

From: LegalZoom services@e.legalzoom.com
Subject: Your EIN for Fall Prevention Alliance of Northeast
Wisconsin Inc.. Order Number #62090773.

Date: Mar 27, 2020 at 2:08:50 PM

To: traumaeducationllc@gmail.com



[Sign in](#) [View online](#)

Hi Dave,

Your federal tax ID, also known as an Employer Identification Number (EIN), for Fall Prevention Alliance of Northeast Wisconsin Inc. is ready. Please note the number below and keep this email for your records.

85-0545303

Now that you have your EIN, it will be necessary for:

- Opening a bank account
- Applying for business permits
- Hiring employees
- Applying for business loans
- Applying for a business credit card
- And many more business-related activities!

Best regards,

Your LegalZoom Team



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF INCORPORATION - CHAP 181

FALL PREVENTION ALLIANCE OF NORTHEAST WISCONSIN INC.

Received Date: 3/18/2020

Filed Date: 3/19/2020

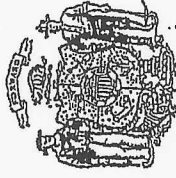
Filing Fee: \$35.00

Expedited Fee: \$25.00

Total Fee: \$60.00

Entity ID#: F063289

State of Wisconsin
Department of Financial Institutions



Reporting Requirements Notification
provided pursuant to sec. 181.0203(3), Wis. Stats.

Regulation of Charitable Organizations

A non-stock, non-profit corporation operating as a "charitable organization" and soliciting contributions, may be subject to additional regulation under sec. 202.12 of the Wisconsin Statutes and may be obliged to register and file financial reports with the Department of Financial Institutions, Division of Banking, Licensed Financial Services Bureau.

Information on additional requirements, including the: annual registration requirement, registration statement, annual financial report, audit requirement, acceptance of other information, exemptions from registration, reporting tax exemption or organizational changes, contracts and contribution limits is available on the DFI website at www.wdfi.org, by calling 608-267-1711 or by mail at:

Charitable Organizations
Licensed Financial Services
Department of Financial Institutions
P O Box 7876
Madison Wisconsin 53707-7876



FORM 102

**Nonstock Corporation
Articles of Incorporation**
Chapter 181.0202 Wis. Stats.

The corporation is incorporated under Ch. 181 of the Wisconsin Statutes.

Article 1. Name of the corporation: Fall Prevention Alliance of Northeast Wisconsin Inc.

Article 2. Mailing address of the initial principal office: 3390 Davies Ave
(Ref. s. 181.0103(19)) (Mailing Address)
Green Bay, WI 54311
(City, State and Zip Code)

Article 3. Street address of the initial registered office: 2761 Allied St, 1st Floor
(Ref. s. 181.0501) (Street Address)
Green Bay WI 54304-5501
(City, State and Zip Code)

Article 4. Name of the initial registered agent located at above registered office: United States Corporation Agents, Inc.

Article 5. Please select one of the statements: The corporation will have members The corporation will NOT have members

Article 6. Is the corporation authorized to make distributions under s. 181.1302 (4)? Yes No

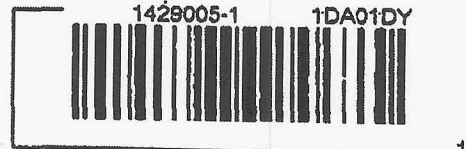
Article 7. This document was drafted by: Cheyenne Moseley, Asst. Secretary, Legalzoom.com, Inc.

Article 8. Name and address of each incorporator:
(attach additional pages if needed) Legalzoom.com, Inc.
(Name of Incorporator)
101 N Brand Blvd., 11th Floor
(Street Address)
Glendale, CA 91203
(City, State, Zip)

REPORTING REQUIREMENTS NOTIFICATION
provided pursuant to s. 181.0203(3), Wis. Stats.

Regulation of Charitable Organizations - A nonstock corporation operating as a "charitable organization" and soliciting contributions, may be subject to additional regulation under s. 202.12 of the Wisconsin Statutes and may be obliged to register and file financial reports with our Division of Banking, Licensed Financial Services Bureau. Additional information is available at www.wdfl.org or by calling 608-267-1711.


Incorporator's Signature



OPTIONAL

Article 9. State the delayed effective date of the Articles of Incorporation under s. 181.0123(2).

(MM/DD/YYYY)

Article 10. Other Provisions and Purpose Statement: (attach additional pages as needed)

Provide education and services for elderly population about falls, provide public safety referral services, provide public safety training

Article 11. Name and address of the initial directors: (minimum of three, attach additional pages as needed)

Dave Taylor

(Name)

3390 Davies Ave

(Street Address)

Green Bay, WI 54311

(City, State, Zip)

Debbie Taylor

(Name)

3390 Davies Ave

(Street Address)

Green Bay, WI 54311

(City, State, Zip)

Chris Hohol

(Name)

3390 Davies Ave

(Street Address)

Green Bay, WI 54311

(City, State, Zip)

Contact Information:

Cheyenne Moseley

(Name)

101 N Brand Blvd, 11th Floor

(Street Address)

Glendale, CA 91203

(City, State and Zip Code)

(323) 962-8600

(Phone Number)

onlinefilings@legalzoom.com

(Email Address)

Submit this form along with the non-refundable filing fee of \$35.00 to the address listed below. Make remittance payable to the Department of Financial Institutions. Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. For answers to frequently asked questions, please see: Form 102 Instructions

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:

State of WI - Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:

Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave - Suite 300
Madison WI 53703

Contact Information

Phone: 608-261-7577
Web: www.wdft.org
TTY: 711



**ARTICLES OF INCORPORATION of the
*Fall Prevention Alliance of Northeast Wisconsin, Inc.***



ARTICLE I
NAME

The name of this corporation is hereafter "Fall Prevention Alliance of Northeast Wisconsin, Inc."

The principal office or headquarters for the transaction of business shall be located at 3390 Davies Ave, Green Bay, WI 54311, located within the County of Brown and State of Wisconsin. The corporation shall continuously maintain corporation status in the State of Wisconsin as a registered office and agent.

Slogan/motto is to empower the community to reduce injury and save lives.

ARTICLE II
DURATION

The period of duration is perpetual.

ARTICLE III
PURPOSE

The purpose for which this Charitable Corporation is organized is to engage in support the needs of the community in regards to injury prevention to include all surrounding communities of Greater Green Bay, including Brown County, regardless of race, color, National Origin, Disability, Veteran Status, Creed, Sex, Religion or Age. This includes seniors fall prevention, educational opportunities, injury referral systems, injury prevention equipment, access to services, Active Shooter training and equipment and promotion of current programs.

Fall Prevention Alliance of Northeast Wisconsin Inc. seeks to focus on solutions to lessen the burden of cost to government and insurance and broaden the community assistance programs.

The corporation is organized exclusively for charitable, literary, and educational purposes, including for such purposes the making of distribution to the origination that qualify under section 501 (C) (3) of the Internal Revenue Code or any corresponding section of any future tax code.

No proceeds of the corporation will enrich any individual, except that reasonable compensation may be paid in exchange for services to that corporation. If the corporation is dissolved, any assets remaining will be distributed to another corporation that serves a similar purpose and qualifies as a tax-exempt.

ARTICLE IV

REGISTERED OFFICE/AGENT

The registered agent at said street address of the initial registered office is United States Corporation Agents, Inc. located at 2761 Allied St, 1st Floor, Green Bay, WI 54304-5501.

ARTICLE V

The Corporation does hereby indemnify any and all Directors, Officers, Employees or Independent Contractors, and/or Incorporators of the corporation from any and all liability with regards to the corporation and the business of the corporation, unless the person fraudulently and intentionally violated the law and/or maliciously conducted acts to damage and/or defraud the corporation, or as otherwise provided under applicable State Corporation Statute.

Executive Committee (non-voting paid staff members)

- Executive Director
- Asst. Director

Organization Board of Directors (volunteer voting members, maximum of 9 - minimum of 5) (minimum of 3 required for quorum, 4 required meetings a year).

1. President:
2. Vice-President:
3. Secretary:
4. Treasurer:

5. At Large:
 6. At Large:
 7. At Large:
 8. At Large:
 9. Medical Director:
- Fiscal Agent: O'leary and Anick Accounting (Non-Voting)

All other matters including membership regarding Corporation's rules of corporate governance are contained within Corporation's bylaws.

IN WITNESS WHEREOF, for the purpose of forming this Corporation under the laws of the State of, we the undersigned, constituting the Incorporators of this Corporation, have executed these Articles of Incorporation on.

STATE OF WISCONSIN

COUNTY OF BROWN

On this date, 9/5/2020, before me a notary public, the undersigned authority, the following personally appeared:

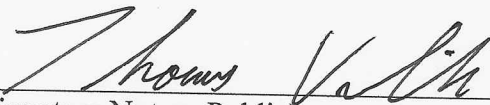
Incorporators:

Dave Taylor



This known to me or have satisfactorily proven that they are the Incorporators of the Articles of Incorporation, that they signed the aforementioned document as such, and that the statements contained therein are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year as written above.



(Signature Notary Public)

Thomas Verbiick

(Printed Name of Notary Public)

My Commission Expires: 12/18/2022

Under Section 501(c)(3) of the Internal Revenue Code

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

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

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant

1a Full Name of Organization (exactly as it appears in your organizing document) FALL PREVENTION ALLIANCE OF NORTHEAST WISCONSIN INC			b Care of Name (if applicable)		
c Mailing Address (Number, street and room/suite) 3390 DAVES AVE		d City GREEN BAY		e Country UNITED STATES	
f State WISCONSIN		g Zip Code + 4 54311	h Foreign Province (or State)		i Foreign Postal Code
2 Employer Identification Number 85-0545303		3 Month Tax Year Ends DECEMBER		4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative) DAVETAYLOR	
5 Contact Telephone Number 920-373-1083			6 Fax Number (optional)		7 User Fee Submitted \$600.00

8 Organization's Website (if available): <https://fallpreventionalliance.com>

9 List the names, titles, and mailing addresses of your officers, directors, and/or trustees.

First Name: DAVE		Last Name: DELLEMANN		Title: PRESIDENT	
Mailing Address: 1948 HAROLD ST			City: GREEN BAY		
State (or Province): WISCONSIN		Zip Code (or Foreign Postal Code): 54302			
First Name: CHRIS		Last Name: HOHOL		Title: ASST DIRECTOR	
Mailing Address: 2757 ALLOUEZ AVE			City: GREEN BAY		
State (or Province): WISCONSIN		Zip Code (or Foreign Postal Code): 54313			
First Name: TELLY		Last Name: VILLAS		Title: SECRETARY	
Mailing Address: 4616 14 ST			City: MENOMINEE		
State (or Province): MICHIGAN		Zip Code (or Foreign Postal Code): 49858			
First Name: MIKE		Last Name: WOULF		Title: TREASURER	
Mailing Address: 1302 HASTINGS ST			City: GREEN BAY		
State (or Province): WISCONSIN		Zip Code (or Foreign Postal Code): 54301			
First Name: JASON		Last Name: ARENDT		Title: VICE- PRESIDENT	
Mailing Address: 2332 BERKLEY WAY			City: DEPEPE		
State (or Province): WISCONSIN		Zip Code (or Foreign Postal Code): 54115			

Check here to add more officers, directors, and/or trustees.

Mike Jansen - At-Large member 2684 Development Dr., Green Bay, WI 54311 Dr. Todd Nelson - At-Large member (Medical Oversight) 2885 Augusta Way Feedsville, WI 54320