTION 5. TREASURER.** The treasurer shall have the custody of the corporate funds and securities and shall keep full and accurate account of receipts and disbursements in books belonging to the corporation. He or she shall deposit all monies and other valuable in the name and to the credit of the corporation in such depositories as may be designated by the Board of Directors.

The treasurer shall disburse the funds of the corporation as may be ordered by the Board of Directors, or President, taking proper vouchers for such disbursements. He or she shall render to the president and Board of Directors, at the regular meetings of the Board of Director's whenever they may request it, an account of all his or her transactions as treasurer and of the financial condition of the corporation. If required the treasurer shall be bonded for such amount as the Board so prescribes.





# HOUSEPARTY!

**SECTION 6. SECRETARY.** The secretary shall give, or cause to be given, notice of all meetings of members and directors, and all other notices required by law or by these Bylaws, and in case of absence, or refusal or neglect to do so any such notice may be given by any thereunto directed by the president, or by the directors upon whose requiring the meeting as provided by these Bylaws. He or she shall record all the proceedings of the meetings of the corporation and of the directors in a book to be kept for that purpose.

**SECTION 7. ASSISTANT TREASURERS AND SECRETARIES.** Assistants, if any, shall be elected and shall have such powers and shall perform such duties as shall be assigned to them by the directors.

**SECTION 8. PUBLIC RELATIONS,** Shall design and distribute brochures containing information about the organization. Shall prepare and submit articles affecting the public image, shall design and have publish information brochures carrying the organizations logo, name and distributed to the public. Also shall develop and implement tools through which the organization can become an established and viable entity in the eyes of our community.

## SECTION 2-APPOINTED POSITIONS

- A. The term of office shall end for each appointed position either when a successor is chosen or one year from the date of appointment, whichever comes first.
- B. Any appointed member of the Executive Board may be removed from office in either of the following ways:
  - a. A majority vote of the Executive Board upon the recommendation of the Chairperson; or
  - b. A two-thirds vote of the Executive Board without the recommendation of the Chairperson.

## ARTICLE V-TERMINATION OF BOARD MEMBERS

**SECTION 1. REMOVAL:** Any board member of **HOUSEPARTY!** may be impeached and removed from said position by the affirmative vote of *no less than two-thirds of the members in good standing.*

**SECTION 2. RESIGNATIONS.** Any director, member of a committee or other officer may resign at any time. Such resignation shall be made in writing, and shall take effect at the time specified therein, and if no time be specified, at the time of its receipt by the president or secretary. The acceptance of a resignation shall not be necessary to make it effective.





## HOUSEPARTY!

**SECTION 3. VACANIES.** If the office of any director, member of a committee or other officer becomes vacant, the remaining directors in office, though less than a quorum by a majority vote, may appoint any qualified person to fill such vacancy, and to hold the office for the unexpired term and until his successor shall be chosen.

**SECTION 4. REMOVAL.** Any director or directors may be removed either for or without cause at any time by the affirmative vote of the majority vote of the qualified directors. The vacancy may be filled at the special called meeting held for the purpose of removal and fill the vacancy.

**SECTION 5. INCREASE IN NUMBER.** The number of directors may be increased by the amendment of these Bylaws by the affirmative vote of a majority of the board members.

**SECTION 6. COMPENSATION.** Directors shall not receive any stated salary for their services as directors or as members of committees, but by resolution of the Board a fixed fee and expenses of attendance may be allowed for attendance at each meeting. Nothing herein contained shall be construed to prevent any director from serving the corporation in any other capacity as an officer, agent or otherwise, and receiving compensation therefore.

## ARTICLE VI-MEETINGS

**SECTION 1. ANNUAL MEETINGS.** Annual meetings of the Board of Directors for the election of officers and for such other business as may be stated in the notice of the meeting, or as many properly come before the meeting, shall be held as such places, either within or without the State of Michigan and at such times and dates as the Board of Directors, by resolution, shall determine the time, date and place of the meeting. In the event the Board of Directors fails to so determine the time, date and place of the meeting it will be the **First Saturday in December @ 11:30 am in each year. If the date of the annual meeting shall fall upon a legal holiday, the meeting shall be held on the next succeeding Saturday.**

**SECTION 2. OTHER MEETINGS.** Meetings of the Board of Directors shall be set for the **First Saturday of each month at 8:30 a.m.** with the *exception* of the following months, *March, July and December.*

**SECTION 3. VOTING.** Each Board of Director is entitled to vote in accordance with the terms and provisions of the Certificate of Incorporation and these Bylaws shall be entitled to one vote, in person or by proxy. Election of officers shall be by ballot all other questions and decisions shall be by majority vote.

**SECTION 4. MEMBERSHIP.** This organization retains no membership. All participants of this organization will be maintained by a mailing list gathered by those that sign up for conferences, seminars, or email correspondence.





## HOUSEPARTY!

**SECTION 5. QUORUM.** Except as otherwise required by law, by the Certificate of Incorporation or by these Bylaws, the presence, in person or by proxy of a majority of the members of the corporation entitled to vote thereat shall constitute a quorum at a meeting for the transaction of any business. A quorum for all transaction of business at meetings shall be no less than (3) three Board members.

**SECTION 6. SPECIAL MEETINGS.** Special meetings of the Board of Directors for any purpose, unless otherwise prescribed by statute or by the Certificate of Incorporation, may be called by the president and shall be called by the president or secretary at the request in writing of a majority of the directors entitled to vote. Such request shall state the purpose of the proposed meeting.

**SECTION 7. NOTICE OF MEETING.** Written notice, stating the place, date and time of the meeting, and the general nature of the business to be considered, shall be given to each Board Member entitled to vote thereat at his address as it appears on the records of the corporation, not less than ten nor more than 45 days before the date of the meeting.

**SECTION 8. BUSINESS TRANSACTED.** No business other than that stated in the notice shall be transacted at any meeting without the unanimous consent of all the Board Members entitled to vote.

**SECTION 9. ACTION WITHOUT MEETING.** Except as otherwise provided by the Certificate of Incorporation, whenever the vote of the Board Members at a meeting thereof is required or permitted to take action on a corporate matter may do so in writing with the decision being made with members entitled to vote. The majority vote rules.

## ARTICLE VII-FINANCES

**SECTION 1. GENERAL.** No funds shall be expended, encumbered, or otherwise disbursed by **HOUSEPARTY!** other than in accordance with the procedure for the authorization of expenditures or investments in these Bylaws.

**SECTION 2. BUDGET PROCESS AND TIMETABLE.** (a) The operating Budget shall be presented by the Treasurer to the Executive Board for its modification and approval no later than the last meeting prior to the beginning of the new fiscal year. (b) The operating Budget shall be approved by the Board of Directors by a two-thirds vote. The approved budget must be balanced.





## HOUSEPARTY!

**SECTION 3. BUDGETARY AUTHORITY.** Once the Operating Budget has been approved, the Treasurer shall be authorized to approve specific expenditures of funds in accordance with it, subject to the provisions of the Constitution and these Bylaws and to the following requirements:

- A. The Treasurer shall report to the Executive Board on actual expenditures from each Operating Budget line-item according to the following schedule:
  - 1. No later than the fifteenth day after the end of each quarter, on the actual expenditures as of the end of the previous quarter.
  - 2. When the actual expenditures for a given detailed line-item (or a line-item, where no detail was approved) has exceeded the budgeted amount, or appear likely to exceed the budgeted amount before the next regularly scheduled report.
- B. The Treasurer shall report to the Executive Board on any changes in circumstances which would cause total income to be less than budgeted, as soon as such changes come to his/her attention and shall suggest corrective action as may be required for the fiscal soundness of **HOUSEPARTY!**
- C. The Executive Board may modify the Operating Budget for a two-thirds vote.
- D. The Treasurer shall not approve any expenditure which would result in a detailed line-item (or a line item, where no detail was approved) being overspent by \$200.00 or 10% of the authorized amount whichever is greater, unless and until the appropriate budget modification has been approved by the Executive Board.

## **SECTION 4. FINANCIAL POLICY AND INVESTMENTS.**

- A. The program Fund line-item shall be allocated either of the methods listed below:
  - 1. A vote of the Executive Board, or
  - 2. A vote of a committee composed of the Treasurer, Vice-Chairperson and Public Relations Chair.
- B. Signature Power-Within the limitations of these Bylaws the Treasurer shall have the authority to establish and close deposit accounts, to withdraw funds from such accounts, and to purchase and sell financial instruments, in the name of the Institute. The Treasurer may delegate this authority, but shall continue to be responsible to the Executive Board for its exercise.





## HOUSEPARTY!

The treasurer shall report to the Executive Board once a year on all such delegations in effect and shall report any changes on all such delegations on a timely basis.

- C. Reporting-the Treasurer shall report to the Executive Board on the investments of **HOUSEPARTY!** on a quarterly basis.
- D. Any contributions to the organization which are restricted to a specific purpose may only be expended in a manner consistent with the original grant. Any changes to the restrictions must be agreed on by the contributor, the intended recipient, and the Executive Officers prior to the changes becoming effective.
- E. All bank accounts shall require two signatures in order to remove funds; Any accounts opened by any entity of the organization shall send the following information to the Executive Board.
  - 1. The name of the bank
  - 2. The address of the bank
  - 3. The bank ABA number
  - 4. The people who have signature authority on the account
  - 5. A copy of the monthly statements and the originals of all canceled checks

## ARTICLE VIII-AMENDMENTS

Amendments to the Bylaws of the corporation shall be made upon the approval of two-thirds of the board members.

## ARTICLE IX—EXECUTION OF CORPORATE INSTRUMENTS

**SECTION 1. INSTRUMENTS.** All checks, drafts, or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation shall be signed by officer or officers, agent or agents of the corporation and in such manner as shall be determined from time to time by resolution of the Board of Directors.

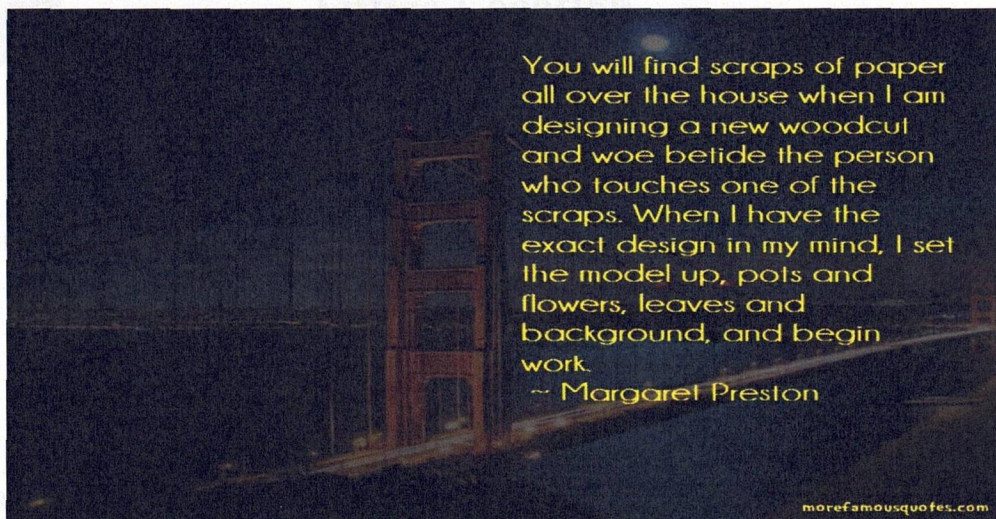
## ARTICLE X—AMENDMENTS

*These Bylaws may be altered and repealed and Bylaws may be made at any annual meeting of the Board of the Directors or any special meeting thereof if notice is contained in the notice of such special meeting, by the affirmative vote of a majority of the members entitled to vote thereat, or by the Board of Directors, at any regular meeting of the Board of Directors, or at any special meeting of the Board of Directors, if notice thereof is contained in the notice of such special meeting.*





# GENERAL INFORMATION FORM







## **Theda Fields White**

PO Box 8276

Kentwood, MI 49518

### **Office Location**

1350 Baldwin St

Jenison, MI 49428

Email: [help4us.inc@gmail.com](mailto:help4us.inc@gmail.com)  
616.706.8568

Charles Murillo

[charles.s.murillo@gmail.com](mailto:charles.s.murillo@gmail.com)

December 12, 2018

Re: 501 C 3

Dear Chas,

I would first like to thank you for considering me for your organizations needs. I look forward to working with you and assisting with your visions organizing documents.

Below is the scope of service we provide that are inclusive of our fees to prepare the documents needed for submission of the IRS Application for Recognition of Tax Exemption (form 1023) is as follows and includes these services:

- Completion of the SS-4 form for the EIN #
- Articles of Incorporation with the State of Michigan
- Bylaws
- Completion of form 1023 (IRS 501 C 3 Application)
- Follow up with any questions the IRS may have after submission

Our fee for providing this service is \$400. Your additional fees are to the State of Michigan for your Articles of Incorporation, \$20 and \$275 to the United States Department of Treasury for your 1023EZ application, *which is sent by you with your completed forms*. Once the application is received by the IRS they will notify you if any additional information is needed. I will answer all questions and follow the application until you have satisfied their approval process. It takes approximately 21-45 days from the time of submission to receive your determination letter.

Please visit my website at [www.help4usinc.com](http://www.help4usinc.com) and complete the Client Information Form when ready to begin the process. Upon receipt of this form I will invoice you with the option to pay the \$200 deposit or the full amount of \$400. Feel free to contact me via email or cell at anytime for any additional questions you may have.

Sincerely,

**Theda Fields White**

Theda Fields White





Theda Fields &lt;help4us.inc@gmail.com&gt;

**Re: General Information Form 1023 EZ - Charles Murillo**

1 message

**Charles Murillo** <noreply@jotform.com>

Tue, Dec 18, 2018 at 12:41 AM

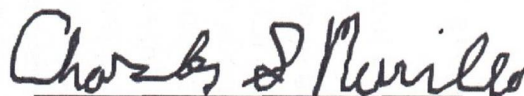
Reply-To: charles.s.murillo@gmail.com

To: help4us.inc@gmail.com

 **General Information Form 1023 EZ**

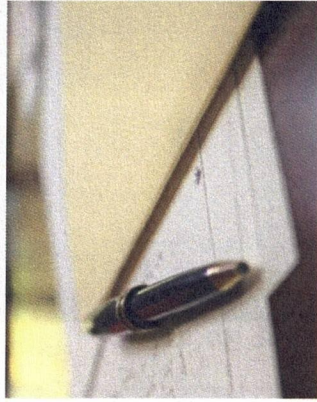
|                                                                                                                            |                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name/President                                                                                                        | Charles Murillo                                                                                                                                                                                          |
| Address                                                                                                                    | Street Address: 6 Bellwood Drive<br>City: Holland<br>State / Province: MI<br>Postal / Zip Code: 49423                                                                                                    |
| County                                                                                                                     | Allegan                                                                                                                                                                                                  |
| Phone Number                                                                                                               | (616) 4221226                                                                                                                                                                                            |
| Email                                                                                                                      | charles.s.murillo@gmail.com                                                                                                                                                                              |
| Name of Organization                                                                                                       | HouseParty!                                                                                                                                                                                              |
| Social Security # in this space if you don't have your EIN number and would like Help 4 Us to apply for it on your behalf. | 369159025                                                                                                                                                                                                |
| Please list 3-5 board members, including yourself (unrelated or without the same last name)                                | Chas Murillo<br>Kate Villas<br>Mike Tanael                                                                                                                                                               |
| Mission Statement of Organization:                                                                                         | Empowering people to create their dream home.                                                                                                                                                            |
| Purpose Statement                                                                                                          | Affordable housing is a necessity to combat economic insecurity. When families feel safe and secure in their home they can transition from survival mode to thriving and engaged community contributors. |

Please sign below to acknowledge all information on this form is true and accurately reflects the organization of which you represent.



You can edit this submission and view all your submissions easily.





## Testimonial

"Theda led a Strategic Planning initiative with an advisory committee of bankers and social workers for our Financial Skills classes several years ago. Our goal and objectives stretched us, but were practical. She also wrote \$120,000 Federal grant application for UCOM. This sustained one of our programs for a year and a half and helped hundreds of people from incarceration to re-entry." ~ Bruce Roller

"Brilliant, caring, compassionate, and charismatic. A excellent choice when seeking a consultant" ~

## Hours of Operation

Monday- CLOSED  
 Tuesday- 11am-7pm  
 Wednesday- 12pm-6pm  
 Thursday- 10am- 7:00pm  
 Friday- 11am- 4:00pm

\*\*Times available outside of regular office hours are available by appointment.

**Phone:**  
 616.706.8568

**Email:**  
[help4us.inc@gmail.com](mailto:help4us.inc@gmail.com)

**Website:**  
[www.help4usinc.com](http://www.help4usinc.com)



Boulder Bluff Center  
 1352 Baldwin St  
 Jenison, MI 49548

**Help 4 Us,  
 Inc.**  
 501 C 3 non profit



**Founder & CEO**  
 Theda Fields-White



**"Helping you  
 help others"**



## Program Sessions



How to select board members  
 How to conduct board meetings  
 How to create an Agenda  
 What are policy and procedures  
 What forms should I use  
 Recordkeeping  
 How to keep my financials  
 Fund Development & what to look for  
 How to hire  
 How to expand  
 Lease, Rent, Own  
 Resources for Nonprofits  
 990's, Annual Reports, Revocation  
 Financial Products & Software  
 Website  
 Mailings  
 Networking  
 Marketing  
 Social Media  
 Contracts  
 Job Descriptions, Applications

## Services

Grantwriting  
 501(c)(3) Applications  
 Limited Liability Corp. Applications  
 Small Business Development  
 Consultation/Empowerment  
 Business Plan Creation  
 Board Development  
 Fund Development  
 Grant Searching & Recommendation  
 Grant Writing Seminars  
 Taking Care of Business Info Sessions

**For all inquiries email:**

[help4us.inc@gmail.com](mailto:help4us.inc@gmail.com).

**Or call:**

214-700-0500

**~You are worthy of your own investment**

These are the standard prices. Please be advised that prices may vary based on overall need and extent of services being provided.

Information Session  
\$25.00/HR

501(c)(3)  
\$500.00

Grantwriting  
\$100.00- \$800.00

TCB Info Sessions (3 hrs)  
\$45.00

Business Plans  
\$300-500.00

Limited Liability Corp





Theda Fields &lt;help4us.inc@gmail.com&gt;

**Fwd: HOUSEPARTY!**

3 messages

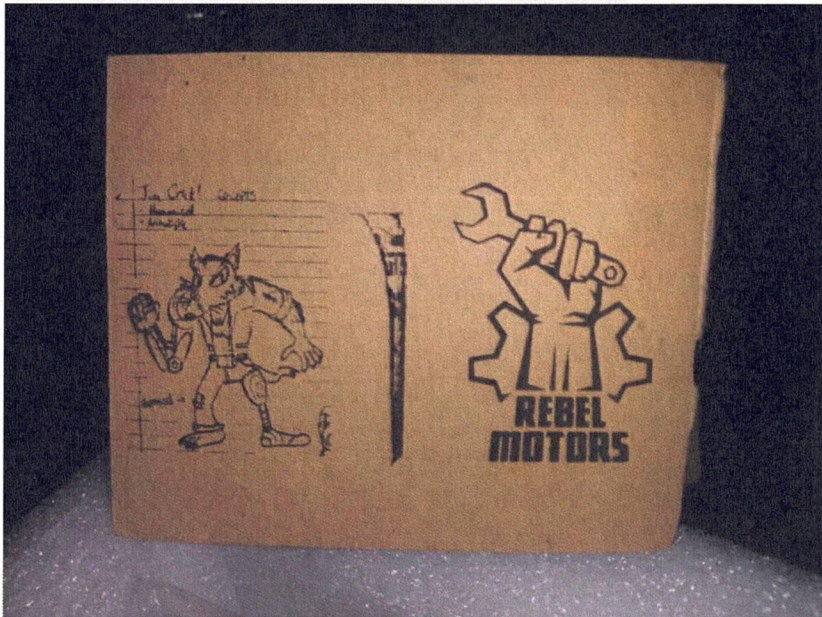
**Charles Murillo** <charles.s.murillo@gmail.com>  
To: Theda Fields <HELP4US.INC@gmail.com>

Tue, Dec 18, 2018 at 10:06 AM

Hi Theda,

I feel sending you this may be relevant. I have also filed my DBA for Allegan and Ottawa county.  
The following website is one of a handful of organizations I'm basing my legal structure on:  
[Open Source Ecology](#)

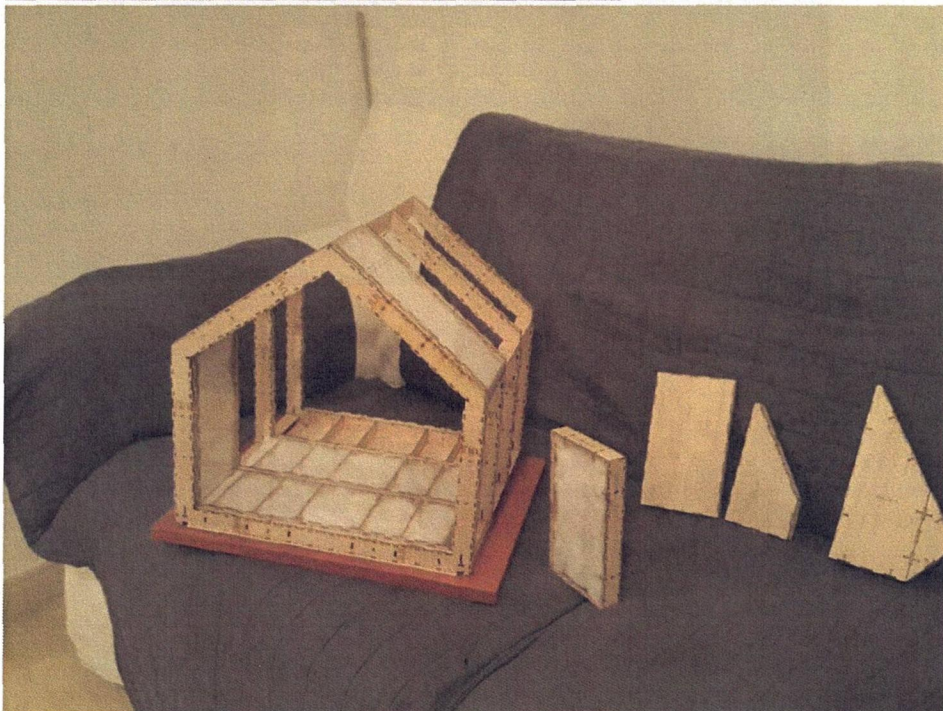
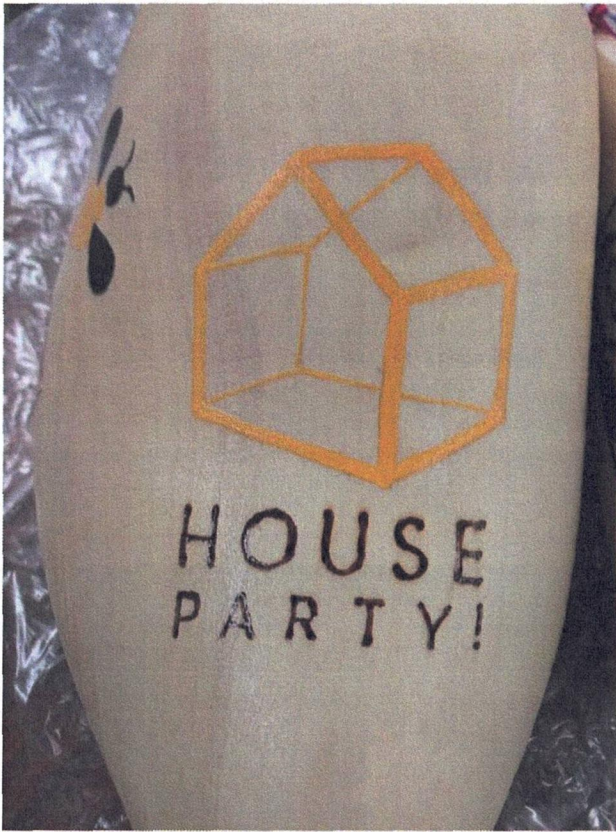
I'd also like to pay you for contract negotiations.





12/24/2018

Gmail - Fwd: HOUSEPARTY!





12/24/2018

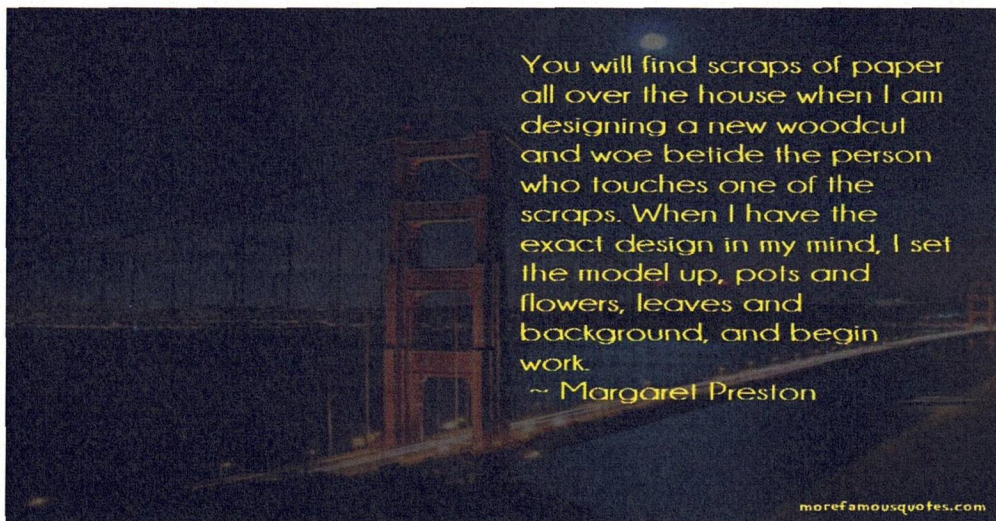
Gmail - Fwd: HOUSEPARTY!

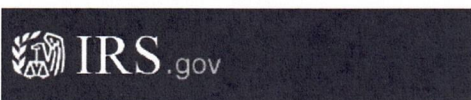


----- Forwarded message -----  
From: LARA-CSCL-CorpInfo <[LARA-CSCL-CorpInfo@michigan.gov](mailto:LARA-CSCL-CorpInfo@michigan.gov)>  
Date: Mon, Dec 17, 2018 at 3:10 PM



## EIN NUMBER



**EIN Assistant**

Your Progress:

1. Identity ✓

2. Authenticate ✓

3. Addresses ✓

4. Details ✓

**5. EIN Confirmation****Additional Information about your EIN**

We suggest you print this page for your records.

**When Can You Use Your EIN?**

This EIN is your permanent number and can be used immediately for most of your business needs, including:

- Opening a bank account
- Applying for business licenses
- Filing a tax return by mail.

However, it will take up to two weeks before your EIN becomes part of the IRS's permanent records. You must wait until this occurs before you can:

- File an electronic return
- Make an electronic payment
- Pass an IRS Taxpayer Identification Number (TIN) matching program.

**Next Steps**

You can download IRS forms, publications, and tax returns at <http://www.irs.gov/formspubs>

**Corrections?**

If you need to make changes to your organization's information, you must do so in writing and mail the information to the address provided at <http://www.irs.gov/file/article/0,,id=111138,00.html>.

&lt;&lt; Back

Continue &gt;&gt;



Date of this notice: 12-20-2018

Employer Identification Number:  
83-2903916

Form: SS-4

Number of this notice: CP 575 A

HOUSEPARTY  
6 BELLWOOD DR  
HOLLAND, MI 49423

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

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

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2903916. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

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

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.



(IRS USE ONLY)

575A

12-20-2018 HOUS B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

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

CP 575 A

9999999999

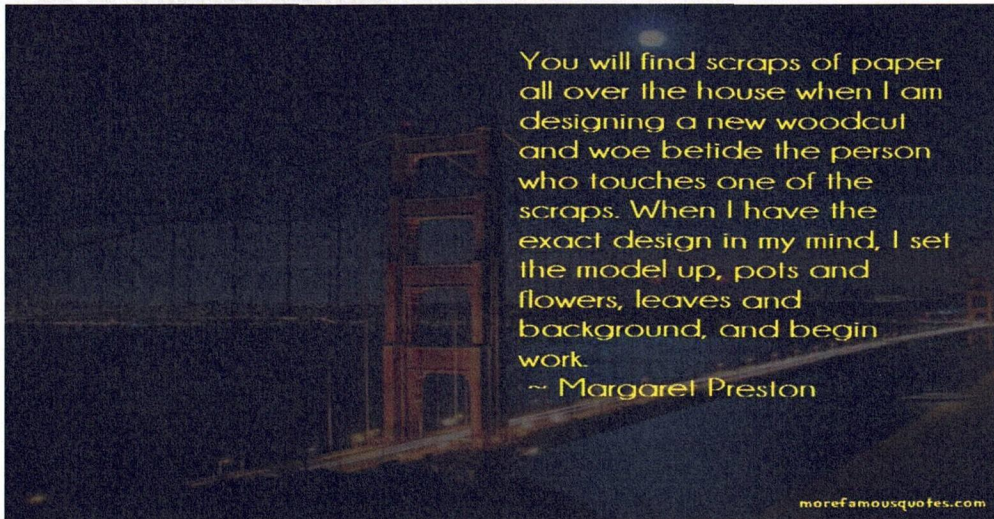
Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 12-20-2018  
EMPLOYER IDENTIFICATION NUMBER: 83-2903916  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||||

HOUSEPARTY  
6 BELLWOOD DR  
HOLLAND, MI 49423

# RECEIPT/INVOICE



You will find scraps of paper  
all over the house when I am  
designing a new woodcut  
and woe betide the person  
who touches one of the  
scraps. When I have the  
exact design in my mind, I set  
the model up, pots and  
flowers, leaves and  
background, and begin  
work.

~ Margaret Preston

[morefamousquotes.com](http://morefamousquotes.com)





Theda Fields &lt;help4us.inc@gmail.com&gt;

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**New Invoice: #26 to Charles Murillo**

1 message

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**Square** <invoicing@messaging.squareup.com>  
To: help4us.inc@gmail.com

Tue, Dec 18, 2018 at 12:44 AM

Help 4 Us, Inc

**Invoice Sent**

\$420.00 due on December 17, 2018

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Invoice #26

December 17, 2018

**Customer**

Charles Murillo

charles.s.murillo@gmail.com

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We appreciate your business may it increase exponentially.

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|                                 |                 |
|---------------------------------|-----------------|
| 501 C 3 and Articles Filing Fee | <b>\$420.00</b> |
| <hr/>                           |                 |
| Subtotal                        | \$420.00        |
| <hr/>                           |                 |
| <b>Total Due</b>                | <b>\$420.00</b> |

Help 4 Us, Inc



Theda Fields &lt;help4us.inc@gmail.com&gt;

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**Invoice Paid: #26 to Charles Murillo**

1 message

---

**Square** <invoicing@messaging.squareup.com>  
To: help4us.inc@gmail.com

Tue, Dec 18, 2018 at 1:11 AM

Help 4 Us, Inc

**Invoice Paid**

Paid \$420.00 on December 17, 2018

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Invoice #26  
December 17, 2018**Customer**  
Charles Murillo  
charles.s.murillo@gmail.com

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We appreciate your business may it increase exponentially.

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|                                 |                 |
|---------------------------------|-----------------|
| 501 C 3 and Articles Filing Fee | <b>\$420.00</b> |
|---------------------------------|-----------------|

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|          |                 |
|----------|-----------------|
| Subtotal | <b>\$420.00</b> |
|----------|-----------------|

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|                   |                 |
|-------------------|-----------------|
| <b>Total Paid</b> | <b>\$420.00</b> |
|-------------------|-----------------|

DISCOVER 2837

12/17/18, 10:11 PM

Help 4 Us, Inc