## VANDEVENTER BLACK LLP

101 W. Main Street • 500 World Trade Center • Norfolk, Virginia 23510 • Office 757.446.8600 • Fax 757.446.8670

August 7, 2012

#### Via Certified Mail No. 7011 3500 0001 0742 3109

Internal Revenue Service P. O. Box 12192 Covington, KY 41012-192

RE:

Virginia Beach Hockey Club Challenge Team, Inc. 46-0552796

Request for Determination of Tax-Exemption

VB No. 37293-0001

#### Dear Sir or Madam:

Tab F:

I am enclosing this Determination Letter Request for Virginia Beach Hockey Club Challenge Team, Inc. for consideration as a tax exempt charitable organization under IRC Section 501(c)(3). I have enclosed a check for \$850.00 for the user fee and the following information:

| Tab A: | Form 10 | 123 - | Checklist |
|--------|---------|-------|-----------|
|        |         |       |           |

Tab B: Form 2848 – Power of Attorney

Tab C: Form 8821 – Tax Information Authorization

Tab D: Form 1023 – Application for Recognition as Exemption

Tab E: Schedules for Form 1023

Articles of Incorporation of Virginia Beach Hockey Club Challenge Team,

Inc.

Tab G: Bylaws of Virginia Beach Hockey Club Challenge Team, Inc.

Tab H: Conflict of Interest Policy

If you have any questions, please do not hesitate to contact me.

Sincerely,

VANDEVENTER BLACK LLP

Geoffrey G. Hemphill

GGH/jab Enclosures 500 WORLD TRADE CENTER NORFOLK, VA 23510-1679 PH. (757) 446-8600

\*\*\*EIGHT HUNDRED FIFTY AND 00/100 USD

DATE 08-10-12 **AMOUNT** \$850.00

PAY TO THE ORDER OF

Internal Revenue Service

**VOID AFTER 180 DAYS** 

held 2 PM

#143766# #OS1400549#2079019579140#

| /andever | nter Black LLP    |             |                           | CHECK DATE: 08-10- | 12 CHECK   | NO.: 143766 |
|----------|-------------------|-------------|---------------------------|--------------------|------------|-------------|
| DATE     | INVOICE           | VOUCHER     | COMMENTS                  | AMOUNT             | CONTROL ID |             |
| 08-10-12 | 37293-0001        | 227808      | File Determination Letter | 850.00             | 046        |             |
| YENDO    | R: Internal Rever | nue Service | VF                        | NDOR ID: 35,1      | TOTAL      | \$850.00    |

es <sup>'</sup>

## Form 1023 Checklist

### (Revised June 2006)

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

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

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

| <ul> <li>Form 1023 Checklist</li> <li>Form 2848, Power of Attorney and Declaration of Representative (if filing)</li> <li>Form 8821, Tax Information Authorization (if filing)</li> <li>Expedite request (if requesting)</li> <li>Application (Form 1023 and Schedules A through H, as required)</li> <li>Articles of organization</li> <li>Amendments to articles of organization in chronological order</li> <li>Bylaws or other rules of operation and amendments</li> <li>Documentation of nondiscriminatory policy for schools, as required by Schedule B</li> <li>Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)</li> <li>All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.</li> <li>✓</li> <li>User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.</li> <li>✓</li> <li>Employer Identification Number (EIN)</li> <li>✓</li> <li>Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.</li> <li>You must provide specific details about your past, present, and planned activities.</li> <li>Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.</li> <li>Describe your purposes and proposed activities in specific easily understood terms.</li> <li>Financial information should correspond with proposed activities.</li> </ul>  |              |  |
|--|--------------|--|
| Employer Identification Number (EIN)      Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.      You must provide specific details about your past, present, and planned activities.      Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.      Describe your purposes and proposed activities in specific easily understood terms.      Financial information should correspond with proposed activities.      Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.      Schedule A Yes No ✓ Schedule E Yes No ✓ Schedule F Yes No ✓ Schedule G Yes No ✓ Schedu       |              | <ul> <li>Form 1023 Checklist</li> <li>Form 2848, Power of Attorney and Declaration of Representative (if filing)</li> <li>Form 8821, Tax Information Authorization (if filing)</li> <li>Expedite request (if requesting)</li> <li>Application (Form 1023 and Schedules A through H, as required)</li> <li>Articles of organization</li> <li>Amendments to articles of organization in chronological order</li> <li>Bylaws or other rules of operation and amendments</li> <li>Documentation of nondiscriminatory policy for schools, as required by Schedule B</li> <li>Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation (if filing)</li> <li>All other attachments, including explanations, financial data, and printed materials or publications. Label</li> </ul>   |
| <ul> <li>Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.</li> <li>You must provide specific details about your past, present, and planned activities.</li> <li>Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.</li> <li>Describe your purposes and proposed activities in specific easily understood terms.</li> <li>Financial information should correspond with proposed activities.</li> <li>✓ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.</li> <li>Schedule A Yes No _✓ Schedule E Yes No _✓</li> <li>Schedule B Yes No _✓ Schedule G Yes No _✓</li> <li>Schedule G Yes No _✓</li> </ul>   | <b>V</b>     |  |
| Schedules A through H.  • You must provide specific details about your past, present, and planned activities.  • Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.  • Describe your purposes and proposed activities in specific easily understood terms.  • Financial information should correspond with proposed activities.  ✓ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.  Schedule A Yes No ✓ Schedule E Yes No ✓ Schedule F Yes No ✓ Schedule F Yes No ✓ Schedule G Yes No ✓ Schedule   | <b>√</b>     | Employer Identification Number (EIN)   |
| Schedule A Yes No _ ✓       Schedule E Yes No _ ✓         Schedule B Yes No _ ✓       Schedule F Yes No _ ✓         Schedule C Yes No _ ✓       Schedule G Yes No _ ✓  | <b>7</b>     | <ul> <li>Schedules A through H.</li> <li>You must provide specific details about your past, present, and planned activities.</li> <li>Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.</li> <li>Describe your purposes and proposed activities in specific easily understood terms.</li> </ul>  |
| Schedule B Yes No Schedule F Yes No Schedule G Y | $\checkmark$ | Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.   |
|  |              | Schedule B Yes No Schedule F Yes No Schedule G Y |

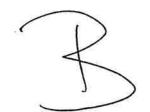
- An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
  - Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number)\_
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law \_\_\_Art. VII, Page 3
- Signature of an officer, director, trustee, or other official who is authorized to sign the application.
  - Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

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

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

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

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



## Form **2848**

(Rev. March 2012) Department of the Treasury Internal Revenue Service

# Power of Attorney and Declaration of Representative

|   | OMB No. 1545-0150 |
|---|-------------------|
|   | For IRS Use Only  |
|   | Received by:      |
|   | Name              |
|   | Telephone         |
| 1 | Function          |

| Internal Revenue Se   |  | ► Type or   | print. ► See  | the sepa   | rate instructions.  |  |  | Name   |   |   |
|---|--|---|---|--|---|--|--|--|---|---|
| Part I P  | ower (   | of Attorney   |   |  |   |  |  | Telephone  |   |   |
| Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not |  |   | ll not be ho  | onored   | Function_   |  |  |  |   |   |
| fo  | r any pu   | rpose other than representation i   | before the IRS.   |  |   |  |  | Date   | /   | /   |
| 1 Taxpayer  | informa  | tion. Taxpayer must sign and date   | this form on pa   | ige 2, line  | 7.  |  |  |  |   |   |
| Taxpayer name   | and add  | ress  |   |  | Taxpayer identification   | on number(s  | s)   |  |   |   |
| Virginia Reach  | Hockey   | Club Challenge Team, Inc.   |   |  |   | 46-05  |  | 1725   |   |   |
| 2737 Bending E  | Birch Tra  | ail   |   |  | Daytime telephone n   | umber  | Plan ni  | ımber (if app  | olicabl   | le)   |
| Virginia Beach,   | VA 234   | 56  |   |  | 757-635-68  | 43   |  |  |   |   |
|   |  | wing representative(s) as attorney(   |   |  |   |  |  |  |   |   |
| 2 Represe   | entative   | (s) must sign and date this form on   | page 2, Part II.  |  |   |  |  |  | -   |   |
| Name and addre  | ess  |   |   |  | CAF No.   |  |  |  |   |   |
| Geoffrey G. Her   | mphill   |   |   |  | PTIN  |  | T) 44C 0/  |  |   |   |
| 500 World Trad  |  | 7   |   |  | Telephone No.   | (757)  | 1) 440-8   | 028  |   |   |
| Norfolk, VA 235   |  | es and communications   | П   | Check  | Fax No.   | Telephon   | No.  | Fav I  | No E  | ī   |
|   |  | es and communications   |   | Offeck   |   |  |  |  |   | 1   |
| Name and addre  | 988  |   |   |  | CAF No.   |  |  |  |   |   |
|   |  |   |   |  | PTIN<br>Telephone No.   |  |  |  |   |   |
|   |  |   |   |  | Fay No  | ***********  |  | *********  |   |   |
| Check if to be se   | ent notic  | es and communications   |   | Check  | Fax No.<br>if new: Address 🗌  | Telephone  | e No. □  | Fax I  | Vo. Г   | ]   |
| Name and addre  |  |   |   |  | CAF No.   |  |  |  |   |   |
| Name and addre  | 333  |   |   |  | PTIN  |  |  |  |   |   |
|   |  |   |   |  | Telephone No.   |  | au arenos nos  | es manuago mener   |   |   |
|   |  |   |   |  | Fax No.   |  |  |  | •   |   |
|   |  |   |   | Check  | Fax No.<br>if new: Address  | Telephone  | e No. 🗌  | Fax  | ۷o. 🗀   | ]   |
| to represent the  | taxpaye  | r before the Internal Revenue Servi   | ce for the follow   | ving matte   | rs:   |  |  |  |   |   |
| 3 Matters   |  |   |   |  |   |  |  |  |   |   |
|   |  | ne, Employment, Payroll, Excise, Estate, Gi<br>PLR, FOIA, Civil Penalty, etc.) (see instruction   |   | (1040,   | Tax Form Number<br>341, 720, etc.) (if applic   |  |  | Period(s) (if a<br>structions for  |   |   |
| Determination I   | Letter R   | equest  |   |  | 1023  |  |  |  |   |   |
| 181   |  |   |   |  |   |  |  |  |   |   |
|   |  |   |   |  |   |  |  |  |   |   |
|   |  | t recorded on Centralized Autho<br>See the instructions for Line 4. Spe   |   |  |   |  |  |  |   | AF,<br>▶ □  |
| 5 Acts au informat sign any amounts unless the  | ithorize<br>tion and<br>y agreer<br>s paid to<br>he appro  | d. Unless otherwise provided believe perform any and all acts that I connents, consents, or other documents the client in connection with this opriate box(es) below are checked, tion to a third party, substitute and | ow, the repress<br>an perform with<br>nents. The representation (<br>the representation | entatives<br>respect t<br>esentative<br>(including<br>ive(s) is (a | generally are authorized the tax matters described (s), however, is (are) refunds by either electre) not authorized to expense. | ed to rece<br>ribed on lin<br>not authori<br>tronic mean<br>recute a rec | ive and interest in a second i | inspect con<br>xample, the<br>eceive or ne<br>er checks). A<br>disclosure of     | fidenti<br>autho<br>gotiat<br>Addition          | ority to<br>te any<br>onally.                       |
| ☐ Discl   | osure to   | third parties; Substitute or a  | •   |  | Signing a return;   |  |  |  |   | -   |
| Other   | r acts au  | thorized:   |   |  |   | (see i   | instructio   | ns for more  | inform  | nation\   |
| An enroi<br>230). An<br>return pi<br>on tax n<br>supervis                               | iled acturated in enrolled reparer in the reparer i | An unenrolled return preparer cannary may only represent taxpayers of retirement plan agent may only renay only represent taxpayers to the partners. In most cases, the studernother practitioner).                     | to the extent prepresent taxpay extent provide nt practitioner's                        | ovided in<br>ers to the<br>d in section<br>(level k) a             | section 10.3(d) of Tre<br>extent provided in sec<br>on 10.3(f) of Circular 23<br>authority is limited (for                      | nly represent asury Departion 10.3(e) 30. See the example, to            | nt taxpay<br>rtment C<br>of Circul<br>line 5 ins<br>hey may  | ers in limited<br>ircular No. 2<br>ar 230. A re<br>tructions for<br>only practic | d situa<br>30 (Ci<br>gistere<br>restri<br>e und | ations.<br>Fircular<br>ed tax<br>ictions<br>der the |
| List any  | specific   | deletions to the acts otherwise aut   |   |  |   |  |  |  |   |   |

| attorney on file<br>to revoke a prio                            | Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here |   |   |                                      |  |  |  |
|---|--|---|---|--------------------------------------|--|--|--|
| of attorney ever  | n if the same representa   | tive(s) is (are) being app                          | a joint return was filed, the husband and wife must each fil<br>ointed. If signed by a corporate officer, partner, guardian, t<br>xpayer, I certify that I have the authority to execute this for | ax matters partner,                  |  |  |  |
| ► IF NOT SIG  | NED AND DATED, T   | HIS POWER OF ATT                                    | ORNEY WILL BE RETURNED TO THE TAXPAYER.   |                                      |  |  |  |
|   |  |   |   |                                      |  |  |  |
| 7//   | '/   |   | , ,   |                                      |  |  |  |
| M   | ~ C,   |   | 8/7//2 Executive Director   |                                      |  |  |  |
|   | Signature  |   | Sate Title (if appl   | icable)                              |  |  |  |
|   |  |   |   |                                      |  |  |  |
| Ryan Croley   | Name   | PIN Number  | Print name of taxpayer from line 1 if other t   | then individual                      |  |  |  |
| Print   | Name   | FIN Number  | Fill hame of taxpayer from line 1 if other t  | nan mawada                           |  |  |  |
| Part II Declara   | ation of Represent   | ative   |   |                                      |  |  |  |
| Under penalties of perj   | ury, I declare that:   |   |   |                                      |  |  |  |
| _   | ·  | •   | e the Internal Revenue Service;   |                                      |  |  |  |
| ŭ   |  |   | as amended, concerning practice before the Internal Revenu  | e Service;                           |  |  |  |
| ·   |  | tified in Part I for the mat                        | ter(s) specified there; and   |                                      |  |  |  |
| I am one of the followi   | •  | a hav of the highest gaus                           | t of the jurisdiction shown below.  |                                      |  |  |  |
| •   | -  |   | public accountant in the jurisdiction shown below.  |                                      |  |  |  |
|   | rolled as an agent unde  |   |   |                                      |  |  |  |
| -   | e officer of the taxpayer'   |   | Salar Edd.  |                                      |  |  |  |
|   | e—a full-time employee   |   |   |                                      |  |  |  |
|   | · -  | · ·   | example, spouse, parent, child, grandparent, grandchild, ste  | p-parent, step-                      |  |  |  |
| child, brother, or si   | ster).   |   |   |                                      |  |  |  |
| the Internal Revenu   | e Service is limited by s  | ection 10.3(d) of Circular                          |   |                                      |  |  |  |
| h Unenrolled Return<br>return under exami<br>return preparers i | nation and have signed t   | to practice before the In the return. See Notice 20 | nternal Revenue Service is limited. You must have been eligi<br>111-6 and Special rules for registered tax return prepare   | ble to sign the<br>rs and unenrolled |  |  |  |
| practice before the   | Internal Revenue Service   | e is limited. You must ha                           | under the requirements of section 10.4 of Circular 230. You<br>ave been eligible to sign the return under examination and he<br>eturn preparers and unenrolled return preparers in the in         | ave signed the                       |  |  |  |
| k Student Attornev or   | CPA-receives permiss   | ion to practice before the                          | e IRS by virtue of his/her status as a law, business, or account instructions for Part II for additional information and requiren   | inting student                       |  |  |  |
| r Enrolled Retiremen  |  | s a retirement plan agen                            | t under the requirements of Circular 230 (the authority to pra  |                                      |  |  |  |
| ▶ IF THIS DEC   | LARATION OF REPI   | RESENTATIVE IS NO                                   | OT SIGNED AND DATED, THE POWER OF ATTO DER LISTED IN LINE 2 ABOVE. See the instructions   | RNEY WILL BE                         |  |  |  |
|   |  |   | e taxpayer in the "Licensing jurisdiction" column. See the ins  |                                      |  |  |  |
|   |  | Bar, license, certification,                        |   | ×                                    |  |  |  |
| Designation—Insert  | Licensing jurisdiction (state) or other  | registration, or<br>enrollment number               |   | _                                    |  |  |  |
| above letter (a-r)  | licensing authority  | (if applicable). See                                | Signature   | Date                                 |  |  |  |
|   | (if applicable)  | instructions for Part II for more information.      |   |                                      |  |  |  |
|   |  | more unounation.                                    |   | +                                    |  |  |  |
| а   | VA   | 38992   | My Winghes  | 8/7/12                               |  |  |  |

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### Form 8821

(Rev. October 2011)

Department of the Treasury Internal Revenue Service

#### **Tax Information Authorization**

▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Do not use this form to request a copy or transcript of your tax return.
 Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165
For IRS Use Only
Received by:
Name
Telephone
Function
Date

| Internal revends cervice   |  |                             |  |  |  |  |  |
|--|--|-----------------------------|--|--|--|--|--|
| <ol> <li>Taxpayer information. Taxpaye</li> </ol>  | er(s) must sign and date this form                                   | on line                     |  |  |  |  |  |
| Taxpayer name(s) and address (type or print)   |  |                             | Taxpayer identification number   |  |  |  |  |
| Virginia Beach Hockey Club Challenge<br>2737 Bending Birch Trail   | Team, Inc.   |                             |  | 6-0552796                              |  |  |  |
| Virginia Beach, VA 23456   |  |                             | Daytime telephone number<br>757-635-6843   | Plan number (if applicable)            |  |  |  |
| 2 Appointee. If you wish to name   | more than one appointed attach                                       | a liet t                    |  |  |  |  |  |
| Name and address   | more than one appointee, attaci                                      | CAF                         |  | 2605-99381R                            |  |  |  |
|  |  | PTIN                        | **************************************   |  |  |  |  |
| Geoffrey G. Hemphill 500 World Trade Center  |  |                             | none No.   | (757) 446-8528                         |  |  |  |
| Norfolk, VA 23510  |  | Fax N                       |  | 57) 446-8670                           |  |  |  |
| 140110111, 171 25010   |  | Check                       |  | elephone No.                           |  |  |  |
| 3 Tax matters. The appointee is a tax matters listed on this line. Do  | uthorized to inspect and/or rece<br>o not use Form 8821 to request o | ive con<br>copies o         | fidential tax information in<br>of tax returns.                                  | n any office of the IRS for the        |  |  |  |
| (a)  | (b)  |                             | (c)  | (d)                                    |  |  |  |
| Type of Tax<br>(Income, Employment, Excise, etc.)  | Tax Form Number  | /200                        | Year(s) or Period(s) the instructions for line 3)                                | Specific Tax Matters (see instr.)      |  |  |  |
| or Civil Penalty   | (1040, 941, 720, etc.)   | (566                        | the instructions for line 3)   |  |  |  |  |
|  |  |                             |  |  |  |  |  |
| Determination letter request   | 1023   |                             |  |  |  |  |  |
|  |  |                             |  |  |  |  |  |
|  |  |                             |  | <del>-</del>                           |  |  |  |
|  |  |                             |  |  |  |  |  |
| Specific use not recorded on use not recorded on CAF, check      Disclosure of tax information (     a If you want copies of tax information basis, check this box | you must check a box on line 5a mation, notices, and other writt     | n page<br>a or 5b<br>en com | 4. If you check this box, sunless the box on line 4 is immunications sent to the | schecked): appointee on an ongoing     |  |  |  |
| Note. Appointees will no longer  |  |                             |  |  |  |  |  |
| b If you do not want any copies of   | notices or communications sent                                       | t to you                    | r appointee, check this be   | ox ▶ □                                 |  |  |  |
| 6 Retention/revocation of tax in authorizations for the same tax to revoke a prior tax information and check this box.  To revoke this tax information at          | matters you listed on line 3 aboven authorization, you must attach   | e unles<br>a copy           | s you checked the box or yof any authorizations you                              | n line 4. If you do not want           |  |  |  |
| 7 Signature of taxpayer(s). If a ta<br>corporate officer, partner, guard<br>that I have the authority to exect   | ian, executor, receiver, administr                                   | ator, tri                   | ustee, or party other than   | the taxpayer, I certify                |  |  |  |
| ▶ IF NOT SIGNED AND DATED  | , THIS TAX INFORMATION AU  | THORI                       | ZATION WILL BE RETU  | RNED.                                  |  |  |  |
| ▶ BY NOT SIGN THIS FORM II   | FIT IS BLANK OR INCOMPLET  | E.                          |  |  |  |  |  |
| //   | 18/7/12  |                             |  | 1                                      |  |  |  |
| Signature  | Date   | Sig                         | gnature  | Date                                   |  |  |  |
| Ryan Croley  | Executive Director   |                             | -  |  |  |  |  |
| Print Name   | Title (if applicable)  | <br>Pri                     | int Name   | Title (if applicable)                  |  |  |  |
|  | ····· AL.L. vanarial   |                             |  | ······································ |  |  |  |
| PIN number for electronic signature PIN number for electronic signature  |  |                             |  |  |  |  |  |

## orm 1023

(Rev. June 2006) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0056

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

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

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

| Par   | Identification of Applicant  |                            |                             |              |             |         |       |
|-------|--|----------------------------|-----------------------------|--------------|-------------|---------|-------|
| 1     | Full name of organization (exactly as it appears in your organizing  | 2 c/o Name (if applicable) |                             |              |             |         |       |
| Virg  | inia Beach Hockey Club Challenge Team Inc  |                            | Ryan Croley                 |              |             |         |       |
| 3     | Mailing address (Number and street) (see instructions)   | Room/Suit                  | e 4 Employer Identification | Number (El   | N)          | =       |       |
| 273   | 7 Bending Birch Trail  |                            | 46-0                        | 552796       |             |         |       |
|       | City or town, state or country, and ZIP + 4  |                            | 5 Month the annual acco     | unting perio | d ends      | (01 – 1 | 2)    |
| Virg  | inia Beach, Va, 23456  |                            | 12                          |              |             |         |       |
| 6     | Primary contact (officer, director, trustee, or authorized repre   | sentative)                 |                             |              |             |         | _     |
|       | a Name: Ryan Croley  |                            | b Phone: (                  | 757) 635-    | -6843       |         |       |
|       |  | 7)                         | c Fax: (optional)           |              | (4)         |         |       |
| 7     | Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," Yes No provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, Power of Attorney and Declaration of Representative, with your application if you would like us to communicate with your representative.   |                            |                             |              |             |         |       |
| 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. |                            |                             |              |             | No      |       |
| 9a    | Organization's website: virginiabeachhockeyclub.com  |                            |                             |              |             |         |       |
| b     | Organization's email: (optional) virginiabeachhockeyclub@gi  | nail.com                   |                             |              |             |         |       |
| 10    | Certain organizations are not required to file an information re are granted tax-exemption, are you claiming to be excused fre "Yes," explain. See the instructions for a description of organity Form 990-EZ.   | om filing Form             | 990 or Form 990-EZ? I       | f            | Yes         | Z       | No    |
| 11    | Date incorporated if a corporation, or formed, if other than a corporation   | orporation.                | (MM/DD/YYYY) 07             | / 11 /       | 2           | 2012    |       |
| 12    | Were you formed under the laws of a foreign country? If "Yes," state the country.  |                            |                             |              | <b>Y</b> es | Ø       | No    |
| Eor I | Paperwork Reduction Act Natice see name 24 of the instructions   | Ca                         | t No 17133K                 | Form 1       | 023 #       | 2ev 6-2 | 2006) |

| Form                    | 1023 (Rev. 6-2006) Name: Virginia Beach Hockey Club Challenge Team, Inc. EIN: 46 – 0552796   | Page                    |
|-------------------------|--|-------------------------|
| Pai                     | rt II Organizational Structure   |                         |
|                         | must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax ex instructions.) DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.  | empt.                   |
| 1                       | Are you a <b>corporation</b> ? If "Yes," attach a copy of your articles of incorporation showing <b>certification</b> of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.  | □ No                    |
| 2                       | Are you a <b>limited liability company (LLC)?</b> 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.   | ☑ 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.  | ☑ No                    |
|                         | Are you a trust? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments.  | ☑ No                    |
| b                       | Have you been funded? If "No," explain how you are formed without anything of value placed in trust.   | No                      |
| 5                       | Have you adopted <b>bylaws</b> ? If "Yes," attach a current copy showing date of adoption. If "No," explain   ✓ Yes how your officers, directors, or trustees are selected.  | ☐ No                    |
|                         | Required Provisions in Your Organizing Document  |                         |
| to m                    | following questions are designed to ensure that when you file this application, your organizing document contains the required leet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing documents not meet the organizational test. <b>DO NOT file this application until you have amended your organizing document</b> . Subminal and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your applications.   | ument<br>t your         |
| 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):  Art. IV Page 1   | V                       |
| 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.  | Ø                       |
| 2b                      | If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph).  Do not complete line 2c if you checked box 2a.  Art. VII Page 3  |                         |
| 2c                      | See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:  |                         |
| Pa                      | rt IV Narrative Description of Your Activities   |                         |
| this i<br>appli<br>deta | g an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provide information in response to other parts of this application, you may summarize that information here and refer to the specific pa ication for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for suils to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative oription of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description. | rts of the<br>ipporting |
| Pa                      | 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 total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, emplo other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is neattach a separate sheet. Refer to the instructions for information on what to include as compensation.  | yee, or                 |

| Name                    | Title                         | Mailing address                                      | Compensation amount (annual actual or estimated) |
|-------------------------|-------------------------------|--|--|
| Ryan Croley             | Executive Director, Board MBR | 2737 Bending Birch Trail<br>Virginia Beach Va, 23456 | None   |
| Christian Haugen        | Board MBR                     | 820 Greenfield Lane<br>Chesapeake, Va, 23322         | None   |
| Michael J. Pellerito Sr | Board MBR                     | 2108 Silver Charm Circle<br>Suffolk, Va 23435        | None   |
| Nadar Elguindi          | Board MBR                     | 2450 Crystal Drive<br>Arlington, Va 22202            | None   |
|                         |                               |  |  |

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

| b     | receive compensation of m  | ore than \$50,000 per year. Use   | our five highest compensated employees whe the actual figure, if available. Refer to the include officers, directors, or trustees listed it | nstruc             | tions f                    | will<br>or    |                |
|-------|--|---|---|--------------------|----------------------------|---------------|----------------|
| Name  |  | Title   | Mailing address   | Compensation an    |                            |               |                |
|       | nifer L Treadway   | Marketing Director  | 1428 Harbor Court<br>Virginia Beach, Va 23454   |                    |                            | 10-           | 50K            |
|       |  |   |   |                    |                            |               |                |
|       |  |   |   |                    |                            |               |                |
|       |  |   |   |                    |                            |               |                |
| •     | , Vi dimita  |   |   |                    |                            |               |                |
| С     | that receive or will receive   | pusinesses, and mailing address<br>compensation of more than \$50<br>on what to include as compen | ses of your five highest compensated indep<br>0,000 per year. Use the actual figure, if avail<br>sation.                                    | enden<br>lable. I  | ı <b>t cont</b><br>Refer t | tracto<br>the | ors            |
| Name  |  | Title   | Mailing address   |                    | ensation<br>al actual      |               |                |
| non   |  |   |   |                    |                            |               |                |
| •     |  |   |   |                    |                            |               |                |
|       |  |   |   |                    |                            |               |                |
|       |  |   |   |                    |                            |               |                |
|       |  |   |   |                    |                            |               |                |
| The f | following "Yes" or "No" question   | ons relate to past, present, or plans<br>sated employees, and highest con                         | ned relationships, transactions, or agreements with mpensated independent contractors listed in lines                                       | ith you<br>s 1a, 1 | r office                   | ers,<br>1c.   |                |
|       | Are any of your officers, dir  |   | ach other through family or business  |                    | Yes                        |               | No             |
| b     | Do you have a business re  | lationship with any of your office  | ers, directors, or trustees other than "Yes," identify the individuals and describe   |                    | Yes                        | V             | No             |
| ¢     | Are any of your officers, di<br>highest compensated inde   | rectors, or trustees related to ye  | our highest compensated employees or nes 1b or 1c through family or business  |                    | Yes                        | V             | No             |
| 3a    | For each of your officers, of compensated independent qualifications, average hou  | contractors listed on lines 1a,   | pensated employees, and highest 1b, or 1c, attach a list showing their name,  |                    |                            |               |                |
| b     | 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                        | Z             | No             |
| 4     | employees, and highest co  | mpensated independent contra<br>ommended, although they are r                                     | rs, trustees, highest compensated actors listed on lines 1a, 1b, and 1c, the not required to obtain exemption. Answer                       |                    |                            |               |                |
| b     | Do you or will you approve   | compensation arrangements in  | angements follow a conflict of interest policy? n advance of paying compensation? s of approved compensation arrangements?                  | $\square$          | Yes<br>Yes<br>Yes          |               | No<br>No<br>No |

| orm         | 1023 (Rev. 6-2006) Name: Virginia Beach Hockey Club Challenge Team, Inc. EIN: 46 _ 05   |           |       | Pa        | ige 4 |
|-------------|---|-----------|-------|-----------|-------|
| Pai         | Compensation and Other Financial Arrangements With Your Officers, Directors, Employees, and Independent Contractors (Continued)   | rus       | tees, |           |       |
| d           | Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?  | $\square$ | Yes   |           | No    |
| е           | 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.   | V         | 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?   | $\square$ | 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.  |           |       |           |       |
| 5а          | Have you adopted a <b>conflict of interest policy</b> 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.   | Z         | 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?   |           |       |           |       |
| С           | 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?   |           | 10    |           |       |
|             | <b>Note:</b> A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.   |           |       |           |       |
|             | 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   | Ø         | 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   | $\square$ | No    |
| 7a          | Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases.  |           | Yes   | Ø         | No    |
| b           | Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.  |           | Yes   | ₩.        | No    |
| 8a          | Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.   |           | Yes   | abla      | No    |
| c<br>d<br>e | 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.  Explain how you determine you pay no more than fair market value or you are paid at least fair market value.  Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.   |           |       |           |       |
| 9a          | Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.  |           | Yes   | V         | 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.

| Pai | rt VI Your Members and Other Individuals and Organizations That Receive Benefits F   | rom    | You     |           |           |
|-----|--|--------|---------|-----------|-----------|
|     | following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and cour activities. Your answers should pertain to past, present, and planned activities. (See instructions.)   | rgani  | zations | as pa     | art<br>—— |
| 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     | $\square$ | 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     | <b>V</b>  | 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     | $\square$ | 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     | Z         | No        |
|     | rt VII Your History  |        |         |           | _         |
| The | following "Yes" or "No" questions relate to your history. (See instructions.)  |        |         |           | _         |
| 1   | Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G.   |        | Yes     |           | No        |
| 2   | Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.  |        | Yes     | abla      | No        |
| Pai | rt VIII Your Specific Activities   |        |         |           |           |
|     | following "Yes" or "No" questions relate to specific activities that you may conduct. Check the approprivers should pertain to past, present, and planned activities. (See instructions.)  | iate b | ox. Yo  | ur        |           |
| 1   | Do you support or oppose candidates in <b>political campaigns</b> in any way? If "Yes," explain.   |        | Yes     | Ø         | 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     | $\square$ | No        |
| b   | Have you made or are you making an <b>election</b> 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     | Ø         | No        |
| 3а  | 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     | $\square$ | 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     | $\square$ | No        |
| С   | List the states and local jurisdictions, including Indian Reservations, in which you conduct or will   |        |         |           |           |

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| Pa  | rt VIII Your Specific Activities (Continued)   |           |      |    |       |
| 4a  | Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or w conduct. (See instructions.)  | ⁄ill 🔽    | Yes  |    | No    |
|     | ✓ mail solicitations       □ phone solicitations         ✓ email solicitations       ☑ accept donations on your website         ✓ personal solicitations       ☑ receive donations from another organization         ✓ vehicle, boat, plane, or similar donations       ☑ government grant solicitations         ✓ foundation grant solicitations       □ Other  | เก's web: | site |    |       |
|     | 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  | V  | No    |
| С   | 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 copie of all contracts or agreements.  |           | Yes  | Z  | 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 fundraises for you.   | Pr        |      |    |       |
| е   | 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. | ce<br>e   | Yes  | Ø  | No    |
| 5   | Are you affiliated with a governmental unit? If "Yes," explain.  |           | Yes  | V  | No    |
|     | Do you or will you engage in <b>economic development</b> ? If "Yes," describe your program.  Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.   |           | Yes  | Ø  | No    |
| 7a  | Do or will persons other than your employees or volunteers <b>develop</b> 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.  | ре 🗌      | Yes  | Z  | No    |
| b   | Do or will persons other than your employees or volunteers <b>manage</b> 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  | Ø  | No    |
| С   | 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 an contracts or other agreements.   | ıy        |      |    |       |
| 8   | Do you or will you enter into <b>joint ventures</b> , including partnerships or <b>limited liability companies</b> 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  | Ø  | 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  | V  | No    |
| b   | Do you provide child care so that parents or caretakers of children you care for can be <b>gainfully employed</b> (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).  |           | Yes  | Ø  | No    |
| С   | Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).   |           | Yes  |    | No    |
| d   | Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).  |           | Yes  | ₩Z | No    |
| 0   | 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 any items are or will be produced, distributed, and marketed  |           | Yes  | Ø  | No    |

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|-----|--|----------|--------|
| Pai | t 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 <b>foreign country</b> or <b>countries?</b> If "Yes," answer lines 12b through 12d. If "No," go to line 13a.   | ☐ Yes    | ☑ No   |
|     | Name the foreign countries and regions within the countries in which you operate.  |          |        |
|     | 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   |
|     | Describe how your grants, loans, or other distributions to organizations further your exempt purposes.   |          |        |
| С   | 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.  |          |        |
| е   | Describe the records you keep with respect to the grants, loans, or other distributions you make.  |          |        |
| f   |  | <b>-</b> |        |
|     | (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.  |          |        |
| С   | 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   |
| е   | 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   |

| Form | 1023 (Rev. 6-2006) Name: Virginia Beach Hockey Club Challenge Team, Inc. EIN: 46 – 05  | 52796 | Page 8 |
|------|--|-------|--------|
| Pa   | rt VIII Your Specific Activities (Continued)   |       |        |
| 15   | Do you have a close connection with any organizations? If "Yes," explain.  | ☐ Yes | ✓ No   |
| 16   | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain.   | ☐ Yes | ☑ No   |
| 17   | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain.   | ☐ Yes | ☑ No   |
| 18   | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain.  | ☐ Yes | ✓ 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.   | ☐ Yes | ☑ No   |
| 20   | Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.  | ☐ Yes | ☑ No   |
| 21   | Do you or will you provide low-income housing or housing for the elderly or handicapped? If "Yes," complete Schedule F.  | ☐ Yes | ☑ 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. | ☐ Yes | ☑ No   |
|      | Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.   |       |        |

#### Part IX Financial Data

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

|          |    |  | A. Statement of           | of Revenues and           | Expenses                  |                           |  |
|----------|----|--|---------------------------|---------------------------|---------------------------|---------------------------|--|
|          |    | Type of revenue or expense   | Current tax year          |                           | years or 2 succeeding     |                           |  |
|          |    | West West West West West West West West  | (a) From 8/12<br>To 12/12 | (b) From 1/13<br>To 12/13 | (c) From 1/14<br>To 12/14 | (d) From 1/15<br>To 12/15 | (e) Provide Total for<br>(a) through (d) |
|          | 1  | Gifts, grants, and contributions received (do not include unusual grants)  | 22000                     | 57000                     | 52000                     | 65000                     | 196000                                   |
|          | 2  | Membership fees received   | 2000                      | 13500                     | 18000                     | 20500                     | 54000                                    |
|          | 3  | Gross investment income  | 0                         | 0                         | 0                         | 0                         | 0  |
|          | 4  | Net unrelated business income  | 0                         | 0                         |                           | 0                         | 0  |
|          | 5  | Taxes levied for your benefit  | 0                         | 0                         | 0                         | 0                         | 0  |
| Revenues | 6  | Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)             | 0                         | 0                         | 0                         | 0                         | 0  |
| Rev      | 7  | Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)  | 0                         |                           | 0                         | 0                         | 0  |
|          | 8  | Total of lines 1 through 7   | 24000                     | 58500                     | 70000                     | 85500                     | 250000                                   |
|          | 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) | 0                         | 0                         |                           |                           |  |
|          | 10 | Total of lines 8 and 9   | 24000                     | 58500                     | 70000                     | 85500                     | 250000                                   |
|          | 11 | Net gain or loss on sale of capital assets (attach schedule and see instructions)  | 0                         | 0                         |                           |                           |  |
|          | 12 | Unusual grants   | 0                         | 0                         | 0                         | 0                         | 0  |
|          | 13 | Total Revenue Add lines 10 through 12  | 24000                     | 58500                     | 70000                     | 85500                     | 250000                                   |
|          | 14 | Fundraising expenses   | 500                       | 500                       | 500                       | 500                       |  |
|          | 15 | Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)   | 0                         | 0                         | 0                         | 0                         |  |
|          | 16 | Disbursements to or for the benefit of members (attach an itemized list)   | 0                         | 0                         | 0                         | o                         |  |
| Expenses | 17 | Compensation of officers, directors, and trustees  | 0                         | 0                         |                           |                           |  |
| Sen      | 18 | Other salaries and wages   | 11000                     | 31000                     | 36000                     | 46000                     |  |
| Ä        | 19 | Interest expense   |                           |                           |                           |                           |  |
| _        | 20 | Occupancy (rent, utilities, etc.)  | 19000                     | 10400                     | 10400                     | 10400                     |  |
|          | 21 | Depreciation and depletion   |                           |                           |                           |                           |  |
|          | 22 | Professional fees  | 1800                      | 900                       | 900                       | 900                       | Donald Company                           |
|          | 23 | Any expense not otherwise classified, such as program services (attach itemized list)  |                           |                           |                           |                           |  |
|          | 24 | Total Expenses<br>Add lines 14 through 23  | 39940                     | 61540                     | 66060                     | 79560                     |  |

Page 10

| Pa           | B. Balance Sheet (for your most recently completed tax year)  | Year End:                               |  |  |  |  |  |
|--------------|---|---|--|--|--|--|--|
|              | Assets  | (Whole dollars)                         |  |  |  |  |  |
| 4            |   | (************************************** |  |  |  |  |  |
| 1            | Cash  | 0                                       |  |  |  |  |  |
| 2            | Inventories   | 0                                       |  |  |  |  |  |
| 4            | Bonds and notes receivable (attach an itemized list)  | 0                                       |  |  |  |  |  |
| 5            | Bolius and notes receivable (attach an itemized list)   | 0                                       |  |  |  |  |  |
| 6            | Corporate stocks (attach an itemized list)  | 0                                       |  |  |  |  |  |
| 7            | Other investments (attach an itemized list)   | 0                                       |  |  |  |  |  |
| 8            | Depreciable and depletable assets (attach an itemized list)   | 0                                       |  |  |  |  |  |
| 9            | Land  | 0                                       |  |  |  |  |  |
| 10           | Other assets (attach an itemized list)  | 0                                       |  |  |  |  |  |
| 11           | Total Assets (add lines 1 through 10)   |   |  |  |  |  |  |
| • •          | Liabilities   |   |  |  |  |  |  |
| 12           | Accounts payable  | 0                                       |  |  |  |  |  |
| 13           | Contributions, gifts, grants, etc. payable  | 0                                       |  |  |  |  |  |
| 14           | Mortgages and notes payable (attach an itemized list)   | 0                                       |  |  |  |  |  |
| 15           | Other liabilities (attach an itemized list)   | 0                                       |  |  |  |  |  |
| 16           | Total Liabilities (add lines 12 through 15)   | 0                                       |  |  |  |  |  |
| 10           | Fund Balances or Net Assets   |   |  |  |  |  |  |
| 17           | Total fund balances or net assets   | 0                                       |  |  |  |  |  |
| 18           | Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)   | 0                                       |  |  |  |  |  |
| 19           |   | ] Yes ☑ No                              |  |  |  |  |  |
|              | shown above? If "Yes," explain.   | , |  |  |  |  |  |
| _            | rt X Public Charity Status t X is designed to classify you as an organization that is either a private foundation or a public charity. Pu   |   |  |  |  |  |  |
| is a<br>dete | more favorable tax status than private foundation status. If you are a private foundation, Part X is designed ermine whether you are a private operating foundation. (See instructions.)  | to further  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. | <b>∠</b>                                |  |  |  |  |  |
| 2            | 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 You may check only one box.   | the choices below                       |  |  |  |  |  |
|              | The organization is not a private foundation because it is:   |   |  |  |  |  |  |
| а            | a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.  |   |  |  |  |  |  |
|              | 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.  |   |  |  |  |  |  |
|              | 509(a)(1) and 170(b)(1)(A)(iii)—a <b>hospital</b> , a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.  |   |  |  |  |  |  |
| d            | 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.  | or h                                    |  |  |  |  |  |

| ■ 500(a)4)—an organization organization and operated exclusively for testing for public safety.  ■ 500(a)(4)—an organization organization operated for the benefit of a college or university that is owned or operated by a governmental unit.  ■ 500(a)(1) and 170(b)(1)(A)(w)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.  ■ 500(a)(1)—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 of the 500(a)(2)—an organization that receives an experimental unit, or from the general public of the 500(a)(2)—an organization what normally receives not more than one-third of its financial support from contributions (a) the form the general public of the 500(a)(2)—an organization what non-third of its financial support from contributions, membership feets, and gross receipts from activities related to its exempt functions (subject to certain exceptions).  ■ Apublicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.  ■ 1 Apublicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.  ■ 1 Apublicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status and advance understance understance or administration or the assessment of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance unling period of the an oil suspension to a mutually greed-upon period of the sure status (process of the code) and the surface of the 5-year advance unling views to 8 years. 4 months, and 15 days beyond the end of the lifety year. You have the right to receive many years to 8 years. 4 months and year of the period of the interest of the year of the ye  | Form | 1023 (Rev. 6-2006) Name: Virginia Beach Hockey Club Challenge Team, Inc.  | Page 11   |
|--|------|---|-----------|
| f S09(a)(1) and 170(b)(1/k)(h)—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/k)(h)—an organization that receives a substantial part of its financial support from publicly supported organizations, from a governmental unit, or from the general public of contributions from publicly supported organizations, from a governmental unit, or from the general public support from goods investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its oxerapt functions (cubject to certain exceptions).  i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.  6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  8 Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 8501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5-advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issues). Publication 1035, Extending the publication 1035, Extending 103, 103, 103, 103, 103, 103, 103, 103,  | Par  | t X Public Charity Status (Continued)   |           |
| g 508(a)(1) and 170(b)(1/A)(n)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.  h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributors, membarship fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).  i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.  6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  8 Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 5501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 6 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mitually agreed-upon period of time or issue(s). Publication to a mitually agreed-upon period of time or issue(s). Publication to a mitually agreed-upon period of time or issue(s). Publication to a mitually agreed-upon period of time or issue(s). Publication to the publ |      | 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or   |           |
| investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).  i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.  if I you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  a Request for Advance Ruling By checking this box and signing the consent, pursuant to section 8501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 fee of charge from the IRS web site at www.irs.gov or by calling toil-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.  Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code  For Cuganization  Bequest for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you ch | g    | 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form  | $\square$ |
| decide the correct status.  6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling preford. The assessment period will be extended for the 5 advancer ruling years to 8 years, 4 months, and 15 days beyond the end of the first year, You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.rs.gov or by celling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.  Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code  For Organization  Bequest for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling, To confirm your public support status, answer line 6b(f) if you checked box in line 5 above. If you checked box in line 5 above, answer line 6b(f) and (f).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses.  (b) Altach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If th | h    | investment income and receives more than one-third of its financial support from contributions, membership  |           |
| selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  a Request for Advance Ruling: By Aceking this box and signing the consent, pursuant to section 8501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to retiss or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detabled explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web sits at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.  Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code  For Organization  Part IRS Use Only  Bequest for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box in line 5 above. Answer line 6b(ii) if you checked box in line 5 above. If you checked box i in line 5 above, answer line 6b(ii) if you checked box in line 5 above. If you checked box in line 5 above, answer line 6b(ii) if you checked box in line 5 above. If you checked box in line 5 above, answer line 6b(ii) if you checked box in line 5 above. If you checked box in line 5 above, answer line 6b(ii) if you checked box in line 5 above. If you  | i    |   |           |
| the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5-advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax. Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 fire of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-828-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.  Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code  For Ordanization  Ryan Croley  (Type or pinit name of signer)  For IRS Use Only  Bequest for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 66(i) if you checked box in line 5 above. If y | 6    | If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.  |           |
| Ryan Croley      | а    | the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, <i>Extending the Tax Assessment Period</i> , provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance | <b>₩</b>  |
| b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses.  (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.  (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.   |      | (Signature of Officer, Director, Trustee, or other authorized official) (Date)  Executive Director  | Š. s.s.   |
| b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses.  (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.  (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.   |      | For IRS Use Only  |           |
| you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses.  (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.  (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.  |      |   |           |
| (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.  (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.  (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.  7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Yes Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and   | b    | you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).   |           |
| Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.  (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.  7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Yes Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and  |      | (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.  |           |
| a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.  7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and   |      | Expenses, attach a list showing the name of and amount received from each disqualified person. If the   |           |
| Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and   |      | 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   |           |
|  | 7    | Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and  | ☑ No      |

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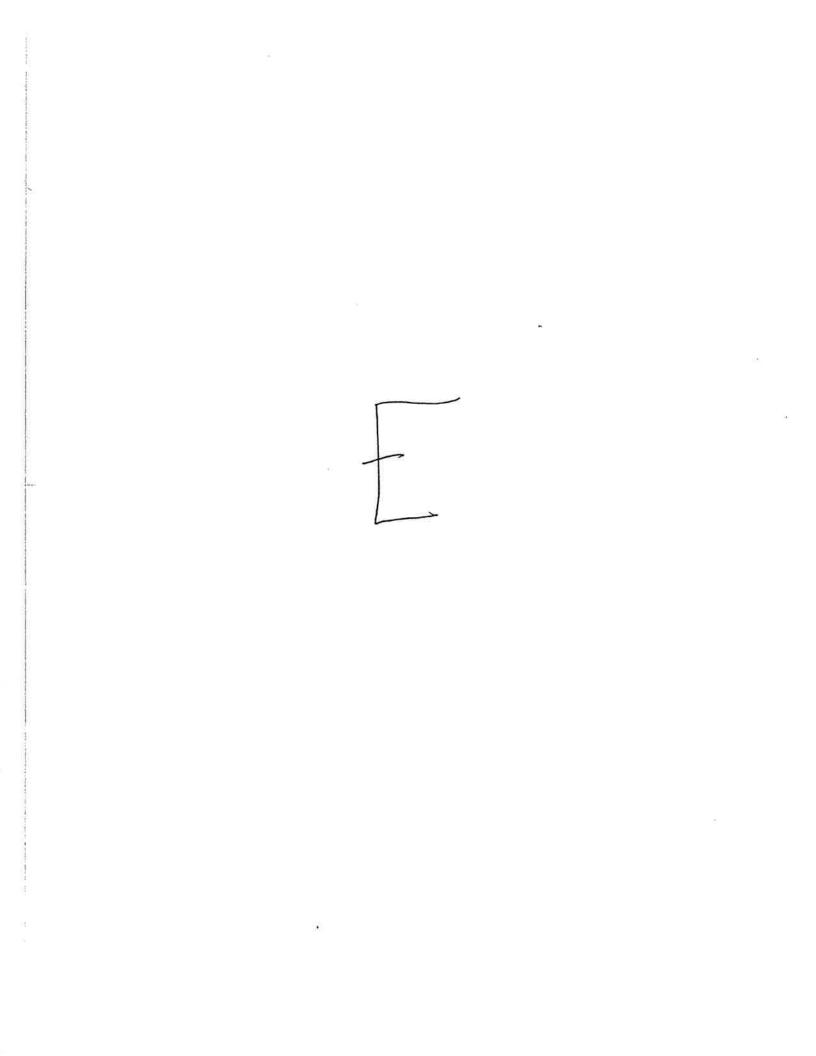
EIN: 46 - 0552796

Form 1023 (Rev. 6-2006)

#### Part XI User Fee Information

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

| ree          | in the keyword box, or call Customer Account Services at 1-677-629-5500 for current information.   |             |
|--------------|--|-------------|
| 1            | Have your annual gross receipts averaged or are they expected to average not more than \$10,000?  Yes If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above). | ☑ No        |
|              | If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).  |             |
|              |  |             |
| 2            | Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).  |             |
| 3            | Check the box if you have enclosed the user fee payment of \$750 (Subject to change).  | V           |
| Plea<br>Sign | RVan Lrojev  | n           |
| Her          | (Signature of Officer, Director, Trustee, or other (Type or print name of signer) (Date)   |             |
|              | authorized official)  Executive Director  (Type or print title or authority of signer)   |             |
| Rei          | minder: Send the completed Form 1023 Checklist with your filled-in-application. Form 1023 (Re  | ev. 6-2006) |



EIN: 46-0552796

#### Part IV - Narrative Description of Your Activities

#### A. General Features of the Program

Form 1023

#### 1. General Description

The Virginia Beach Hockey Club Challenge Team Inc. (VBHC Challenge Team) is a nonprofit corporation established in summer of 2012 for charitable and educational purposes. The Mission of the VBHC Challenge Team is to promote camaraderie, competition, and athleticism to disabled athletes who want to learn to play ice hockey. Our goal is to develop a team atmosphere for athletes to develop life skills in Teamwork, Leadership and Commitment.

#### 2. Reasons for Formation

The Virginia Beach Hockey Club, a group of adult hockey players who meet in the mornings for games and practice was established in the summer of 2011. Their goal was to exercise, have fun, and promote the sport of ice hockey. Since establishment, the group has grown to over 80 participants and 40 full time members and includes professional hockey skills and instruction classes on Wednesday mornings. VBHC welcomed members to bring their children and friends to these Wednesday morning sessions at no cost. One of the children had a physical disability and was limited to a wheel chair and primary use of only one arm. Since he began playing with the organization, he has skills have improved significantly and the VBHC members enjoy volunteering their time to work with him. The VBHC now has a number of disabled members to include military veterans. This has led to the establishment of the VBHC Challenge Team an organization focused entirely on developing athletes with This new organization will operate year round, provide professional instruction and equipment (sleds) to those with disabilities who want to learn to play ice hockey.

#### Area Served

VBHC Challenge Team serves Virginia Beach, Norfolk, Portsmouth, Chesapeake, and Hampton Virginia. Collectively this area is known as the "Hampton Roads area."

#### 4. Potential Client Base

Using data from publicly available sources, VBHC Challenge team estimates that as many as 43,000 individuals with disabilities live in the service area. In addition, the region attracts large numbers of visitors, many of whom have disabilities. Currently there is no disabled hockey program in the area.

#### 5. Disabilities to Be Served

Form 1023

VBHC Challenge Team will serve persons with physical disabilities such as traumatic brain injury, spinal cord injury, cerebral palsy, neuromuscular disorders, visual and hearing impairments and others. It will also serve people with intellectual disabilities, developmental delays, intellectual disabilities, and forms of mental illness. Military Veterans who have mental and physical disabilities will be included. Some participants will have both physical and developmental disabilities. VBHC Challenge Team estimates that these categories of disability will be distributed as follows.

Physical disabilities 62%
Developmental disabilities 25%
Both physical and developmental disability 13%

#### 6. Specialized Adaptive Equipment

Some but not all of our participants who have physical disabilities require the use of specialized adaptive equipment. This equipment consists of a special sled, modified hockey sticks, and pads. Devices to enhance stability are also used.

As VBHC begins operations we have only a few pieces of equipment. We have prepared a grant application to USA hockey to provide 8 sleds to jumpstart the program. Sticks and protective equipment will be purchased by the participants with supporting funding coming from donations, grants, and fundraisers. Over time, we plan to secure sponsorships from individuals and corporations to allow for the purchase of uniforms, equipment, storage facilities, transportation vehicles, training facilities and ice rental.

#### 7. Training

Volunteers and Staff will undergo extensive training in adaptive techniques and equipment and in the challenges unique to various disabilities. They will complete seasonal training requirements and back ground checks before participating in training with clients. New volunteers participate in a supervised, supporting role before they are assigned the role of lead.

#### 8. Locations of Services

Space for offices and training facilities have not yet been identified but will be centrally located in the area served or the Hampton Roads area. Our primary training

facility will be at ICELAND of Virginia Beach located on Broad Street near the Virginia Beach Town Center. VBHC Challenge Team will purchase a prime mover and trailer to support alternate training sites, competitions, clinics, and storage for specialized equipment.

#### 9. Fees, Services and Compensation

VBHC Challenge Team Board of Directors approves a fee schedule for the organization's services. These fees will be consistent with fees charges to similar organizations in the Hampton Roads area. Clients will pay a nominal fee to participate in activities and may be responsible for protective equipment such as helmets, pads, shin guards, elbow pads, and gloves. The hockey club will provide sticks, sleds, uniforms, storage and costs associated with club equipment transportation. If any fee represents a hardship for the client, VBHC Challenge Team will reduce or waive the fee entirely. No clients will be turned down for inability to pay. Fees represent a relatively small revenue stream for the organization.

VBHC Challenge Team will have paid staff initially consisting of a lawyer, bookkeeper, accountant, professional skating instructor, and marketing director. Volunteers will support the majority of the staff but these paid employees are essential to the successful operation of the organization. Paid employees may be compensated at a rate consistent with similar positions in the Hampton Roads area. Additional Employees will require approval from the Board of Directors. Volunteers may be compensated for training, travel, equipment, uniforms, and per Diem while representing the organization more than 50 miles from their residence.

#### 10. Alternates Names

We sometimes omit the "Inc" when referring to our organization. In some communications we shorten the reference to VBHC Challenge Team.

#### B. Specific Programs

Approximately 75% of VBHC Challenge Team activities will be conducted on ice and 25% being dry land training. Consequently, we have categorized our programs into these two categories.

#### 1. On Ice Training

- a. Components of the service
  - Safety, and equipment instruction
  - Basic and advanced skating and maneuvering
  - Stick Handling and shooting
  - Team drills and practice
  - USA Hockey Rules
  - Hockey Tactics
- b. Who conducts the service? Approximately 15 trained volunteers
- c. Locations. ICELAND of Virginia Beach and other skating rinks in the local area
- d. Timing and Service Volumes

Past and Current – VBHC Challenge Team began offering this program in the spring of 2012 and have served 4 disabled clients. Instruction is offered one day a week on Wednesday mornings.

Planned – We plan of expanding the program to over 75 clients and adding practice sessions on Tuesday, Thursday, and Saturdays.

#### e. How the service furthers exempt purposes

For those clients whose disability requires use of a wheelchair, the opportunity to us a specialized sit-down device (Sled) will allow them to experience the thrills of the competition and hockey in ways they may have though impossible. For clients with limited use of their upper body, they will be accompanied by a trained VBHC Challenge Team volunteer who will aid in maneuvering the client on the ice by pushing the client in a specially modified sled. Even for ambulatory participants — those with autism or other developmental disabilities — the opportunities of learning to play hockey is an activity that in most instances had not been available. For military veterans it will be an opportunity to remain athletic and active as they recover from injuries sustained while on active duty. This program will offer veterans the ability to compete in a team sport environment, something that they may have though impossible prior to the establishment of the VBHC Challenge Team.

#### 2. Dry land Training

#### f. Components of the service

- Safety, and equipment instruction
- Teamwork Building
- Leadership
- USA Hockey Rules
- Hockey Tactics
- g. Who conducts the service? Approximately 15 trained volunteers
- h. Locations. ICELAND of Virginia Beach and other classroom or training facilities yet to be determined.
- i. Timing and Service Volumes

Past and Current – VBHC Challenge Team has not begun dry land training.

Planned – We plan on developing a curriculum and having dry land training once a week for 60 minutes.

j. How the service furthers exempt purposes

Dry land training will be an opportunity to teach clients the game of hockey in a controlled environment and allow for an efficient use of on ice practice time. Due to the high cost associated with ice rental, this will help keep the program costs to a minimum. In addition, dry land training will offer a venue for disabled athletes to learn life skills in teamwork, and leadership by teaching clients to communicate with, listen to, and work well with one another. Like any skill, the ability to work effectively with others requires some basic knowledge of best practices (in this case of team dynamics, consensus building, decision making, etc.); a chance to practice the skills to be acquired; and feedback on the success of these efforts. It also requires that volunteers and staff think about how to structure teams and assignments so that the teamwork experience is optimized and the most learning that is possible occurs.

#### Part VIII - Your Specific Activities - Fundraising Question 4a.

The Challenge Team will gladly accept all generous donations that fit the purpose of the organization. The organization is open to the possibility of using various methods of solicitation such as mail, email, personal and other marketing campaigns to attract donations in a manner consistent with the goals and integrity of the organization. No formal fundraising plan has been adopted at this time.

|         |     |   | *  |  |
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#### ARTICLES OF INCORPORATION

#### OF

#### VIRGINIA BEACH HOCKEY CLUB CHALLENGE TEAM, INC.

#### ARTICLE I

#### Name

The name of this corporation is: Virginia Beach Hockey Club Challenge Team Inc.

#### **ARTICLE II**

#### Corporate Nature

This is a nonprofit corporation, organized pursuant to the Virginia Nonstock Corporation Act, as set forth in Sections 13.1-801, et seq. of the Code of Virginia.

#### **ARTICLE III**

#### **Duration**

The term of existence of the corporation is perpetual.

#### ARTICLE IV

#### Purposes

This corporation is formed to serve persons with physical and mental disabilities by promoting camaraderie, competition and athleticism through participation in the game of ice hockey. The goal of the corporation is to help disabled athletes develop life skills in commitment, leadership, and teamwork. The corporation shall operate exclusively in a manner for such charitable purposes as will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986("the Code"), as amended, or under any corresponding provisions of any subsequent federal tax laws, covering the distributions to organizations qualified as tax exempt organizations under the

Internal Revenue Code, as amended, including private foundations and private operating foundations.

#### ARTICLE V

#### Management of Corporate Affairs

Board of Directors. All corporate powers shall be exercised by or under the authority of, and the business of the corporation managed under the direction of, the Board of Directors, subject to any limitation set forth in these Articles of Incorporation, the Bylaws or by the Code of Virginia. The Board of Directors shall consist of not less than three (3) persons. The initial Directors of this corporation shall be Ryan P. Croley, Christian Haugen, Michael J Pellerito, Sr. and Nadar Elguindi. Replacement and substitute Directors shall be elected by the remaining Board of Directors. The term the Directors will serve shall be determined according to the Bylaws of the corporation.

#### **ARTICLE VI**

#### Earnings and Activities of Corporation

- A. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its Directors, Officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.
- B. 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 any candidate for public office.

- C. 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 qualifying under Section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.
- D. Notwithstanding any other provisions of these Articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

#### ARTICLE VII

#### Dissolution

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable and educational purposes as shall at any time qualify as an exempt organization or organizations under Section 501(c)(3) of the Code, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as such court shall determine, which are organized and operated exclusively for such purposes.

#### **ARTICLE VIII**

#### Membership

There shall be no Members or classes of Members (as provided for in Section 13.1-837 of the Code of Virginia) of this corporation.

#### ARTICLE X

#### Dedication of Assets

The property of this corporation is irrevocably dedicated to educational and charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director or officer thereof, or to the benefit of any private individual.

#### ARTICLE XI

#### Registered Agent and Office

The address of the corporation's initial registered office shall be 101 West Main Street, Suite 500, Norfolk, Virginia 23510, which is in the City of Norfolk, and the name of its initial registered agent shall be VB Business Services, LLC, a domestic Virginia limited liability company whose business address is the same as the corporation's initial registered office.

#### ARTICLE XII

#### Amendment of Articles

These Articles of Incorporation may be amended by the Board of Directors in the manner set forth in the Bylaws of this corporation.

The undersigned, being the Incorporator of this corporation, for the purpose of forming this nonprofit corporation under the laws of the Commonwealth of Virginia, has executed these Articles of Incorporation, this 10<sup>th</sup> day of July, 2012.

Geoffrey G. Hemphill, Incorporator

\*

#### **BYLAWS**

#### **OF**

# VIRGINIA BEACH HOCKEY CLUB CHALLENGE TEAM, INC.

#### ARTICLE I

#### NAME AND LOCATION

- Section 1. <u>Name.</u> This organization shall be incorporated under the laws of the Commonwealth of Virginia and shall be known as Virginia Beach Hockey Club Challenge Team, Inc.
- Section 2. <u>Headquarters.</u> The headquarters and principal office of this organization shall be located in Virginia Beach, Virginia.

#### ARTICLE II

#### **PURPOSE**

- Section 1. <u>Purpose.</u> The purpose of this organization shall be:
- A. To serve persons with physical and mental disabilities by promoting camaraderie, competition and athleticism through participation in the game of ice hockey. The goal of the corporation is to help disabled athletes develop life skills in commitment, leadership, and teamwork.
- B. To operate exclusively in a manner for such charitable purposes as will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986 ("the Code"), as amended, or under any corresponding provisions of any subsequent federal tax laws, covering the distributions to organizations qualified as tax exempt organizations under the Internal Revenue Code, as amended, including private foundations and private operating foundations.

### ARTICLE III

# **MEMBERS**

Section 1. This corporation, having been organized as a charitable organization under the Virginia Nonstock Corporation Act, shall have no shareholders and no members.

### ARTICLE IV

# **BOARD OF DIRECTORS**

- Section 1. <u>Management.</u> The business and the affairs of the Corporation shall be directed, controlled, and managed by the Board of Directors which shall be the governing body of the Corporation.
- Section 2. <u>Duties of Board of Directors.</u> The Board of Directors shall manage all of the affairs, the property and funds of the Corporation, and shall have the duty and authority to do and perform all acts consistent with these Bylaws, the Articles of Incorporation of the Corporation and any amendments thereto, and the laws of the Commonwealth of Virginia. The Board of Directors shall have such other duties as may be prescribed by law. The Board of Directors shall have the authority to issue rules and regulations governing the conduct of the business of the Corporation, provided such rules and regulations are not inconsistent with these Bylaws or the Articles of Incorporation. The Directors shall serve without compensation.
- Section 3. <u>Number of Directors.</u> The number of Directors shall be fixed from time to time by resolution of the Board of Directors, provided, however, that the number of Directors shall be fixed at not less than three (3) nor more than nine (9) persons.
- Section 4. <u>Election of Directors.</u> With the exception of the initial Board, Directors shall be elected by a majority vote of the existing Board of Directors at the annual meeting of the Board.
- Section 5. <u>Terms of Office.</u> Directors shall serve for a term of three (3) years. All Directors shall retain their respective offices as Directors until their successors shall be duly elected and qualify.

Section 6. <u>Removal of Directors.</u> Directors may be removed from office, with or without cause, at any annual, regular, or special meeting of the Board of Directors by the affirmative vote of a majority of the Board.

Section 7. <u>Vacancies on the Board of Directors.</u> All vacancies on the Board of Directors shall be filled by a majority vote of the remainder of the Board of Directors. The Board may vote to fill vacancies on the Board of Directors at any annual or regular meeting, or at a special meeting called for such purpose. A Director elected to fill a vacancy or to occupy a position resulting from an increase in the number of Directors shall serve for the unexpired portion of the term in question.

Section 8. Resignation of Directors. Any Director may resign from office, with or without cause, by delivering a written statement of resignation to the Chair of the Board of Directors. Any such resignation shall take effect immediately upon its receipt by the Chair of the Board of Directors, unless a later effective time or date for the resignation is specified in the notice of resignation.

Section 9. <u>Annual Meetings of the Board of Directors.</u> The annual meeting of the Board of Directors of the Corporation shall be held on such date and at such time and place as the Board of Directors shall determine. If less than a quorum of Directors appears for an annual meeting of the Board of Directors, the holding of such annual meeting shall not be required and matters that might have been taken up at the annual meeting may be taken up at any later regular, special or annual meeting or by unanimous written consent.

Section 10. Regular and Special Meetings of the Board of Directors. Regular meetings of the Board of Directors shall be held at a specified time and place designated by the Board, or upon the call of the Chair. Notice of regular meetings shall be provided as prescribed by the Board by resolution. Special meetings of the Board of Directors may be called by the Chair, or may be called at the request of not less than one-third (1/3) of the members of the Board of Directors. Notice of special meetings shall be mailed, sent by electronic transmission or delivered to each Director not less than five (5) days before the date of such meeting. Notice of special meeting shall state the purposes for the special meeting and at such meeting no other business than that stated in the notice shall be transacted as official business.

Section 11. <u>Waiver of Notice.</u> Any meeting of the Board of Directors may be deemed to have been validly and legally called if all of the Directors entitled to vote on the day of the meeting sign a written waiver of notice, either before or after the meeting. Attendance of a Director at any meeting shall constitute a waiver of notice of that meeting and no written waiver need be obtained from that Director except when the Director attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. All such waivers, consents or approvals shall be filed with the Corporate records.

Section 12. <u>Actions by Unanimous Written Consent.</u> Any action required or permitted at any meeting of the Directors may be taken without a meeting, without prior notice and without a vote if all of the Directors entitled to vote thereon consent in writing (or by electronic media as allowed by law). Said consents shall be filed with the minutes of the proceedings and shall have the same effect as a vote for all purposes.

Section 13. <u>Voting and Quorum of Directors for Transacting Business.</u> A majority of Directors and a majority of the members of any committee of the Board shall constitute a quorum for the transaction of business. Whenever less than a quorum is present at any duly noticed meeting of the Board, or of any committee of the Board, a majority of those present may adjourn the meeting without notice, other than by announcement at the meeting, until a quorum is present. Each Director shall have one vote on each matter submitted to the Board of Directors for its vote, consent, waiver, release or other action. The vote of majority of the Directors or committee members present at any meeting at which there is a quorum shall be the act of the Board or of the committee except as a larger vote may be required by the laws of the Commonwealth of Virginia, these Bylaws or the Articles of Incorporation of the Corporation.

Section 14. <u>Conference Telephone.</u> A member of the Board or of a committee designated by the Board may participate in a meeting by the means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear one another. Participation in a meeting in this manner constitutes presence in person at the meeting.

Section 15. <u>Powers of the Board of Directors.</u> The Corporation may, whenever its general interests require the same, borrow money and issue its promissory note or bond for the repayment thereof with interest, and may in like case mortgage its property for security for its

debts or otherwise lawful engagements. The Board may authorize the payment of reasonable compensation for the services of the Executive Director.

# ARTICLE V

# OFFICERS AND THEIR ELECTION

- Section 1. <u>Officers.</u> The officers of this organization shall be: President, Vice President, Secretary and Treasurer.
- Section 2. <u>Election of Officers.</u> Officers shall be elected at the annual meeting by a majority vote, a quorum being present. Nominations may be made from the floor providing the consent of the nominee has been obtained.
- Section 3. <u>Assumption of Duty.</u> Officers shall assume their official duties at the beginning of the fiscal year of the Corporation, which shall coincide with the fiscal year of the Federal Government, and shall serve for a term of one year, or until their successors have been elected.
- Section 4. <u>Removal from Office.</u> Any officer may be removed from office by the affirmative vote of two-thirds of the entire Board of Directors.
- Section 5. <u>Vacancies.</u> A vacancy in any office shall be filled in the manner prescribed for other vacancies in Article IV, Section 7.

# ARTICLE VI

### **DUTIES OF OFFICERS**

- Section 1. President. The President shall:
  - A. Preside at all meetings of the Board of Directors.
  - B. See that resolutions of the Board are carried out.
  - C. In consultation with the Board, appoint all standing and special committees.
  - D. Call special meetings of the Board of Directors.
  - E. Perform such other duties as pertain to the office, or are prescribed in these Bylaws, or that are requested by the Board of Directors.
  - F. Provide direction to the Executive Director on day-to-day operations.

- Section 2. <u>Vice-President.</u> The Vice-President shall:
  - A. Act in the place of the President in the event of his or her absence.
  - B. Exercise and discharge such other duties as may be required of him or her by the Executive Committee.
- Section 3. Secretary. The Secretary shall:
  - A. Record the votes and keep the minutes at all meetings and proceedings of the Board of Directors.
  - B. Keep appropriate records showing the current mailing address of all Board members and the attendance records of the members at the Board of Directors meetings.
  - C. Perform such other duties as may be required of him or her by the Executive Committee.
- Section 4. Treasurer. The Treasurer shall:
  - A. Keep information of all the monies received and expended.
  - B. In cooperation with the Finance Committee, prepare a budget for the year and present it to the Board of Directors for approval.
  - C. Make a full financial report to the Board of Directors.
  - D. Prepare a budget report to the Board of Directors as directed by the Board.
  - E. Make available appropriate financial records for audit by government or independent auditors on an annual basis.

# ARTICLE VII

# **COMMITTEES**

<u>Committees.</u> In order to facilitate the management of the organization, the Board may establish such committees, whether standing or special, as it deems necessary by appropriate resolution.

## ARTICLE VIII

# **INDEMNIFICATION AND LIABILITY**

Section 1. <u>Right of Indemnification</u>. The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending, or

completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that he is or was a Director or Officer of the Corporation, against expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding if he (a) was not guilty of willful misconduct or a knowing violation of the criminal law in the performance of his duty to the Corporation; (b) acted in good faith and in a manner he reasonably believed to be in, or not opposed to, the best interests of the Corporation; (c) with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful; (d) in the case of amounts paid in settlement, that such settlement was reasonable and in, or not opposed to, the best interests of the Corporation. The termination of any action, suit or proceeding by judgment, order, settlement, conviction or plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he reasonably believed to be in, or not opposed to, the best interests of the Corporation, and, with respect to any criminal action or proceeding, that the person had reasonable cause to believe that his conduct was unlawful. If, at any time, any provisions contained in the laws of the Commonwealth of Virginia prohibit or limit indemnification in respect of any claim, action, suit, or proceeding, except upon a determination of the extent thereof in the manner provided in such provision, indemnification shall be made only in accordance with such provision, and the provisions of this section shall be superseded with respect to transactions governed by such provision.

Section 2. <u>Expenses of Successful Defense</u>. To the extent that a Director or Officer of the Corporation has been successful on the merits or otherwise in defense of any action, suit, or proceeding referred to in Section 1 of this Article or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorneys' fees), actually and reasonably incurred by him in connection therewith.

Section 3. <u>Determination of Propriety of Indemnification</u>. Any indemnification under Section 1 of this Article (unless ordered by a court) shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification of the Director or Officer is proper in the circumstances because he has met the applicable standard of conduct set forth in Section 1 of this Article. Such determination shall be made either (a) by the Board of

Directors by a majority vote of a quorum (as defined in these Bylaws) consisting of Directors who were not parties to such action, suit, or proceeding; or (b) if such quorum is not obtainable, or, even if obtainable, and a quorum of disinterested directors so direct, by independent legal counsel in a written opinion. Notwithstanding the failure or refusal of the Directors or counsel to make provision therefor, such indemnification shall be made if a court of competent jurisdiction makes a determination that the Director or Officer has a right to indemnification hereunder in any specific case upon the application of such person, or if a court of competent jurisdiction determines that such person has satisfied the standards for indemnification specified in Section 1 of this Article.

Section 4. Expenses During Action. Expenses (including attorneys' fees) incurred in defending a civil or criminal action, suit, or proceeding may be paid by the Corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Directors in the specific case upon receipt of an undertaking by or on behalf of the Director or Officer, to repay such amount unless it shall be determined ultimately that he is entitled to be indemnified by the Corporation.

Section 5. <u>Insurance</u>. The Corporation, with the approval of the Board of Directors, may purchase and maintain insurance on behalf of any person who is or was a Director or Officer of the Corporation against any liability asserted against him or the Corporation and incurred by him or the Corporation in any such capacity, or arising out of his status as such, whether or not the Corporation would have the power to indemnify him against such liability under the provisions of this Article.

Section 6. <u>Advice of Counsel</u>. Neither the Corporation nor its Directors or Officers nor any person acting on its behalf shall be liable to anyone for any determination as to the existence or absence of conduct which would provide a basis for making or refusing to make any payment under this Article or for taking or omitting to take any other action under this Article, if such action or omission is made in reliance upon the advice of counsel.

Section 7. <u>Liability of Officers and Directors</u>. In accordance with the provisions of Section 13.1-870.1 of the Code of Virginia, in any proceeding brought by a Member in the right of the Corporation or brought by or on behalf of any Member of the Corporation, no damages

shall be assessed against an Officer or Director who receives no compensation from the Corporation.

Section 8. References Included. Each reference herein to Directors or Officers, shall be deemed to include references to former Directors, Officers, and their respective heirs, executors, and administrators. The indemnification hereby provided shall not be exclusive of any other rights to which any person may be entitled, including any right under policies of insurance that may be purchased and maintained by the Corporation or others, with respect to claims, issues, or matters in relation to which the Corporation would not have the power to indemnify such person under the provisions of this Article.

### ARTICLE IX

# PARLIAMENTARY AUTHORITY

ROBERT'S RULES OF ORDER NEWLY REVISED shall govern all organization meetings in all cases in which they are applicable and in which they are not in conflict with these bylaws.

### ARTICLE X

# **AMENDMENTS**

These bylaws may be amended by a majority of the entire Board of Directors, provided the proposed change in bylaws was sent to the Directors with the notice of meeting. Vote shall be in person or by unanimous written consent.

# ARTICLE XI

# ADOPTION AND EFFECTIVE DATE

These Bylaws were officially adopted by the Board of Directors as of July 12, 2012.

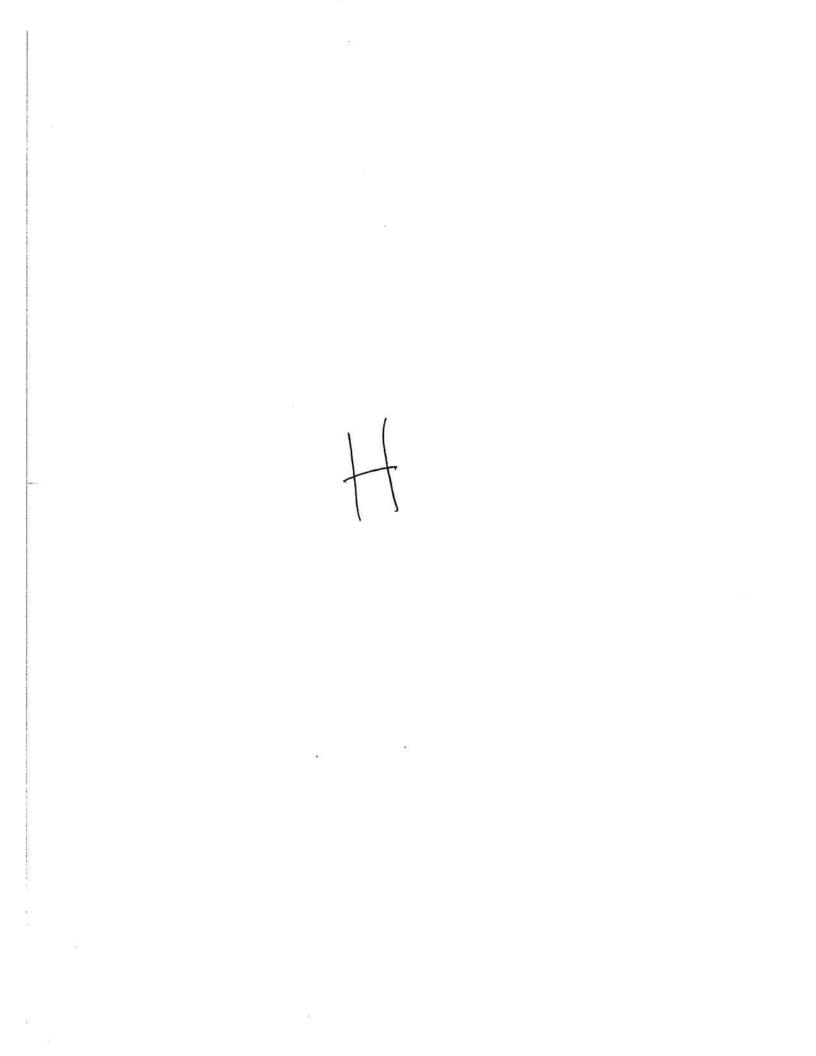
VIRGINIA BEACH HOCKEY CLUB CHALLENGE

TEAM, INC.

y.

Ryan P. Croley, President

4827-9095-2208, v. 1



# Virginia Beach Hockey Club Challenge Team, Inc. Conflict of Interest Policy

### Article I Purpose

The purpose of the conflict of interest policy is to protect the Virginia Beach Hockey Club Challenge Team, Inc.'s (the "Organization") interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess of 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 had, 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. 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 that 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 the circumstances not producing a conflict of interest, the governing board of 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 agreement.

### 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 investigations 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 transactions 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 Organization 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 Organization 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, directly or indirectly, from the Organization, 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 with 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 Organization 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 Organization 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 Organization's written policies, are properly recorded, reflect reasonable investments 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 Article VII, the Organization 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.

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