INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAY 01 2007

EAST PHILLIPS IMPROVEMENT COALITION Contact Person:
INC (EPIC) ANGELA M BENDE
C/O CAROL ANN PASS Contact Telepho
2536 18TH AVE S UPPER FLR (877) 829-5500
MINNEAPOLIS, MN 55404

Employer Identification Number:
32-0036350
DLN:
17053101065006
Contact Person:
ANGELA M BENDER ID# 31162
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
April 7, 2006
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2010

## Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

## EAST PHILLIPS IMPROVEMENT COALITION

sincerely,

Robert Chair

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3) Statute Extension

onn	1 1023 (Rev. 10-2004) Name: 0.00	EIN: 32 _ 0036350	Page 1
<b>GENERAL</b>	Public Charity Status (Continued)		
9	509(a)(4)—an organization organized and operated exclusively for testing for pu	ublic safety.	
Ť	509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a colle operated by a governmental unit.	age or university that is owned or	
g	509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of of contributions from publicly supported organizations, from a governmental un	fits financial support in the form hit, or from the general public.	Ø
h	509(a)(2)—an organization that normally receives not more than one-third of its investment income and receives more than one-third of its financial support files, and gross receipts from activities related to its exempt functions (subject	rom contributions, membership	
i	A publicly supported organization, but unsure if it is described in 5g or 5h. The decide the correct status.	organization would like the IRS to	· 0
8	If you checked box g, h, or i in question 5 above, you must request either an advant selecting one of the boxes below. Refer to the Instructions to determine which type	nce or a definitive rising by of ruling you are aligible to receive.	
а	Request for Advance Ruling: By checking this box and signing the consent, the Code you request an advance ruling and agree to extend the statute of ilm excise tax under section 4940 of the Code. The tax will apply only if you do not at the end of the 5-year advance ruling period. The assessment period will be expears to 8 years, 4 months, and 15 days beyond the end of the first year. You the extension to a mutually agreed-upon period of time or issue(s). Publication Assessment Period, provides a more detailed explanation of your rights and the you make. You may obtain Publication 1035 free of charge from the IRS web stoll-free 1-800-829-3676. Signing this consent will not deprive you of any appending.	itations on the assessment of or establish public support status extended for the 5 advance ruling have the right to refuse or limit 1035, Extending the Tax e consequences of the choices site at www.irs.gov or by calling ad rights to which you would	Ø
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	(Signitive of Official)  (Signitive of Official)  (Signitive of Official)  (Type or print name of signer)  President of the Board of (Type or print title or authority of (Type or print name of signer)  By Carol Ann Pass  (Type or print name of signer)  President of the Board of (Type or print name of signer)	(Date)  If Directors  aignar)  MAY () 1 / 2 / 2.0.0.6  If at least 8 full months and swer line 6b(i) if you checked box checked box i in line 5 above.  Expenses.	· · · · · · · · · · · · · · · · · · ·
	Request for Definitive Ruling: Check this box if you have completed one tax you are requesting a definitive ruling. To confirm your public support status, and g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you answer both lines 6b(ii) and (iii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and gifts totaled more than the 2% amount. If the answer is "None," check this line," check this part is "None," check the completed by sech person, if iii) (a) For each year amounts are lined.	MAY 01 / 2 / 2.0.0.6  year of at least 8 full months and swer line 6b(i) if you checked box checked box i in line 5 above,  Expenses, company, or organization whose als box.	· · · · · · · · · · · · · · · · · · ·
	Request for Definitive Ruling: Check this box if you have completed one tax you are requesting a definitive ruling. To confirm your public support status, and so in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you answer both lines 8b(i) and (ii).  (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and (b) Attach a list showing the name and amount contributed by sech person, gifts totaled more than the 2% amount. If the answer is "None," check the Expenses, attach a list showing the name of and amount received from a list showing the name of and amount received from a list showing the name of and amount received from a list showing the name of and amount received from a list showing the name of and amount received from a list showing the name of and amount received from each payer, other in payments were more than amount received from each payer, other in payments were more than amount received from each payer, other in payments were more than the payments were more than	MAY 01 / 2 / 2.00.6  year of at least 8 full months and swer line 6b(i) if you checked box checked box i in line 5 above,  Expenses.  company, or organization whose his box.  atement of Revenues and seach disqualified person, if the	· · · · · · · · · · · · · · · · · · ·
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