

## APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: THE OTHER SIDE ALADEMY
ADDRESS: 667E-100 S
CITY: SAT MUE CITY STATE: UT ZIP CODE: 84102
CONTACT PERSON: Lola Strong PHONE NUMBER: 80/9530409 EMAIL: 10/08 the other Sideacademy com
ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):  Not provide a 24x live in reeducational program for those who have hist rock hotom that teaches are social skills and now to live successful; productive lives fur from the teaches are formed in the notice and distributed behaviors of the past
What is the amount of your request?  The amount you are requesting is $0.00\%$ of your annual agency budget.  What is the purpose of the money you are requesting?:
PLEASE ATTACH:  Copy of 501(c)(3)  Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.
You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.  The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer of employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.
Dated this 1074 day of Net. 18. Applicant Mrh. Sylvania Applicant

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

DEPARTMENT OF THE TREASURY

Date: DEC 18 2015

THE OTHER SIDE ACADEMY 435 S 660 W OREM, UT 84058

Employer Identification Number: 47-4495796 DLN: 17053257322015 Contact Person: SHEILA M ROBINSON ID# 31220 Contact Telephone Number: (877) 829-5500 Accounting Feriod Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: July 10, 2015 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.