

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Go to www.irs.gov/Form1023 for instructions and the latest information.**

OMB No. 1545-0056
Note: If exempt status is approved, this application will be open for public inspection.

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

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

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Epsilon Xi Chapter of Sigma Nu Fraternity Charity Bowl, Inc.			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
432 Turnberry		83-2574778	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 – 12)	
Oxford, MS 38655		06	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 662.234.7447	
a Name:		c Fax: (optional)	
Milton D. Hobbs, Jr.			
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website: www.sigmanucharitybowl.com			
b Organization's email: (optional)			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		11 / 15 / 2018	
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

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

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

Part III Required Provisions in Your Organizing Document

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

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

Part IV Narrative Description of Your Activities

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

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

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

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Hamp Dye	President/Board Member	164 Bienville Drive Madison, MS 39110	None
John Green	CFO/Board Member	432 Turnberry Court Oxford, MS 38655	None
Dr. James Davis	Secretary/Treasurer/Board Member	204B Conner Hall University, MS 38677	None

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

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

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

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

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

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

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family** or **business relationships**? If "Yes," identify the individuals and explain the relationship. Yes No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.
- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.
- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
 - b** Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
 - c** Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

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

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? **Yes** **No**
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? **Yes** **No**
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.
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- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. **Yes** **No**
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?
Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.
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- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. **Yes** **No**
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- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. **Yes** **No**
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. **Yes** **No**
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- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. **Yes** **No**
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.
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- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. **Yes** **No**

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

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

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

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

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

Part VII Your History

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

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

Part VIII Your Specific Activities

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

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

Part VIII Your Specific Activities (Continued)

- 4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. See instructions. **Yes** **No**
- mail solicitations phone solicitations
 email solicitations accept donations on your website
 personal solicitations receive donations from another organization's website
 vehicle, boat, plane, or similar donations government grant solicitations
 foundation grant solicitations Other
- Attach a description of each fundraising program.
- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**
-
- 5** Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**
- 6a** Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**
- b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.
-
- 7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**
- b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**
- c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.
-
- 8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**
-
- 9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**
- b** Do you provide childcare so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
- c** Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
- d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**
-
- 10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

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

Part VIII Your Specific Activities (Continued)

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

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year. See instructions.
2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

A. Statement of Revenues and Expenses

	Type of revenue or expense	Current tax year		3 prior tax years or 2 succeeding tax years					
		(a) From To	07/19 06/20	(b) From To	07/20 06/21	(c) From To	07/21 06/22	(d) From To	(e) Provide Total for (a) through (d)
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)		150000		150000		150000		450000
	2 Membership fees received								
	3 Gross investment income								
	4 Net unrelated business income								
	5 Taxes levied for your benefit								
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)								
	7 Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)								
	8 Total of lines 1 through 7								
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)								
	10 Total of lines 8 and 9								
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)									
12 Unusual grants									
13 Total Revenue Add lines 10 through 12									
Expenses	14 Fundraising expenses								
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)		125000		125000		125000		
	16 Disbursements to or for the benefit of members (attach an itemized list)								
	17 Compensation of officers, directors, and trustees								
	18 Other salaries and wages								
	19 Interest expense								
	20 Occupancy (rent, utilities, etc.)								
	21 Depreciation and depletion								
	22 Professional fees		1500		1500		1500		
	23 Any expense not otherwise classified, such as program services (attach itemized list)		20000		20000		20000		
24 Total Expenses Add lines 14 through 23		146500		146500		146500			

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

		Year End:	
		(Whole dollars)	
Assets			
1	Cash	1	0
2	Accounts receivable, net	2	0
3	Inventories	3	0
4	Bonds and notes receivable (attach an itemized list)	4	0
5	Corporate stocks (attach an itemized list)	5	0
6	Loans receivable (attach an itemized list)	6	0
7	Other investments (attach an itemized list)	7	0
8	Depreciable and depletable assets (attach an itemized list)	8	0
9	Land	9	0
10	Other assets (attach an itemized list)	10	0
11	Total Assets (add lines 1 through 10)	11	0
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable (attach an itemized list)	14	0
15	Other liabilities (attach an itemized list)	15	0
16	Total Liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part X Public Charity Status

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

- 1 a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a **school**. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a **hospital**, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part X Public Charity Status (Continued)

- e 509(a)(4) – an organization organized and operated exclusively for testing for public safety.
f 509(a)(1) and 170(b)(1)(A)(iv) – an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
g 509(a)(1) and 170(b)(1)(A)(ix) – an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
h 509(a)(1) and 170(b)(1)(A)(vi) – an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
i 509(a)(2) – an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

- a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses
(ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.
b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each disqualified person. If the answer is "None," state this.
(ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.

Part XI User Fee Information and Signature

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.

Enter the amount of the user fee paid: \$600

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

Please Sign Here

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

John Green
(Type or print name of signer)

Chief Financial Officer
(Type or print title or authority of signer)

10.31.19
(Date)

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F0001

2018275243

Fee: \$ 50



DELBERT HOSEMANN
Secretary of State

P.O. BOX 136
JACKSON, MS 39205-0136

Business ID: 1162033
Filed: 11/15/2018 12:44 PM
C. Delbert Hosemann, Jr.
Secretary of State

TELEPHONE: (601) 359-1633

Articles of Incorporation

Business Information

Business Type: Non-Profit Corporation

Business Name: Epsilon Xi Chapter of Sigma Nu Fraternity Charity Bowl, Inc

Business Email: msweatland@sweatlandcook.com

Period of Duration: Perpetual

Initial planned non-profit activity: Other

Purpose: See attached Statement of Purpose

NAICS Code/Nature of Business

813219 - Other Grantmaking and Giving Services

Registered Agent

Name: John Green

Address: 432 Turnberry Court
Oxford, MS 38655

Signature

The undersigned certifies that:

- 1) he/she has notified the above-named registered agent of this appointment;
- 2) he/she has provided the agent an address for the company, and;
- 3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **11/15/2018**.

Name:

Milton D. Hobbs Jr
Incorporator

Address:

829 North Lamar Boulevard, Suite 2
Oxford, MS 38655

The initial planned non-profit activity continued

Statement of Purpose:

An annual football game at the University of Mississippi between two fraternities to raise funds for a person who has suffered a debilitating injury and funds raised also benefit the William Magee Wallace Center at the University of Mississippi as well as the Manning Family Fund to continue endowment of the Blair E. Batson's Children's Hospital at the University of Mississippi Medical Center.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles of Incorporation of the Corporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

State of Mississippi

Certificate of Incorporation

Acting under the authority vested in me as Secretary of State by the Constitution and Laws of this State, I do hereby certify the following has satisfied all conditions precedent for incorporation in this State.

Epsilon Xi Chapter of Sigma Nu Fraternity Charity
Bowl, Inc



Given this the 15th day of November, Two Thousand and Eighteen, in the Capital City of Jackson, Mississippi under my Hand and Seal,

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMAN, JR.
Secretary of State

**BYLAWS OF
EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.**

CHAPTER I

Section 1: Name. The name of this not-for-profit institution shall be EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, Inc.

Section 2: Principal Office. The principal corporate office of the corporation shall be 432 Turnberry Court, Oxford (Lafayette County), Mississippi 38655.

Section 3: General Purposes. The corporation is organized to raise funds for a recipient chosen by the corporation who has suffered a debilitating injury. Additionally, funds raised by the corporation assist in funding the William Magee Wellness Center at the University of Mississippi as well as assist in funding for the Manning Family Fund, to continue the Manning Family Fund's endowment of the Blair E. Batson's Children's Hospital at the University of Mississippi Medical Center. The corporation may make contributions to organizations that qualify as exempt organizations under Section 501(c)(3), contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 or corresponding provisions of any future United States Internal Revenue law. Notwithstanding any other provisions in this instrument, however, the corporation shall not carry on any activities which are not permitted to be carried on by a corporation exempt from income taxes under Section 501(c)(3), contributions to which are deductible under Section 170(c)(2) of the said Internal Revenue Code or corresponding provisions of any future internal revenue law of the United States. No part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual, and no substantial part of the activities of the corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene (including the publishing or distributing of statements) in any political campaign on behalf of any candidate for public office. Reasonable compensation may be paid for services rendered and reasonable reimbursement may be made for expenses incurred on behalf of the corporation.

CHAPTER II

Section 1: Board of Directors. The governing body of the corporation shall be the Board of Directors consisting of a minimum of three (3) and a maximum of seven (7) directors. The Board of Directors may delegate to a committee or executive officer the power to take action in specific instances. No delegation of authority shall preclude the Board of Directors from rescinding such delegation.

Section 2: Appointment of Directors. The initial Board of Directors of the corporation shall be appointed by the corporation's incorporator(s) pursuant to the corporation's organizational minutes approved by the incorporator(s). Thereafter, all vacancies on the Board of Directors shall be filled by the vote of a majority of the remaining members of the corporation's Board of Directors.

Section 3: Term of Office. Each member of the Board of Directors (hereinafter sometimes referred to individually as a "Board Member" or collectively as the "Board Members") shall hold office until a successor is elected and has qualified, or until his earlier death, Permanent Disability (as hereinafter defined), resignation, removal or disqualification. "Permanent Disability" means any physical or mental condition that renders the person incapable of performing his material duties to the corporation and is reasonably expected to be permanent, all as determined by the corporation's Board of Directors in good faith; and in any event, a person shall be treated as having a Permanent Disability on the date that: (a) such person has been declared legally incompetent by his state of residence, or (b) the corporation has received a written opinion from two (2) or more physicians designated by the corporation to the effect that a person has incurred a mental or physical condition that can reasonably be expected to prevent such person from carrying out his material duties to the corporation for a period of six (6) months or longer from the date of such opinion, or (iii) the first day that such person has been unable to carry out his material duties to the corporation for a period of six (6) consecutive months.

Section 4: Resignation or Removal of Directors. Any member of the Board of Directors may resign at any time by written notice to the Corporation, and such resignation shall be effective at the time specified in the written notice of resignation or upon receipt of such written notice, if no time is specified. Additionally, at a meeting called expressly for that purpose, a member of the Board of Directors may be removed at any time with "cause" by the other members of the Board of Director by vote of a majority of the remaining members of the Board of Directors (excluding the member that is being removed). "Cause" shall be defined as any one (1) of the following acts or omissions:

(a) The Board Member pleads guilty or *nolo contendere* to or is convicted of a felony or other crime involving moral turpitude;

(b) The Board Member's theft, embezzlement, misappropriation, confiscation of or intentional infliction of damage to the corporation's assets or the corporation's ability to carry out its "tax exempt purposes" as set forth in its Articles of Incorporation;

(c) The Board Member breaches his or her fiduciary duty to the corporation;

(d) The Board Member's abuse of alcohol, drugs or other substances, or his engaging in deviant personal behavior that adversely affects the reputation, goodwill or ability of the corporation to satisfy its "tax exempt purposes" as set forth in its Articles of Incorporation in a material manner;

(e) The Board Member is declared mentally incompetent under the laws of his state of residence.

Section 5: Quorum. A majority of the directors shall constitute a quorum for the transaction of business. Proxies, in writing, to the Chairman of the Board of Directors or to the President or Secretary of the corporation, will be recognized only when necessary to form a quorum. The Board of Directors, or any committee thereof, may authorize or take action upon unanimous written consent to the same extent such action could be taken at a regular or special called meeting at which the directors were present in session, in accordance with Mississippi law.

Section 6: Meetings. Meetings of the Board of Directors, including the annual meeting, will be held in accordance with a schedule to be adopted by the Board. Special meetings may be called by the Chairman of the Board of Directors, or, in his absence, by a Vice Chairman, for the purpose of transacting any business, provided that notice of the time, place and purpose of the special meeting is mailed to the last known address of each director at least five (5) days preceding the date of the special meeting. Such notice may be waived by the directors. A meeting shall not be required when action is taken by written consent as provided in Section 5.

All meetings of the Board of Directors shall be held at the headquarters of the corporation or at other locations when authorized by the Board. The Board and its committees are authorized to hold executive sessions.

Section 7: Conflicts of Interest. In the event that a director has a conflict of interest on a matter coming before the Board of Directors, he/she shall make a disclosure of such conflict and shall not vote on any issue, motion, resolution or other matter which directly or indirectly may inure to his/her benefit.

CHAPTER III

Section 1: Officers of Board of Directors. The general officers of the Board of Directors shall be a Chairman, a First Vice Chairman and a Second Vice Chairman. Each officer shall be a member of the Board of Directors.

Section 2: Term of Office. The general officers shall serve until the next annual meeting or until their successors are elected and take office.

Section 3: Chairman. The Chairman shall preside at all meetings of the Board, manifest an interest in the general operations of the corporation and its allied agencies, and perform duties customarily assigned to the Chairman. He shall be an ex-officio member of all committees of the Board.

Section 4: First Vice Chairman. The First Vice Chairman carries out the duties of the Chairman in the event of his absence or disability.

Section 5: Second Vice Chairman. The Second Vice Chairman carries out the duties of the First Vice Chairman in the event of his absence or disability.

CHAPTER IV

Section 1: Committees of the Board. The Board of Directors may authorize the formation of committees consisting of two or more persons, and may delegate appropriate authority to such committees as permitted under the Mississippi Nonprofit Corporation Act.

CHAPTER V

Section 1: President. The Board of Directors shall select and appoint a chief executive officer, with title of President, who shall be the Board's representative in the management of the corporation. The President shall have the necessary authority for the management of the corporation in its various activities and for carrying out the policies and resolutions of the Board, and shall be responsible to the Board.

The President shall be guided by the principle that it is not in the best interest of the corporation to do business with business organizations in which a member of the Board of Directors or administrative staff may have a substantial interest; or employ relatives (immediate families) of members of the Board of Directors, or administrative staff.

Section 2: Vice President and Chief Financial Officer. The Board of Directors may appoint one or more Vice Presidents one of whom shall be the Chief Financial Officer, who shall report to the President and who shall have such duties as the President or the Board of Directors shall prescribe.

Section 3: Secretary. The Board of Directors shall appoint a corporate Secretary who shall report to the President and who shall be responsible for the usual duties of a corporate secretary, including keeping the minutes of meetings of the Board, and such other duties as the President or the Board of Directors may prescribe, including the duties of Treasurer if the Board so determines.

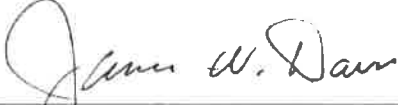
Section 4: Treasurer. The Board of Directors may appoint a Treasurer (which may be combined with the office of Secretary), who shall report to the President, and who shall have the usual duties of a corporate treasurer, and such other duties as the President or the Board may prescribe.

CHAPTER VI

Section 1: Indemnification of Directors and Officers. To the extent, and under the circumstances permitted by Mississippi law, each Director and each officer, whether or not then in office, may be indemnified by the corporation against reasonable costs, expenses, judgments, fines, and amounts paid in settlement, reasonably incurred by or imposed upon him in connection with or resulting from any civil or criminal action, suit, or proceeding to which he may be made a party by reason or his being or having been a Director or Officer.

CHAPTER VII

Section 1: Amendment to Bylaws. These bylaws may be amended by the corporation's Board of Directors in accordance with the provisions of the Mississippi Nonprofit Corporation Act.



James Davis
Secretary/Treasurer

As Adopted on December 31st, 2018

ORGANIZATIONAL MINUTES AND INITIAL MEETING MINUTES ADOPTED BY
THE INITIAL BOARD OF DIRECTORS OF EPSILON XI CHAPTER OF SIGMA NU
FRATERNITY CHARITY BOWL, INC.

UPON UNANIMOUS WRITTEN CONSENT

The initial Board of Directors named in the Organizational Minutes Adopted by the Incorporator of EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC. on December 31, 2018, acting upon unanimous written consent, adopt the following resolutions and approve the following actions to be effective as of the effective date of the Articles of Incorporation which were filed in the office of the Mississippi Secretary of State on November 15, 2018;

RESOLVED, that the preparation and filing with the office of the Mississippi Secretary of State of the Articles of Incorporation and the form and content thereof, and the actions of the incorporator in connection therewith, are ratified and approved; and

FURTHER RESOLVED, that Bylaws in the form attached hereto are approved and adopted, and are directed to be filed with the Secretary of the Corporation.

FURTHER RESOLVED, that the following officers be and are hereby appointed to the following offices:

President -	Hamp Dye
Chief Financial Officer -	John Green
Secretary -	James Davis
Treasurer -	James Davis

The fiscal year end of the Corporation shall be June 30. Any officer or designee thereof is authorized to apply for an employer identification number by filing a completed Form SS-4 with the Internal Revenue Service.

Banking relationships are authorized to be established with FNB Oxford Bank, in Oxford, Mississippi, and with such other banks as deemed appropriate. Any two of the officers named herein are authorized to sign checks, or otherwise make withdrawals on behalf of the Corporation. The execution of the necessary forms required in connection with opening bank accounts is also authorized.

The President is authorized to cause an Application For Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (Form 1023) to be prepared, executed and filed with the Internal Revenue Service on behalf of

the corporation.

IN WITNESS WHEREOF, the undersigned, being all of the Members of the Board of Directors of EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC., have adopted the foregoing resolutions and taken the foregoing actions upon unanimous written consent, effective as of this the 31st day of December, 2018.

DIRECTORS


Hamp Dye


John Green


James Davis

EIN: 83-2574778

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part III, Line 1

Location of Purpose Clause:

The initial planned non-profit activity continued

Statement of Purpose:

An annual football game at the University of Mississippi between two fraternities to raise funds for a person who has suffered a debilitating injury and funds raised also benefit the William Magee Wallace Center at the University of Mississippi as well as the Manning Family Fund to continue endowment of the Blair E. Batson's Children's Hospital at the University of Mississippi Medical Center.

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part III, Line 2b

Location of Dissolution Clause

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Articles of Incorporation of the Corporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part IV

Narrative Description of Planned Activities:

Past, Present and Future:

The corporation is organized to raise funds for a recipient chosen by the corporation who has suffered a debilitating injury. Additionally, funds raised by the corporation assist in funding the William Magee Wellness center at the University of Mississippi as well as assist in funding for the Manning Family Fund in order to continue the Manning Family Fund's endowment of the Blair E. Batson's Children's Hospital at the University of Mississippi Medical Center.

The corporation puts on a multifaceted event through members of the Sigma Nu Fraternity at the University of Mississippi. The event is put on and played at Vaught-Hemingway Stadium at the University of Mississippi. The event is also known as the Sigma Nu Charity Bowl. The Sigma Nu Charity Bowl event features a full-contact football game played between active members of the Sigma Nu Fraternity at the University of Mississippi and another fraternity. In addition to the football game, the Sigma Nu Charity Bowl presents a pre-kickoff sorority cheer competition as well as a homecoming style Charity Bowl Court.

Planned:

In addition to the above, the Sigma Nu Charity Bowl may raise funds through selling tickets for admission to the event and by making general solicitations for donations to this corporation in order to raise funds for the charitable purposes stated above.

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part V, Line 3(a)

Hamp Dye **President and Board Member**

Qualifications: Mr. Dye has spent years serving as a volunteer for not-for-profit organizations including as a Board Member and in other roles. Mr. Dye's experience has informed his understanding of appropriate relationships and activities of both not-for-profit organizations and those that serve such organizations. Specifically, as to the Applicant, for over 10 years, Mr. Dye has been a donor, supporter and advisor to those involved with the Applicant. During such period of time, Mr. Dye has not asked for nor even received any compensation.

Duties: Like the other 2 officers listed below, Mr. Dye performs various activities to promote the mission of raising funds to support those suffering serious physical injuries. Mr. Dye's activities include communicating with others about the mission and needs of the people that the Applicant seeks to support and seeking financial and other support for the Applicant.

Average hours worked per month: 2

John Green **CFO/Board Member**

Qualifications: Over the last 20 years, Mr. Green has served as a volunteer and Board Member for various charitable organizations. Mr. Green served as Trustee for PGA REACH, a 501(c)(3) organization, which assists the PGA in outreach to veterans, youth and minority communities. Mr. Green averaged about 20 hours per month, between fundraising and actual "in the field" hands on work with the beneficiaries. As a Board Member of the Congressional Sportsman Foundation, a 501(c)(3), Mr. Green worked to educate members of Congress about issues affecting the general public with respect to recreational activities. It also involved fundraising to assist in promoting the mission of the Congressional Sportsman Foundation. This position required about 10 hours of work per month, on average.

Duties: Organizing the events put on by the Applicant, fundraising activities, organizing the actual football game event, supporting and organizing the Sigma Nu pledges, activities and alumni to support the Applicant and the Applicant's events and serving as the chief financial officer of the Applicant.

Average hours worked per month: 5

Dr. Jams Davis **Secretary and Treasurer and Board Member**

Qualifications: Dr. Davis has served as the faculty advisor for the Sigma Nu Fraternity at the University of Mississippi for decades, has relationships with thousands of donors, potential

donors, alumni and community members who support and donate to the Applicant. Dr. Davis was the Dean of the University of Mississippi School of Accounting from 1993 to 2002. Dr. Davis has been an accounting professor and faculty member at the University of Mississippi since 1965. Dr. Davis is a CPA and he received a PHD in Business Administration in 1972 from the University of Mississippi.

Duties: Dr. Davis serves as the record keeper, bookkeeper, secretary and general treasury duties for the Applicant and oversees the accounting and outside accounting firm hired or to be hired by the Applicant.

Average hours worked per month: 2

MEETING MINUTES ADOPTED BY THE BOARD OF DIRECTORS OF EPSILON XI
CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.
ON DECEMBER 31, 2018


UPON UNANIMOUS WRITTEN CONSENT

The Board of Directors of EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC. on December 31, 2018, acting upon unanimous written consent, adopt the following resolutions and approve the following actions to be effective as of the effective date of these minutes;

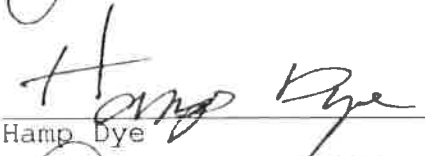
FURTHER RESOLVED, that a Conflicts of Interest Policy in the form attached hereto as Exhibit "A" is hereby approved and adopted, and is directed to be filed with the Secretary of the Corporation.

IN WITNESS WHEREOF, the undersigned, being all of the Members of the Board of Directors of EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC., have adopted the foregoing resolution and taken the foregoing action upon unanimous written consent, effective as of this the 31st day of December, 2018.


DIRECTORS



John Green



Hamp Dye



James Davis

EXHIBIT "A"

EIN: 83-2574778

**EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.
IRS Form 1023
Part V, Question 5a Attachment**

**Conflict of Interest Policy for
EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.**

ARTICLE I

Purpose

The purpose of the conflict of interest policy is to protect the EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.'s ("SNCB") interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the SNCB or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

ARTICLE II

Definitions

1. "Interested Person"

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. "Financial Interest"

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement;

b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement; or

c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2 below, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

ARTICLE III **Procedures**

1. Duty to Disclose:

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists:

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest:

a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for

such belief and afford the member an opportunity to explain the alleged failure to disclose.

b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE IV **Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

ARTICLE V **Compensation**

a. A voting member of the governing board who receives compensation, directly or indirectly, from the SNCB for services is precluded from voting on matters pertaining to that member's compensation.

b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the SNCB for services is precluded from voting on matters pertaining to that member's compensation.

c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the SNCB, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

ARTICLE VI **Annual Statements**

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

a. Has received a copy of the conflicts of interest policy,

- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the SNCB is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE VII
Periodic Reviews

To ensure the SNCB operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the SNCB's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

ARTICLE VIII
Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the SNCB may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

EIN: 83-2574778

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VI, Line 1a

Exempt Purposes:

The corporation through the Sigma Nu Charity Bowl event, provides funds to one selected individual each year in order to assist such individual who has suffered a debilitating injury.

EIN: 83-2574778

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VI, Line 1b

Exempt Purposes:

The corporation, through the Sigma Nu Charity Bowl event, in some years provides funds to the William Magee Wellness Center at the University of Mississippi and to the Manning Family Fund in order to continue to help the Manning Family Fund's endowment of the Blair E. Batson's Children's Hospital at the University of Mississippi Medical Center.

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 4(a)

Email Solicitations: The officers of the Applicant and the members of the Sigma Nu fraternity at the University of Mississippi supporting the applicant will send emails to the potential contributors to donate to the Applicant and to advertise their businesses in the football game program of the Applicant's event. The officers also send emails communicating information about the organization and information about those persons the organization seeks to help.

Personal Solicitations: The officers of the Applicant and the members of the Sigma Nu fraternity will personally solicit potential contributors to donate to the Applicant and to advertise their businesses in the football game program of the Applicant's event.

Phone Solicitations: The officers of the Applicant make phone calls to potential contributors who may donate to the Applicant or advertise in the Applicant's football game event program. The officers also participate in phone calls soliciting support of the Applicant's mission, communicating information about the organization and information about those the organization seeks to help.

Website: There is a link on Applicant's website to allow a donor to donate to the Applicant.

EIN: 83-2574778

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 4(c)

The Applicant raises funds to benefit the Blair E. Batson Children's Hospital at the University of Mississippi Medical Center, the Manning Family Fund which supports the Blair E. Batson Children's Hospital at the University of Mississippi Medical Center and the William Magee Wellness Center at the University of Mississippi.

EIN: 83-2574778

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 4d

States and Local Jurisdictions you Conduct Fundraising:

Mississippi – Oxford, Mississippi; University, Mississippi
Fundraising for our own organization

Lafayette County, Mississippi
Fundraising for our own organization

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 13(b)

The Applicant will support and provide some of its funds to the Magee Center at the University of Mississippi and to the Manning Family Fund which supports the Blair E. Batson Children's Hospital at the University of Mississippi. The Applicant believes raising awareness for these important charities further benefits the Applicant's missions.

The Applicant's event, the Sigma Nu Charity Bowl at the University of Mississippi, has been a well-known event in the State of Mississippi and in the University of Mississippi community. By assisting the two very important charitable organizations, the Applicant is assisting those two organizations in their particular missions within the University of Mississippi and the State of Mississippi.

The Manning Family Fund assists pediatric patients suffering from rare health issues to be able to afford health care that such pediatric patients would otherwise be unable to afford.

In the case of the Magee Center at the University of Mississippi, the programs that it promotes, assist college enrolled student in their mental health, wellness and also treatment for alcohol and drug abuse and other personal issues.

The purpose of the Applicant is to aid, assist and support those in need with a focus, although not exclusive thereto, on such people living in the State of Mississippi. The primary focus of the Applicant has been supporting people suffering from paralysis but the Applicant also seeks to help many pediatric patients in the Blair E. Batson Children's Hospital, which is where the Applicant's funds ultimately go through the Manning Family Fund.

The Applicant supports the Magee Center in its efforts to aid University of Mississippi students deal with addiction and other mental health issues. Both the Manning Family Fund and the Magee Center provide assistance primarily to Mississippians and in the case of the Magee Center, to the University of Mississippi students. The majority of the Applicant's volunteers and donors live in or in close proximity to Mississippi. By supporting these two other organizations, the Applicant is also able to increase awareness of the Applicant's football game event and to increase the Applicant's reach to donors and volunteers.

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EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 13(d)

The Applicant's relationship with the Manning Family Fund and the Magee Center are informal relationships. If the Applicant's Charity Bowl football game event is fortunate enough to raise funds over and above the funds committed to the Applicant's select individual recipient each year, then the Applicant will send funds to the Magee Center and to the Manning Family Fund.

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EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 13(e)

The Applicant notes in its accounting records, the contributions that the Charity Bowl has made to the Magee Center and the Manning Family Fund. The Applicant has received acknowledgements from both organizations, which the Applicant keeps and shares with its officers and volunteers.

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EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 13(g)

The Applicant requires annual reports from both organizations.

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EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part VIII, Line 15

The connection is simply that some of the Board Members and some officers of the Manning Family Fund and the Magee Center are Alums of the Epsilon Xi Chapter of Sigma Nu Fraternity at the University of Mississippi, which is the fraternity that volunteers to support the Applicant and the Applicant's event and most of its fundraising efforts.

EPSILON XI CHAPTER OF SIGMA NU FRATERNITY CHARITY BOWL, INC.

Part IX, Line 23Financial Data:

	(a) From 7/19 to 6/20	(b) From 7/20 to 6/21	(c) From 7/21 to 6/22
Program Services:			
Facility Rent	5,000	5,000	5,000
Uniforms	3,800	3,800	3,800
Printing	2,000	2,000	2,000
Insurance	1,000	1,000	1,000
Other Event Expenses	8,200	8,200	8,200
	20,000	20,000	20,000