Form **1023-EZ**

(Rev. June 2014)

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it will be made public.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

OMB No. 1545-0056

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

3	ection 30 (c)(3).									
Part I	Identification of Applica	nt								
1a	Full Name of Organization									
	THE RESCUE CREW INC									
b	Mailing Address (number, street, and re	oom/suite)	. If a P.O. box, se	ee instructions.		c City		d State	e Zip code + 4	
3500 VICKSBURG LN N STE 220						PLYMOUTH		MN	1N 55447-1334	
2	Employer Identification Number	h Tax Year End	Tax Year Ends (MM) 4 Person to Contact			if More Information is Needed				
	82-2481298	12			JE	NNIFER URBAN	- CAF NO 0308-	-14263R		
5	Contact Telephone Number	6			Fax Number (optional)		7 Us	7 User Fee Submitted		
612-284-6441				612-284-6421				\$2	\$275.00	
8	8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)						ns.)			
First Name: CHRIS Last Name: MADDOX Title: PRESIDE						ESIDENT +	ENT + DIRECTOR			
Street Address: 5614 94TH AVE N			City: GREENFIELD		ID	State: MN Zip code + 4:		code + 4: 55357-0000		
				Last Name: WEUM			T'M.	CRFTARY +	Y + DIRECTOR	
Street	Address: 2807 FAIR OAKS DR		City: MONTGOMERY			State: AL		Zip code + 4: 36117-0000		
First Names				- IVION I GOIVIER I			Title			
Street Address: City State: 7in add 1.4										
Street Address: 501 19TH AVE N			I and Name	City: SARTELL			State: MN	Zip code + 4: 56377-0000		
First Na	ame: Laural		Last Name: HAESSLY				Title: VICE PRESIDENT + DIRECTOR			
Street	Address: 1306 PLEASANT AVE		City: ST PAUL			State: MN Zip code + 4: 55102-000		code + 4: 55102-0000		
First Na	ame:		Last Name:				Title:			
Street	Address:		City:		State:		Zip code + 4:			
9a	9a Organization's Website (if available): WWW.RESCUECREW.ORG									
b	Organization's Email (optional):		@RESCUEC	REW.ORG						
Part I	Organizational Structure	•								
1	To file this form, you must be a corpora	ition, an ur	nincorporated	l association,	or a tru	ıst. Select the bo	x for the type of	organizatio	n.	
	Corporation Unincorp	orated ass	ociation	◯ Trus	st					
2	Check this box to attest that you	have the o	organizing do	cument nece	ssary fo	or the organization	nal structure indi	cated above	e.	
	(See the instructions for an explai	nation of n	ecessary org	anizing docu	uments	s.)				
3	Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 08092017									
4	State of Incorporation or other formation: Minnesota									
5	Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).									
	Check this box to attest that your organizing document contains this limitation.									
6	Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.									
	Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.									
7	Section 501(c)(3) requires that your orgexempt purposes. Depending on your									

dissolution provision.

Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your

Form 10 Part III	23-EZ (Rev. 6-20 Your S	pecific Activities					Pag			
1	Enter the appr	opriate 3-character NTEE Code	that best describes your activitie	es (See the instructions)	: D20					
2	To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. Check all that apply						owing purposes. By apply.			
	Charitabl	e	Religious		Educational					
	Scientific		Literary		Testing for public safety	,				
	To foster	national or international amate	ur sports competition		Prevention of cruelty to	children or an	imals			
3	To qualify for exemption as a section 501(c)(3) organization, you must:									
	Refrain from supporting or opposing candidates in political campaigns in any way.									
	■ Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).									
	■ Not furth	er non-exempt purposes (such	as purposes that benefit private	interests) more than ins	substantially.					
	■ Not be or	ganized or operated for the pri	mary purpose of conducting a tr	rade or business that is r	not related to your exempt p	urpose(s).				
	Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not no expenditures in excess of expenditure limitations outlined in section 501(h).						not normally make			
	■ Not provi	de commercial-type insurance	as a substantial part of your activ	vities.						
	Check th	is box to attest that you have n	ot conducted and will not cond	uct activities that violate	e these prohibitions and rest	rictions.				
4	Do you or will (If yes, conside	you attempt to influence legisla r filing Form 5768. See the instr	ation? uctions for more details.)			Yes	√ No			
5	Do you or will you pay compensation to any of your officers, directors, or trustees? (Refer to the instructions for a definition of compensation .) Yes No									
6	Do you or will	you donate funds to or pay exp	enses for individual(s)?			Yes	√ No			
7	Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? Yes No						√ No			
8	Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? Yes No						√ No			
9	Do you or will	you have unrelated business gr	oss income of \$1,000 or more d	uring a tax year?		Yes	√ No			
10	Do you or will	Do you or will you operate bingo or other gaming activities?								
11	Do you or will	you provide disaster relief?				Yes	√ No			
	is designed t	ation Classification o classify you as an organi than private foundation s	zation that is either a priva	ite foundation or a p	oublic charity. Public ch	arity status	is a more			
		•	ne appropriate box (1a - 1c belo	ow) and skip to Part V be	elow					
	a Selec	et this box to attest that you no	rmally receive at least one-third d you have other characteristics	of your support from p	ublic sources or you normall					
	b Selection Selection Supp	et this box to attest that you no and gross receipts (from permit ort from investment income and	rmally receive more than one-th ted sources) from activities relat d unrelated business taxable inc	nird of your support fror ted to your exempt func come. Section 509(a)(2)	n a combination of gifts, gra ctions and normally receive r).	nts, contributi not more than	ons, membership one-third of your			
	509(a)(1) and 170(b)(1)(A)(iv).								
2	If you are not described in items 1a - 1c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.									
	need	to include the provisions require	ganizing document contains th red by section 508(e) because yo the instructions for explanation	ou rely on the operation	of state law in your particul	organizing do ar state to me	cument does not et the			

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Part V Reinstatement After Automatic Revocation						
Complete this section only if you are applying for reinstatement of exe annual returns or notices for three consecutive years, and you are app 2014-11. (Check only one box.)						
meet the specified requirements of section 4, that your failure to file	Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)					
2 Check this box if you are seeking reinstatement under section 7 of R	evenue Procedure 2014-11, effective the date you are filling this application.					
Part VI Signature						
I declare under the penalties of perjury that I am authoriz and that I have examined this application, and to the best	red to sign this application on behalf of the above organization tof my knowledge it is true, correct, and complete.					
CHRIS MADDOX	PRESIDENT + DIRECTOR					
(Type name of signer)	(Type title or authority of signer)					
	08292017					

(Date)

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