

MERCHANT APPLICATION



Please carefully complete the enclosed Application and read the attached Terms and Conditions and other additional terms, as applicable to you, which together make up the Merchant Processing Agreement. **Keep a Copy of the entire Application and the Terms and Conditions for your records.** NPC Member Bank's acceptance of this Application will be made in a manner authorized in the attached Agreement.

Sales Representative ID Number (9 digit code) or Sales Code (16 digits) Deek

Bank # or Merchant Association #:

SECTION 1 BUSINESS INFORMATION

Business Legal Name: (Must Match Business Tax Return Name) <u>American Conservative Union</u>		Contact Name: <u>Melissa Peña</u>	
Business Name (DBA): <input type="checkbox"/> Check here if Corporate Headquarters		Email address: <u>mpeña@conservative.org</u>	Website:
Business Location Address: <u>1331 H. ST. NW Ste 500</u>		Business Billing Address: (if different from location address) <u>1331 H. ST. NW Ste 500</u>	
City, State, Zip: <u>Washington, DC, 20005</u>		City, State, Zip: <u>Washington, DC, 20005</u>	
Phone #: <u>202-347-9388</u>	Fax #: <u>202-347-9389</u>	Phone #: <u>202-347-9388</u>	Fax #: <u>202-347-9389</u>

SECTION 2 OWNERSHIP INFORMATION

Ownership: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Government <input checked="" type="checkbox"/> Tax-Exempt Organization (501C)		Title: <u>Chairman</u>	Federal Tax ID #: <u>52-0810813</u>
Owner/Officer/Principal Name: <u>Al Cardenas</u>		DOB: <u>1/3/1948</u>	SSN #: <u>262-88-8503</u>
Home Address: <u>1331 H. ST. NW. Ste 500</u>		City, State, Zip: <u>Washington, DC, 20005</u>	Phone #: <u>202-347-9388</u>

SECTION 3 BUSINESS PROFILE AND ASSUMPTIONS

# of Locations: <input type="checkbox"/> Add'l. Location	1st Location MID#:	5 % = Card Present	95 % = Card Not Present	Percent of Sales
<input type="checkbox"/> Ownership or Legal Entity Change	Close NPC Existing MID#:	% Card Swipe	% MOTO	% To Consumer
Open Date:	Date of Current Ownership:	% Imprint (Manually Keyed)	% Internet	% To Business
Annual Volume (Visa/MC/DS/AX): <u>\$ 500,000</u>	Average Ticket (Visa/MC/DS/AX): <u>\$ 25.00</u>	Highest Ticket (Visa/MC/DS/AX): <u>\$ 200.00</u>	Type of Goods/Service Sold:	

Never Accepted Cards Processor Change - How many processing statements are you including? integrated % of International Cards

REFUND POLICY (Check One): No Refund Refund in 30 days or less Merchandise exchange only Other

Seasonal Sales: Yes No Active Months: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SECTION 4 IMPORTANT DISCLOSURES

Merchant acknowledges receipt of NPC documentation, which includes Merchant Processing Agreement Ver. GEN.0712

IMPORTANT MEMBER BANK RESPONSIBILITIES: (1) A Visa Member is the only entity approved to extend acceptance of Visa products directly to a Merchant. (2) A Visa Member must be a principal (signer) to the Merchant Agreement. (3) The Visa Member is responsible for educating Merchants on pertinent Visa Operating Regulations with which Merchants must comply. (4) The Visa Member is responsible for and must provide settlement funds to the Merchant. (5) The Visa Member is responsible for all funds held in reserve that are derived from settlement.

IMPORTANT MERCHANT RESPONSIBILITIES: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargeback below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with Visa Operating Regulations. The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the Merchant understands some important obligations of each party and that the Visa Member (Acquirer) is the ultimate authority should the Merchant have any problems.

Signature (Signature may be evidenced by facsimile) <u>Melissa Peña</u>	Name (please print) <u>Melissa Peña</u>	Date <u>9/20/13</u>
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MEMBER BANK:
First National Bank of Omaha
One First National Center
16th and Dodge Street
Omaha, NE 68197
ph:402-341-0500

SECTION 5 PATRIOT ACT AND BACKGROUND AUTHORIZATION

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The undersigned entity(ies) and individuals hereby unconditionally authorize NPC and Member Bank or its agents to (i) investigate the information and references contained herein, and to obtain additional information about the Merchant and such individual(s) by pulling credit bureau and criminal background checks on the Merchant and its principals, including obtaining reports from consumer reporting agencies on individuals signing below as an owner or general partner of Merchant, or providing their Social Security Number on the Application (if such individual asks NPC or Member Bank whether or not a consumer report was requested, NPC and/or Member Bank will tell such individual and, if NPC and/or Member Bank received a service of the Merchant Agreement. By providing your SSN and signing this Application, you, in your individual capacity, unconditionally authorize NPC and Member Bank to obtain your consumer credit report.

Merchant's Business Name (Legal): _____

SECTION 6 COMPLIANCE INFORMATION

Do you (MERCHANT) have a 3rd party software application/gateway or *Auth. net* POS Terminal

Are you compliant with the Payment Card Industry Data Security Standards? YES NO

If yes, identify Security Assessor and certificate number: _____

Have you been notified by Visa, MasterCard or Discover that you have been the the victim of a compromise of cardholder data? YES NO

If yes, have you completed remediation? YES NO

Do you store cardholder data? Paper - YES NO Electronic - YES NO

Last Certification Date: _____ Identify all third parties that have access to cardholder data on your behalf (if so, Section 7 must be completed): _____

All merchants must comply with the Payment Card Industry Data Security Standard ("PCI DSS"). Merchant is required to maintain the security of card data and to comply with the requirements of the PCI DSS. Merchant must validate its compliance with the PCI DSS and provide NPC with evidence that Merchant (a) has successfully completed a Self Assessment Questionnaire and scan(s), if applicable, and (b) is compliant with the PCI DSS. NPC has created the PCI Program (the "PCI Program") to assist merchants in securing card data and complying with PCI DSS. You are enrolled in the PCI Program and the applicable fees will be assessed in accordance with the terms of the PCI Program. Information on the PCI Program is set forth in Section 14.0 of the Terms and Conditions and the applicable fees are set forth in Section 12.

SECTION 7 THIRD PARTY VENDOR DATA *This Section is for reporting third-party vendors that have access to Merchant's data.*

Software Vendor: Auth.net / USAePay Version # _____ Merchant data to which this vendor has access: _____

Does software store cardholder information? YES NO Is vendor software PCI compliant? YES NO

SECTION 8 MERCHANT BANK ACCOUNT INFORMATION PLEASE SUPPLY VOIDED PREPRINTED CHECK OR BANK LETTER FOR EACH ACCOUNT REQUESTED

In accordance with the terms set out in the Merchant Processing Agreement, funds will be transferred to/from the account as delineated. If nothing is checked, MERCHANT will receive Premium ACH. *Subject to special approval. ACH can be performed by the following entities: Member Bank, NPC or any authorized agent of NPC or any Third Party Service Provider with whom you have contracted.

Deposit Time Frame: Premium ACH Alternate Funding* Deposit Type: Combined By Batch

Any ACCOUNT NUMBER indicated must be a valid account number for handling ACH deposits and withdrawals. If more than one account is indicated, account #1 will be used for Sales.

Routing #1: 056009479 DDA Account Type: Checking Savings

Account #1: 2100110739

Routing #2: _____ DDA Account Type: Checking Savings

Account #2: _____ If a second account, this account is used for: Discount Fees Credits Chargebacks

Section 9 CHECK/ ACH SERVICES

If Check Services are selected and by signing Merchant Processing Agreement, Merchant agrees to accept Check Services pursuant to, and to be bound by, the terms and conditions for Check products acceptance as stated in the Merchant Processing Agreement or as provided by Check services provider, GETI, or other service provider. Member Bank is not providing the Check/ACH Services. Merchant must be approved by NPC and its service provider, GETI, or by other service provider. ++ Check Recovery: An inactivity Fee of \$5.00 per month may be charged after 6 months of inactivity. +++ For Non-Guarantee checks \$10,000 and greater: A premium of .10% (ten basis points) will be charged in addition to the discount rate. **These fees apply per account.

Check Service	Discount Rate	Transaction Fee	Check Service	Discount Rate	Transaction Fee	Other
<input type="checkbox"/> Check Conversion w/Guarantee			<input type="checkbox"/> Check21 POS - Guarantee			Check21 Return Fee***: \$5.00
<input type="checkbox"/> Check Conversion w/o Guarantee			<input type="checkbox"/> Check21 POS - Non-Guarantee+++			
<input type="checkbox"/> Paper Check w/ Guarantee			<input type="checkbox"/> Check21 Remote - Guarantee			Monthly Check21 Access Fee***: \$5.00
			<input type="checkbox"/> Check21 Remote - Non-Guarantee+++			
			<input type="checkbox"/> Check21 POS Payroll option - Guarantee: Discount Rate + 3% premium			
			<input type="checkbox"/> Check21 POS Payroll option - Non-Guarantee: Discount Rate + 1% premium			

of Checks Monthly: _____ Average Amount: _____ Largest Check Amount: _____ Monthly Service Fee***: _____ Batch Fee: _____ Monthly Minimum***: \$25.00 Annual Fee***: \$59.95 Termination Fee***: \$125.00

Monthly Billing Check Recovery Service ++

SECTION 10 AMERICAN EXPRESS

Merchant Name: American Conservative Union Existing American Express Account #: N/A Franchise CAP #: N/A

Authorization Transaction Fee (NPC charge for all transaction authorization attempts) \$.20 Discount Rate*: 2.95 % Avg. Ticket: \$ 25 Annual AMEX Charge Volume \$ 50k

Retail: + \$0.10 Trans Fee Restaurant: + \$0.05 Trans Fee B2B & Services, Wholesale & All Other: +\$0.15 Trans Fee Prepaid/Giftcard: 1.95% Discount Rate**

Retail: 0.30% CNP downgrade Restaurant: 0.30% CNP downgrade

I represent that I have read and am authorized to sign and submit this application for the above Merchant which agrees to be bound by the American Express® Card Acceptance Agreement ("AXP Agreement"), and that all information provided herein is true, complete, and accurate. Neither Member Bank nor NPC is a party to the AXP Agreement. I authorize NPC and American Express Travel Related Services Company, Inc. ("AXP") and NPC's and AXP's agents and affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, affiliates and other parties for any purpose permitted by law. I authorize and direct NPC and AXP and NPC's and AXP's agents and affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application for the AXP program, the Merchant will be provided with the AXP Agreement and materials welcoming it either to AXP's program for NPC to perform services for NPC or to AXP's standard card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the Merchant does not qualify for the NPC servicing program that the Merchant may be enrolled in AXP's standard American Express Card acceptance program, and the Merchant may terminate the AXP Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the Merchant agrees to be bound by the AXP Agreement. *An inbound fee of 0.04% will be applied to any Charge made using a Card issued by an issuer located outside of the United States. **Does not apply to Supermarket MCC, in which case only a \$0.20 transaction fee is applicable.

APPLICABLE ONLY IF MERCHANT ACCEPTS AMERICAN EXPRESS AND IS NOT PARTICIPATING IN THE AMERICAN EXPRESS ONEPOINT PROGRAM:

Due to certain restrictions or front-end limitations, merchant may be assigned to the American Express ESA program. A \$7.95 monthly flat fee is mandatory for MOTO/Internet/Home based businesses. American Express services will be provided to Merchant and funded by independent third party service providers not by NPC or Member Bank. Neither NPC nor Member Bank makes any warranty with respect to these services. Additional fees may apply if Merchant is enrolled in the American Express ESA program and will be billed by American Express.

Merchant's Business Name (Legal): _____

SECTION 11 SCHEDULE OF FEES

DISCOUNT: Daily Monthly **CARD ACCEPTANCE OPTIONS:** Debit Card Only Other Cards All Cards

BUSINESS TYPE Retail Restaurant Mail/Telephone Order Internet Only Lodging Fuel Supermarket Cash Advance
SUB BUSINESS TYPE Retail / Key Entered MOTO / Card Swipe DialPay Capture Health Care

SPECIAL PROCESSING FPS Large Ticket Level III Data Utility

VISA/MASTERCARD/DISCOVER Rate Category	Discount Rate	Transaction Fee	<input type="checkbox"/> Debit PIN-Based (Debit Network Interchange and other fees and sponsorship, switch and gateway fees will also be passed through to Merchant)	Monthly Fee	Discount Rate	Transaction Fee
Debit NON PIN-Based Processing Fees ⁴	.30 %	+\$.20		\$ NA	NA %	\$ NA
Credit Processing Fees ¹	.30 %	\$.20	<input type="checkbox"/> Wireless Service ⁴	Quantity: NA	Setup Fee: \$ NA	Monthly Hosting Fee: \$ NA
			<input checked="" type="checkbox"/> Internet Services ⁴	Quantity: 1	Setup Fee: \$ 95	Monthly Hosting Fee: \$ 20.00
						Transaction Fee: +\$.10

VISA/MASTERCARD/DISCOVER Tier Rate Category Discount Rate Transaction Fee

Mid-Qualified Exception² (Applies to Retail Merchants Only) + NA % + \$

Non-Qualified Exception³ + NA % + \$

CARD ORGANIZATION FEES: Visa, MasterCard, and Discover Interchange fees, assessments and other fees will be passed through to Merchant at the then current rate.

SECTION 12 OCCURRENCE FEES

On File Fee	10.00 /month	Retrieval/Chargeback	\$15.00 /each	Paper Statement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Batch Fee ^{††}	.20 /each	<input type="checkbox"/> Gold Service Package	\$11.95 /month	PCI Program Fee ²	6.95 Monthly OR \$165.00 /year
Voice Authorization	\$0.95 /each	<input type="checkbox"/> Service Package	\$5.95 /month	Annual Fee	Charged in Month of _____
ACH/DBA Change Fee	\$25.00 /each	Early Termination Fee ¹	0.00 /each	1099-K Reporting is provided at No Charge	
		Minimum Bill	0.00 /month	Regulatory Accounting Assistance Program Fee ³	Charged Annually March

Return ACH(e) are subject to a \$25.00 fee for each occurrence. 1The initial term of the Merchant Agreement is 3 years and automatically renews for additional 2-year periods. If this Agreement is terminated prior to the expiration of the initial term or any renewal term, you will be subject to an Early Termination Fee ("ETF") in accordance with the terms of Section 10.D.iv of the Terms and Conditions. If limited by state law, your ETF may be modified in accordance with Section 10.D.iv of the Terms and Conditions. ††Same as qualified transaction fee if left blank; if qualified transaction fee is left blank, the fee is \$0.30. 2The higher rate will apply if you use software in your processing environment or you otherwise qualify as a SAQ C or SAQ D merchant. 3See Section 14.R of the Terms and Conditions for additional information.

Merchant agrees to and accepts the terms and conditions set forth in this Application and the Terms and Conditions which are incorporated herein by reference as if fully set forth herein (collectively, the "Merchant Agreement") and acknowledges receipt of all parts of the Merchant Agreement. Merchant acknowledges that no handwritten changes have been made to the printed text of the Merchant Agreement and that the parties may produce and rely on a copy or electronically stored image of the Merchant Agreement for all legal purposes. Merchant represents, warrants and certifies to NPC and Member Bank that it has reviewed all 4 pages of this Application, that all information provided herein is true, correct and complete and that NPC and Member Bank may rely on the information contained in this Application, without further investigation, for all purposes. Merchant acknowledges and agrees that NPC and Member Bank are in no way responsible or liable for the actions, inactions, performance or lack of performance of any third party provider or independent sales representative. Merchant represents that it has chosen for itself any services, equipment or third party selected in connection with the Merchant Agreement, and it has not relied on any promises, representations, warranties, or covenants of the independent sales representative, NPC or others. Merchant acknowledges and agrees that the Merchant Agreement shall not be altered by any prior, contemporaneous or subsequent oral representations made by any party. Merchant further authorizes the release of Merchant information in accordance of the provisions of Section 12E. of the Terms and Conditions. GEN.0712

X MP By initialing here, I agree that I have read and understand the American Express OnePoint Section 10 Terms

IN WITNESS WHEREOF Merchant has caused this Agreement to be executed by its duly authorized representative effective in accordance with the terms of the Terms and Conditions. The Agreement shall be binding upon Merchant upon the earlier of Merchant's execution below or Merchant's first processed electronic transaction.

SIGNATURE (Signature may be evidenced by facsimile)		SIGNATURE (Signature may be evidenced by facsimile)		SIGNATURE (Signature may be evidenced by facsimile)	
X	<i>Melissa Peña</i>	X		X	
Name (please print)	Date	Name (please print)	Date	Name (please print)	Date
Melissa Peña	9/23/13				

SECTION 15 UNLIMITED PERSONAL GUARANTY AND CREDIT INFORMATION AUTHORIZATION

PERSONAL GUARANTEE: In exchange for NPC's and Member Bank's acceptance of this Merchant Agreement, each person signing immediately below this paragraph (each such person, a "Guarantor") is signing this Merchant Agreement as a Guarantor of the Merchant identified on page 1 of the Merchant Agreement. By signing below, each Guarantor (i) accepts and agrees to be bound by the Continuing Unlimited Guaranty provisions contained in Section 15 of the Terms and Conditions, and (ii) acknowledges and confirms that, prior to signing, he or she received and read those Continuing Guaranty provisions. Each Guarantor individually authorizes NPC, Member Bank, and/or either of their representatives to conduct an initial and ongoing comprehensive credit investigation of him or her by utilizing a third-party credit reporting agency and/or to obtain a criminal background check. Guarantor acknowledges receipt of the Merchant Agreement, which is incorporated herein by reference as if fully set forth herein and has reviewed the provisions of Section 15 Continuing Unlimited Guaranty therein.

Authorized Signature of Guarantor: (Do Not Include Title)	Social Security #:	Date of Signature:
X		
Name of Guarantor: (Do Not Include Title)	Merchant Legal Name:	

Merchant's Business Name (Legal):

SECTION 14 EQUIPMENT SETUP PROVIDER CODE: NPC = NPC to ship equipment SOF = Sales office to ship equipment MER = Merchant Owned

TERMINAL	QTY	MEM.SIZE	PROVIDER CODE	PRINTER	PROVIDER CODE	PIN PAD	PROVIDER CODE
Authorize.net	1					<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	
						<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	
						<input type="checkbox"/> NEW <input type="checkbox"/> EXCHANGE	

Other: Provider Code: Other: Provider Code: Other: Provider Code:

EQUIPMENT SOFTWARE INFORMATION SOFTWARE NAME: Authorize.net PUBLISHER: VERSION:

EQUIPMENT OPTIONS THE DEFAULT SELECTION WILL BE APPLIED FOR ANY OPTION NOT SELECTED BELOW

<input type="checkbox"/> RETAIL / MOTO AVS <input type="checkbox"/> YES <input type="checkbox"/> NO Last 4-Digits <input type="checkbox"/> YES <input type="checkbox"/> NO CVV 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Purchase Card/Level 2 <input type="checkbox"/> YES <input type="checkbox"/> NO Invoice # Prompt <input type="checkbox"/> YES <input type="checkbox"/> NO PBX Code <input type="checkbox"/> 8 <input type="checkbox"/> 9 Multi Merchant <input type="checkbox"/> YES <input type="checkbox"/> NO First Merchant MID: _____	Auto-Close++ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TIME <u>7:25 PM CT</u> Store N Forward <input type="checkbox"/> YES <input type="checkbox"/> NO Pre-dial <input type="checkbox"/> YES <input type="checkbox"/> NO Cash Back <input type="checkbox"/> YES <input type="checkbox"/> NO Debit Cash Bank Max Amount: _____ ++ Auto-Close Time for Alternate Funding needs to be no later than 7:30 p.m. CST	<input type="checkbox"/> RESTAURANT Tips <input type="checkbox"/> YES <input type="checkbox"/> NO Servers <input type="checkbox"/> YES <input type="checkbox"/> NO Tables <input type="checkbox"/> YES <input type="checkbox"/> NO Bar Tab <input type="checkbox"/> YES <input type="checkbox"/> NO Suggested Tip <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FAST PAY (FPS) <input type="checkbox"/> Both receipts signature line <input type="checkbox"/> Both receipts NO signature line <input type="checkbox"/> NO receipts under \$25.00	<input type="checkbox"/> CASH ADVANCE <input type="checkbox"/> LODGING PASSWORD All <input type="checkbox"/> YES <input type="checkbox"/> NO Void <input type="checkbox"/> YES <input type="checkbox"/> NO Return <input type="checkbox"/> YES <input type="checkbox"/> NO Settlement <input type="checkbox"/> YES <input type="checkbox"/> NO Other: _____
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Custom Header / Footer: Please Email Auth.net info to: dee@impactpaysystem.com

Wireless ID: _____
Comments: _____

EQUIPMENT SHIPPING INSTRUCTIONS Required ONLY if ordered through NPC - Default shipping options (Indicated by *) will be applied for any option not selected below

Ship To: Merchant Location * ISO Location Other 1-3 Day Over Night Priority * Ground Saturday

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Payment For Equipment Will Be:
 Lease Check Cash Visa MC
 Discover Amex 30 Day (Bill Group)

Special Instructions: _____

NPC TO REPROGRAM/TRAIN MERCHANT? YES NO
 NPC TO SHIP WELCOME KIT? YES NO

WELCOME KIT SHIPPING INSTRUCTIONS Required if welcome kit is shipping to separate address from above

Ship To: Merchant Location * ISO Location Other Attn: Mike

Address: 116A Vickery Lane, Suite 200

City: Cordova State: IN Zip: 38016 Phone #: 901-661-0032

SECTION 15 SITE INSPECTION INFORMATION

I represent and warrant that the information set forth in the application is true and accurate to the best of my knowledge. In addition, I hereby certify that (check which applies):

<input type="checkbox"/> I have physically inspected the business premises of the merchant at this address, personally confirmed the identity of the person listed in the Owner/Officer Information Section, and witnessed their signing of the Agreement <input type="checkbox"/> An NPC approved third party site inspection vendor will supply inspection within 15 days of my signature below or I have informed NPC that a site inspection is needed. <input checked="" type="checkbox"/> I have not physically inspected the business premises of the Merchant; but have verified the validity of the business using outside sources and confirmed the identity of the person listed under the Owner/Officer Information Section.	Business/Inventory/Shipments: Does business appear as represented? <input type="checkbox"/> YES <input type="checkbox"/> NO Is business open and operating? <input type="checkbox"/> YES <input type="checkbox"/> NO Is inventory sufficient for business type? <input type="checkbox"/> YES <input type="checkbox"/> NO Are goods and services delivered at the time of sale? <input type="checkbox"/> YES <input type="checkbox"/> NO Goods and services charged to credit card on <input type="checkbox"/> Order <input type="checkbox"/> Shipment If goods are shipped, is a Fulfillment House used? <input type="checkbox"/> YES <input type="checkbox"/> NO Fulfillment House: _____ % of shipments by this vendor: _____
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Location Type: Retail Store Front Office Building Residence Industrial Building Trade Show

Sales Organization: Impact PaySystem Sales Rep Signature: Dee Karavelu Application Date: 7/23/13

AMERICAN CONSERVATIVE UNION

CPAC ACCOUNT

1331 H STREET NW
WASHINGTON, DC 20005

1602

68347580

PAY TO THE ORDER OF

\$

VOID THIS SAMPLE TO RECEIPTS

VOID AFTER 60 DAYS

DOLLARS: 0

VOID

FOR

#001502# :0560094794:200110739#

Chain Bridge Bank

1000 17th St NW
Washington, DC 20036

Internal Revenue Service
District Director

Department of the Treasury

RECEIVED

Date: JUNE 7, 1983

JUN 9 1983

SEDAM & HERGE

Employer Identification Number:

52-1294080

Accounting Period Ending:

DECEMBER 31

Foundation Status Classification:

*509(a)(1) AND 170(b)(1)(D)(i)

Advance Ruling Period Ends:

DECEMBER 31, 1984

Person to Contact:

TAXPAYER SERVICE DIVISION

Contact Telephone Number:

488-3100

THE JOHN M. DASHBROOK EDUCATIONAL FOUNDATION
38 IVY STREET, S.E.
WASHINGTON, D.C. 20003

*name change on last page to:

The American Conservative Union Foundation

Dear Applicant: 1007 Cameron St., Alex, VA 22314

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in sections 509(a)(1) AND 170(b)(1)(D)(i).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) or (2) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) or (2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) or (2) organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

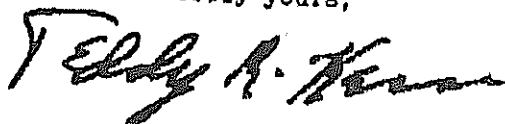
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

THE CLAUSES ATTACHED ARE AN INTEGRAL PART OF THIS LETTER. CC POWER OF ATTORNEY.

J. CURTIS HERGE
8300 GREENSBORO DRIVE, SUITE 1100
MC LEAN, VA 22102

Letter 1045(DO) (6-77)

Internal Revenue Service
District Director

Department of the Treasury

Date: May 27, 1987

Date of Exemption: June 7, 1983

Internal Revenue Code Section: 501(c)(3)

▷ American Conservative Union Foundation
38 Ivy Street, S.E.
Washington, D.C. 20003-4006

Gentlemen:

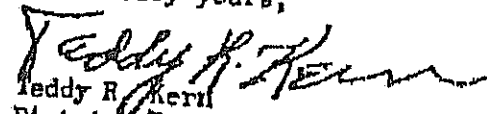
Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,


Teddy R. Kern
District Director

Item Changed

name

From

The John M. Ashbrook
Educational Foundation

To

American Conservative
Union Foundation