Form 1023 Uhecklist

(Revised December 2017)

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

Note: Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions reparding Public Inspection of approved applications.

Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.

•	Form 1023 (Form 2848, Form 8821, Expedite red Application Articles of o Management Bylaws or o Documenta Form 5768, Expenditure	Checklist Power of a Tax Inform quest (If re (Form 102 rganization ts to article ther rules tion of nor Election/files To Influe achments	3 and Schedules Atlen es of organization in e of operation and ame adiscriminatory policy Revocation of Electio ence Legislation (if fili	tion of Represe if filing) hrough H, as re chronological of endments r for schools, a n by an Eligible ng)	equired) order s required e Section	
Ø	User fee payr check or mor	nent place ney order	ed in envelope on top to your application. It	of checklist. D nstead, just pla	O NOT S	TAPLE or otherwise attach your e envelope.
Ø	Employer Ide	ntification	Number (EIN)			
Ø	required ScheYou must pGeneralizat recognizingDescribe you	edules A to rovide specions or fa you as to our purpos	nrough H. ecific details about yo ilure to answer ques	our past, preser tions in the Fo ivities in specif	nt, and pla rm 1023 a ic easily u	application will prevent us from
Ø	Schedules, S	ubmit only	those schedules that	at apply to you	and chect	k either "Yes" or "No" below.
	Schedule A	Yes	No 🗾	Schedule E	Yes 🗸	No
	Schedule B	Yes	No <u>√</u>	Schedule F	Yes	No <u> </u>
	Schedule C	Yes	No <u> ✓</u>	Schedule G	Yes	No <u>/</u>
	Schedule D	Yes	No <u>√</u>	Schedule H	Yes _	No <u>-</u>

- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number)
- Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law (Sanshalton, Page, Article VIII)
- Z Signature of an officer, director, trustee, or other official who is authorized to sign the application.
 - . Signature at Part XI of Form 1023.
- Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service Attention: EO Determination Letters Stop 31 P.O. Box 12192 Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service Attention: EO Determination Letters Stop 31 201 West Rivercenter Boulevard Covington, KY 41011

1023

(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

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 may be made public.
 ▶ Go to www.irs.gov/Form1023 for instructions and the latest information.

OMB No. 1545-0056

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

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at **www.irs.gov** for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I – XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part	I Identification of Applicant						
1	Full name of organization (exactly as it appears in your organizing document)		2	c/o Name (if app	icable)		
The Fo	rty-Second Royal Highland Regiment of Foot, 1776, Grenadier Coy, In	IC.					
3	Mailing address (Number and street) (see instructions)	Room/Suite	4	Employer Identifi	cation N	umbe	er (EłN)
285 Ch	urchill Lane			35-1	652741		
	City or town, state or country, and ZIP + 4		5	Month the annual ac	counting p	eriod	ends (01 – 12)
Aurora	, IL 60504-6171				12		
6	Primary contact (officer, director, trustee, or authorized represe	ntative)					
	a Name:						
			_	Phone:	630-851		
Kathry	n Ossler Are you represented by an authorized representative, such as		С	Fax: (optional)		N/A Yes	√ No
8	Representative, with your application if you would like us to com- Was a person who is not one of your officers, directors, t representative listed in line 7, paid, or promised payment, to h the structure or activities of your organization, or about your fin the person's name, the name and address of the person's firm paid, and describe that person's role.	rustees, emplo elp plan, mana lancial or tax m	oyees age, c	s, or an authorize or advise you abo	ut de	Yes	☑ No
9a	Organization's website: www.42grenadiers.com			***			
ъ	Organization's email: (optional) paymaster42rhr@gmail.com						
10	Certain organizations are not required to file an information refare granted tax-exemption, are you claiming to be excused from Yes," explain. See the instructions for a description of organization of particular form 990-EZ.	om filing Form	990	or Form 990-EZ?	lf	Yes	√ No
11	Date incorporated if a corporation, or formed, if other than a cor	poration. (I	MM/E	OD/YYYY) 08	/ 27 /		1985
12	Were you formed under the laws of a foreign country? If "Yes," state the country.					Yes	☑ No
For Pa	perwork Reduction Act Notice, see instructions.	Cat. No. 1713	33K		Form 1	023	(Rev. 12-2017

orm 10		he Forty-Second Royal Highland Regimer	nt of Foot, 1776,	EIN: 35-1	652741	Page 2
Part ou m ee in	ust be a corporation (including a	ure a limited liability company), an unincorp m unless you can check "Yes" on line	orated associationes 1, 2, 3, or 4.	, or a trust to be	tax exempt.	
1		s," attach a copy of your articles of inc e agency. Include copies of any ameno fication.				□ No
2	certification of filing with the ap a copy. Include copies of any a	pany (LLC)? If "Yes," attach a copy of y propriate state agency. Also, if you ado amendments to your articles and be sur umstances when an LLC should not file	pted an operating of the property of the prope	agreement, attac filing certification	h	✓ No
3		association? If "Yes," attach a coporganizing document that is dated and as of any amendments.				✓ No
4a	dated copies of any amendment		•	•	d Yes	✓ No
		" explain how you are formed without a			☐ Yes	✓ No
5	how your officers, directors, or		date of adoption	n. If "No," expla	in √ Yes	□ No
Part_	III Required Provisions i	n Your Organizing Document			_	
1	religious, educational, and/or s this requirement. Describe spe to a particular article or section	at your organizing document state y acientific purposes. Check the box to cifically where your organizing docume in your organizing document. Refer to	confirm that your nt meets this requ the instructions fo	organizing docu irement, such as r exempt purpos	ment meets a reference	✓
	Location of Purpose Clause (Pa	age, Article, and Paragraph): Page 1, Art	ticle I, Basic Object	ves		
2a	for exempt purposes, such as a confirm that your organizing do	upon dissolution of your organization, y haritable, religious, educational, and/or : cument meets this requirement by expri aw for your dissolution provision, do not	scientific purposes ess provision for th	. Check the box e distribution of	on line 2a to assets upon	?
b	if you checked the box on line Do not complete line 2c if you	2a, specify the location of your dissolut checked box 2a. Page 2, Article VII, Disso	ion clause (Page, / olution Clause	Article, and Para	graph).	
	rely on operation of state law for	ation about the operation of state law in or your dissolution provision and indicat		ite. Check this b	ox if you	
Part	V Narrative Description	of Your Activities		·		
his inf pplica letails	ormation in response to other part ation for supporting details. You m to this narrative. Remember that i	, present, and planned activities in a narra is of this application, you may summarize ay also attach representative copies of ne if this application is approved, it will be op ghand accurate. Refer to the instructions	that information her wsletters, brochure en for public inspec	e and refer to the s, or similar docu tion. Therefore, y	specific parts ments for sup our narrative	s of the porting
Part	Employees, and Inde					
1a	total annual compensation , or other position. Use actual figur	ing addresses of all of your officers, d proposed compensation, for all service es, if available. Enter "none" if no comp to the instructions for information on wh	s to the organizati pensation is or will	on, whether as a be paid. If addit	an officer, em	ployee, or
lame		Title N	Mailing address		Compensation (annual actual o	
			Ul Calous Ctroot			

Employees, and Independent Contractors List the names, titles, and mailing addresses of all of y total annual compensation, or proposed compensation other position. Use actual figures, if available. Enter "no attach a separate sheet. Refer to the instructions for info

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Shawn Hall	Regimental Commander	33 W. Salem Street Clayton, OH 45315	Vone
Donald Fisher	Regimental Vice Commander and Provost Marshall	119 Circle Lane Drive West Lafayette, IN 47906	None
Kathryn Ossler	Soard member, Adjutant, and Paymaster	285 Churchill Lane Aurora, IL 60504	None
Dames Morris	3oard member and Newsletter Edito	2042 E. 3000th Avenue Beecher City, fL 62414	Vione

Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued) Part V

				Compensation amount
me		Title	Mailing address	(annual actual or estimated)
t ap	olicable			

С		sation of more than \$50,000 per y	your five highest compensated indeper year. Use the actual figure, if available. F	
_		Title	Mailing address	Compensation amount (annual actual or estimated)
8		Title	Maning address	(annual actual of estimated)
ap	plicable		1	

fo	llowing "Yes" or "No" questions	s relate to past, present, or planned ated employees, and highest comp	d relationships, transactions, or agreeme ensated independent contractors listed in	nts with your officers, n lines 1a, 1b, and 1c.
ecto	ors, trustees, highest compensa Are any of your officers, die	ated employees, and highest comprectors, or trustees related to	ensated independent contractors listed in each other through family or busines	n lines 1a, 1b, and 1c.
ette !a	Are any of your officers, dir relationships? If "Yes," identi	ated employees, and highest comp rectors, or trustees related to fy the individuals and explain the i	ensated independent contractors listed in each other through family or busines relationship.	n lines 1a, 1b, and 1c.
cto	Are any of your officers, din relationships? If "Yes," identi Do you have a business relat	ated employees, and highest comprectors, or trustees related to a fifty the individuals and explain the itionship with any of your officers, ector, or trustee? If "Yes," identify	ensated independent contractors listed in each other through family or busines	n lines 1a, 1b, and 1c. ss Yes No
a b	Are any of your officers, directionships? If "Yes," idention Do you have a business relationship with each of your Are any of your officers, directionship with each officers, directionsh	rectors, or trustees related to offy the individuals and explain the stionship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees.	ensated independent contractors listed in each other through family or busines relationship. directors, or trustees other than through the individuals and describe the busines ghest compensated employees or higher	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss
ecto !a b	Are any of your officers, directionships? If "Yes," idention Do you have a business relationship with each of your Are any of your officers, directionship with each officers, directionsh	rectors, or trustees related to offy the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your hightractors listed on lines 1b or 1c to	ensated independent contractors listed in each other through family or busines relationship. directors, or trustees other than through the individuals and describe the busines	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss
a b	Are any of your officers, directionships? If "Yes," identificer position as an officer, directionship with each of your Are any of your officers, directionship with each of your compensated independent compensated independ	rectors, or trustees related to eight the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your him tractors listed on lines 1b or 1c than dexplain the relationship.	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships?	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss st Yes No
ecto !a b	Are any of your officers, directionships? If "Yes," identificer position as an officer, directionship with each of your Are any of your officers, directionship with each of your compensated independent compensated independ	rectors, or trustees related to entry the individuals and explain the retionship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your him tractors listed on lines 1b or 1c t and explain the relationship. directors, trustees, highest ontractors listed on lines 1a, 1b,	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships?	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss st Yes No
a b c	Are any of your officers, directionships? If "Yes," identifuctionships? If "Yes," identifuctionship with each of your Are any of your officers, directionship with each of your Are any of your officers, directionship with each of your officers, identify the individuals. For each of your officers, compensated independent or qualifications, average hours with the property of the pro	rectors, or trustees related to offy the individuals and explain the retionship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your himtractors listed on lines 1b or 1c transled explain the relationship. Indirectors, trustees, highest contractors listed on lines 1a, 1b, worked, and duties.	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships? compensated employees, and higher or 1c, attach a list showing their name are demployees, and higher the employees, and higher the employees.	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss Yes No ss No lf No ed Yes No
a b c	Are any of your officers, directionships? If "Yes," identifuctionships? If "Yes," identifuctionship with each of your Are any of your officers, directionship with each of your Are any of your officers, directionship with each of your officers, directionship with each of your Are any of your officers, directionship with eight individuals. For each of your officers, compensated independent or qualifications, average hours with the properties of the properties	rectors, or trustees related to offy the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your himtractors listed on lines 1b or 1c transparent and explain the relationship. Individuals and directors, trustees, highest contractors listed on lines 1a, 1b, worked, and duties. It is to the trustees, highest compensated on lines 1a, 1b, or 1c receive colle, that are related to you through	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships? compensated employees, and higher or 1c, attach a list showing their name are demployees, and higher through family or business relationships?	n lines 1a, 1b, and 1c. ss Yes No gh Yes No ss Yes No ss No lf No ss No
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a b c	Are any of your officers, directionships? If "Yes," identifute Do you have a business relationship with each of your Are any of your officers, directionship with each of your Are any of your officers, directionship with each of your Are any of your officers, directionship with each of your Are any of your officers, directionship with eight individuals. For each of your officers compensated independent compensated independent could independent contractors listed whether tax exempt or taxable individuals, explain the relationship with a compensation arrangement.	ated employees, and highest comprectors, or trustees related to a fig the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your highest to the intractors listed on lines 1b or 1c than and explain the relationship. Indirectors, trustees, highest compensate on trustees, highest compensated on lines 1a, 1b, or 1c receive collectionship between you and the attion for your officers, directors, trustees, trustees and the collectionship between you and the attion for your officers, directors, trustees, trustees and the collectionship between you and the attion for your officers, directors, trustees, trustees and the collectionship between you and the attion for your officers, directors, trustees, trustees, directors, d	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships? compensated employees, and higher or 1c, attach a list showing their name and employees, and higher to a trusted employees, and highest compensation from any other organization of common control? If "Yes," identify the other organization, and describe the other organization, and describe the outless, highest compensated employees.	n lines 1a, 1b, and 1c. ss
b c	Are any of your officers, din relationships? If "Yes," identifue their position as an officer, din relationship with each of your Are any of your officers, direct compensated independent co "Yes," identify the individuals. For each of your officers, compensated independent co qualifications, average hours whether tax exempt or taxablindividuals, explain the relationship the compensated independent. In establishing the compensated independent contractors listed whether tax exempt or taxablindividuals, explain the relationship the compensated independent	ated employees, and highest comprectors, or trustees related to a fight the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your highest and explain the relationship. Indirectors, trustees, highest contractors listed on lines 1a, 1b, worked, and duties. It is trustees, highest compensated on lines 1a, 1b, or 1c receive colle, that are related to you through ationship between you and the attention for your officers, directors, trusteed on lines the pendent contractors listed on lines the pendent contractors listed on lines the pendent contractors listed on lines.	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher hrough family or business relationships? compensated employees, and higher or 1c, attach a list showing their name are demployees, and higher through family or business relationships?	n lines 1a, 1b, and 1c. ss
b c	Are any of your officers, din relationships? If "Yes," idention Do you have a business relationship with each of your Are any of your officers, din relationship with each of your Are any of your officers, direct compensated independent contractors lister whether tax exempt or taxablindividuals, explain the relation arrangement. In establishing the compensated independent compensated independent compensated independent compensated independent compensation arrangement. In establishing the compensated independent compensation arrangement. In establishing the compensated independent compensation arrangement. Do you or will the individuals to the provide the provided the prov	ated employees, and highest comprectors, or trustees related to fify the individuals and explain the relationship with any of your officers, ector, or trustee? If "Yes," identify officers, directors, or trustees. tors, or trustees related to your highest tors, or trustees related to your highest and explain the relationship. Indirectors, trustees, highest compensated on lines 1a, 1b, worked, and duties. However, trustees, highest compensated on lines 1a, 1b, or 1c receive colle, that are related to you through ationship between you and the ation for your officers, directors, trusteed on lines they are not required to obtain exceptions.	ensated independent contractors listed in each other through family or business relationship. directors, or trustees other than through the individuals and describe the business ghest compensated employees or higher through family or business relationships? compensated employees, and higher or 1c, attach a list showing their name and employees, and higher through family or business relationships? compensated employees, and higher or 1c, attach a list showing their name and employees, and higher through family or business to compensation from any other organization or common control? If "Yes," identify the other organization, and describe the trustees, highest compensated employees as 1a, 1b, and 1c, the following practice emption. Answer "Yes" to all the practice ements follow a conflict of interest policy	n lines 1a, 1b, and 1c. ss

:5-1652741

Part	 Compensation and Other Financial Arrangements With Your Officers, Directors, Trust and Independent Contractors (Continued) 	ees, Emp	oloyees,
d	Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?	☐ Yes	□ No
е	Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a. 1b, and 1c, for information on what to include as compensation.	☐ Yes	□ No
f	Do you or will you record in writing both the information on which you relied to base your decision and its source?	Yes	☐ No
g	If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.		
5a	Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.		□ No בר מנקת מוצמוסם
b	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?		ascation does not 5 is Not Applie
С	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves? Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.		
6a	Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	Yes	☑ No
b	Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	Yes	☑ No
7a	Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length , and explain how you determine or will determine that you pay no more than fair market value . Attach copies of any written contracts or other agreements relating to such purchases.	Yes	✓ No
ь	Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated emptoyees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.	☐ Yes	✓ No
6a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.	☐ Yes	✓ No
þ	Describe any written or oral arrangements that you made or intend to make.		
C	Identify with whom you have or will have such arrangements.		
d	Explain how the terms are or will be negotiated at arm's length.		
f	Explain how you determine you pay no more than fair market value or you are paid at least fair market value. Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.		
9a	Do you or will you have any leeses, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f	☐ Yes	☑ No

35-1652741 Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c. Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part			
The fol activiti	llowing "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organiza es. Your answers should pertain to past, present, and planned activities. See instructions.	tions as pa	art of your
1a	In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals.	Yes Yes	☑ No
Ь	In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations.	Yes	✓ No
2	Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program.	☐ Yes	☑ No
3	Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds.	☐ Yes	✓ No
Part			
	llowing "Yes" or "No" questions relate to your history. See instructions.		
1	Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G.	Yes	☑ No
2	Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E.	✓ Yes	□No
Part	VIII Your Specific Activities		
	llowing "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate bot I pertain to past, present, and planned activities. See instructions.	x. Your an	swers
1	Do you support or oppose candidates in political campaigns in any way? If "Yes," explain.	☐ Yes	✓ No
2a	Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a.	☐ Yes	✓ No
b	Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the tima and money spent on your attempts to influence legislation as compared to your total activities.	☐ Yes	√ No
3a	Do you or will you operate bingo or garning activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data.	Yes	✓ No
b	Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements.	☐ Yes	✓ No
С	List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.		

Form 10	23 (Rev. 12-2017) Name: The Forty-Second Royal Highland Regiment of Foot, 1776, EIN: 35-1652741	Page (
Part	The Corry-Second Royal Highland Regiment of Cody 1770.	. 490
4a	Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will Yes conduct. See instructions.	☐ No
	☐ mail solicitations ☐ phone solicitations ☐ email solicitations ☐ accept donations on your website	
	 □ personal solicitations □ vehicle, boat, plane, or similar donations □ government grant solicitations □ Other 	
	Attach a description of each fundraising program. This is a future activity. A description does not exist yet. It is unknown grants may be available.	what
b	Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements.	√ No
c	Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements, Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements.	✓ No
	List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.	
е	Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors.	√ No
5	Are you affiliated with a governmental unit? If "Yes," explain.	☑ No
6a b	Do you or will you engage in economic development? If "Yes," describe your program. Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.	
7a	Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees.	☑ No
b	Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," Wes describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees.	✓ No
C	If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.	
8	Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate.	☑ No
9a	Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10.	✓ No
ь	Do you provide childcare so that parents or caretakers of children you care for can be gainfully Tes employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k).	☐ No
С	Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you quality as a childcare organization described in section 501(k).	☐ No
	Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k).	
10	Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, Scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own	✓ No

any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are

determined, and how any items are or will be produced, distributed, and marketed.

Form 10	23 (Rev. 12-2017) Name: The Forty-Second Royal Highland Regiment of Foot, 1776, EIN: 35-165	2741	Page 7
Part			
11	Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.	☐ Yes	✓ No
12a	Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.	☐ Yes	✓ No
b	Name the foreign countries and regions within the countries in which you operate.		
C	Describe your operations in each country and region in which you operate.		
þ	Describe how your operations in each country and region further your exempt purposes.		
13a	Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.	☐ Yes	✓ No
Þ	Describe how your grants, loans, or other distributions to organizations further your exempt purposes.	_	_
C	Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.	☐ Yes	No
ď	Identify each recipient organization and any relationship between you and the recipient organization.		
e	Describe the records you keep with respect to the grants, loans, or other distributions you make.		
f	Describe your selection process, including whether you do any of the following. (i) Do you require an application form? If "Yes," attach a copy of the form.	☐ Yes	□ No
	(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.	Yes	□ No
g	Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.		
14a	Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15.	Yes	✓ No
þ	Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.		
С	Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.	☐ Yes	☐ No
	discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.	☐ Yes	□ No
e	Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.	☐ Yes	□ No

f Do you or will you use any additional procedures to ensure that your distributions to foreign [Yes

organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant

funds are being used appropriately.

☐ No

orm 10	23 (Hev. 12-2017) Name: The Forty-Second Royal Highland Regiment of Foot, 1776, EIN: 35-165	2741	Page O
Part '	VIII Your Specific Activities (Continued)		
15	Do you have a close connection with any organizations? If "Yes," explain.	✓ Yes	☐ No
16	Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain.	Yes	✓ No
17	Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain.	☐ Yes	✓ No
18	Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain.	☐ Yes	✓ No
19	Do you or will you operate a school? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.	☐ Yes	☑ No
20	Is your main function to provide hospital or medical care? If "Yes," complete Schedule C.	Yes	✓ No
21	Do you or will you provide low-income housing or housing for the elderty or handicapped? If "Yes," complete Schedule F.	☐ Yes	☑ No
22	Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. Note: Private foundations may use Schedule H to request advance approval of individual grant	Yes	V No
	procedures.		

35-1652741

For purposes of this schedule, years in existence refer to completed tax years.

- If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:
 - a. Three years of financial information if you have not completed one tax year, or
 - b. Four years of financial information if you have completed one tax year. See instructions.
- 2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions. See attached

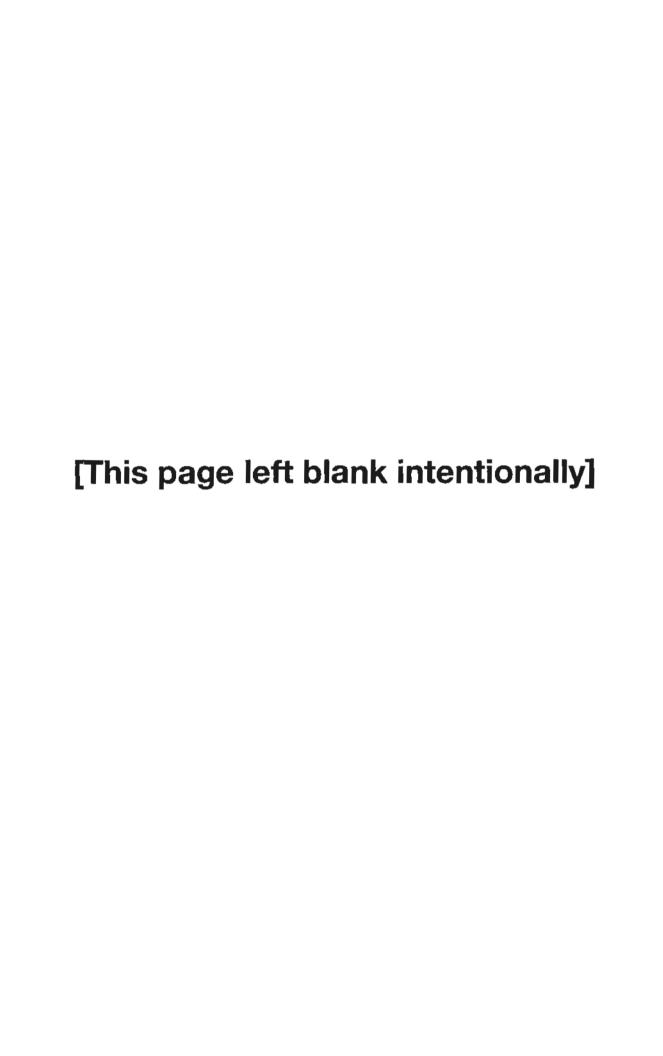
	A. Statement of Revenues and Expenses								
		Type of revenue or expense	Current tax year	3 prior tax	years or 2 succeeding	g tax years			
			(a) From To	(b) From To	(c) From To	(d) From To	(e) Provide Total for (a) through (d)		
		Gifts, grants, and contributions received (do not include unusual grants)							
	2	Membership fees received							
	3	Gross investment income							
	4	Net unrelated business income							
	5	Taxes levied for your benefit							
sent	6	Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)							
Revenues	7	Any revenue not otherwise listed above or in lines 9–12 below (attach an itemized list)							
	8	Total of lines 1 through 7							
	9	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)							
	10	Total of lines 8 and 9							
	11	Net gain or loss on sale of capital assets (attach schedule and see instructions)							
	12	Unusual grants							
	13	Total Revenue Add lines 10 through 12							
	14	Fundraising expenses							
	15	Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)							
	16	Disbursements to or for the benefit of members (attach an itemized list)							
Ses	17	Compensation of officers, directors, and trustees							
ens	18								
Expens	19								
ш	20	Occupancy (rent, utilities, etc.)							
	21	Depreciation and depletion							
	22	Professional fees				1			
	23	Any expense not otherwise classified, such as program services (attach itemized list)							
	24	Total Expenses							

EIN:

35-1652741

Part	X Financial Data (Continued)			2012
	B. Balance Sheet (for your most recently completed tax year) Assets		ar End: Vhole o	2018 dollars)
	·	1 "	ora c	10,460
1	CdSit	2		0.460
2	Accounts receivable, tier	3		795
3	Inventories	4		733
4	Bonds and notes receivable fattactt an itemized ast)	5	•	0
5	Corporate Stocks (attach an itemazed list)	6		<u>`</u>
6	Loans receivable (attach an itemized list)	7		0
7	Other investments (attach an terrizon is)	8		300
8	Depreciable and depletable assets (attach an itemized instruction)	9	-	0
9	Lailu	10		·
10	Offier assets (attach an itemized list)	11		12,055
11	Liabilities	-	-	72,000
40		12		0
12	Contributions, gifts, grants, etc. payable	13		0
13		14	_	0
14	Other liabilities (attach an itemized list)	15		J
15	Office flabilities (attach an itemized list)	16		0
16	Fund Balances or Net Assets	-		
47		17		12,055
17		18		12,055
18_	Have there been any substantial changes in your assets or liabilities since the end of the period	ÜΥ	es .	☑ No
13	shown above? If "Yes," explain.			
Part	X Public Charity Status			
Part Y	is designed to classify you as an organization that is either a private foundation or a public charity. Publi	c chari	ity stat	us is a
more	favorable tax status than private foundation status. If you are a private foundation, Part X is designed to fun	ther de	termin	е
	er you are a private operating foundation. See instructions.	_		
1 a	Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions.	' Y	/es	✓ No
ь	As a private foundation, section 508(e) requires special provisions in your organizing document in	1		
	addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm	1		
	that your organizing document meets this requirement, whether by express provision or by reliance or	1		
	operation of state law. Attach a statement that describes specifically where your organizing document	t		
	meets this requirement, such as a reference to a particular article or section in your organizing document	t .		
	or by operation of state law. See the instructions, including Appendix B, for information about the specia	ŀ		
	provisions that need to be contained in your organizing document. Go to line 2.			
2	Are you a private operating foundation? To be a private operating foundation you must engage directly in	ו 🗆 ו	res -	☐ No
_	the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly	/		
	carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3	•		
	If "No," go to the signature section of Part XI.			
3	Have you existed for one or more years? If "Yes," attach financial information showing that you are a	a 🗌 Y	res 💮	☐ No
	private operating foundation; go to the signature section of Part XI. If "No," continue to line 4.			
4	Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion	ı 🗌 Y	res -	∐ No
	from a certified public accountant or accounting firm with expertise regarding this tax law matter), that	t		
	sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the	à		
	requirements to be classified as a private operating foundation; or (2) a statement describing you	r		
	proposed operations as a private operating foundation?			
5	If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checki	ng one	e of the	choices
	below. You may check only one box.			
	The organization is not a private foundation because it is:			_
а	509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach S	chedul	e A.	Ц
b	509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.			\sqsubseteq
C	509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical	al rese	earch	\Box
	organization operated in conjunction with a hospital. Complete and attach Schedule C.			
d	509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f,	h, or i	ora	
	publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.			

orm 10	23 (Rev. 12-2017)	Name:	The Forty	/-Second F	Royal His	ghland R	Regimen	t of Foot,	1776,	EIN:	35-165	2741	Page 11
Part		Charity												
e f	509(a)(4) - ai 509(a)(1) and operated by	170(b)(1))(A)(iv) -	an orga	and operat	ed excl operate	usively t d for th	for testi le benef	ng for pu fit of a c	iblic safe college o	ety. or univers	ity that is	owned or	
g	509(a)(1) and conduct of a									y engag	ed in the	e continuo	us active	
h	509(a)(1) and of contribution													
i	509(a)(2) — investment fees, and gro	income	and rec	eives m	ore than	one-thi	rd of it	s financ	cial supp	oort from	n contrib	utions, me		 ✓
j	A publicly s correct statu		organiz	ation, bu	ut unsure	if it is	describe	ed in 5t	or 5i. \	ou wou	uld like th	e IRS to d	lecide the	
8	If you check your public s line 5 above. (i) Enter 29	support sta . If you che	atus. Ar ecked b	nswer lin ox j in lin	e 6a if you e 5 above	checki , answe	ed box l r both li	h in iine nes 6a a	5 above and 6b.	. Answe				
а	(ii) Attach a		ving the	name a	ınd amou	nt contr	ibuted i	by each	person.		ny, or or	ganization	whose gift	s
b	(i) For each a list sho											and Experis "None,"		h
	were mo	the name	e of and he large	d amoun er of (1) 1	it received	i from e	each pa	yer, oth	er than	a disqua	alified per	son, whos	attach a lis e payment 2) \$5,000.	is
7	Did you re Revenues a amount of the	ınd Expen	ises? If	"Yes,"	attach a	list inch	uding th	he nam	e of the	contrib			☐ Yes	☑ No
art	XI User	Fee Info	rmatio	n and S	Signature	-								
roce: Treasi	nust include these the application. User fees arch box, or o	ation and v are subje	we will r ect to ch	etum it t ange. C	o you. Yo heck our v	ur chec vebsite	k or mo at www	ney ord v.irs.gov	er must l and typ	be made e "Exem	e payable ot Organi	to the Unit	ed States	
		Ent	ter the	amount	of the use	er fee p	aid:			\$600.00	-			
	e under the pen tion, including t												amined this	
Plea	se	Lath.	المديدة	a Ci	W ==		Kathryr	n L Ossl	er				01-17-	2019
Sign	(Sig	nature of Off		ctor, Truste	e, or other				e of signer)				Date)	
Here	au.	norized officia	al)						Board m					
							(.) po oi	F, 4110		J. 0.9(101)				
												Fo	rm 1023 (i	Rev. 12-201



orm 1	023 (Rev. 12-2017) Name: The Forty-Second Royal Highland Regiment of Foot, 1776, EIN: 35-169	2741	Page 20
	Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation		
ipplic	dule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the partition or from your date of incorporation or formation, whichever is earlier.	ostmark d	ate of your
1	Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E.	Yes	☑ No
	Are you a public charity with annual gross receipts that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts.	✓ Yes	□ No
	the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here.	☐ Yes	☐ No
3a	Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4.	Yes	☐ No
Þ	If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here.	☐ Yes	□ No
С	If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here.	☐ Yes	□ No
4	Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule.	Yes	☐ No
5	If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6 or 7. If "No," go to line 6a.	☐ Yes	□ No
6a	If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date?	☐ Yes	□ No
ь	Note: Be sure your ruling eligibility agrees with your answer to Part X, line 6. Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below.	☐ Yes	□ No

State of Indiana Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 4 page document consisting of the following records filed in this office:

Certification Date: February 07, 2017

Business Name: THE 42ND ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODIER COY INC

Business ID: 198508-861

Transaction	Date Filed	No. of pages
Articles of Incorporation	08/27/1985	4
	Total No. of pages	4



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 07, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE

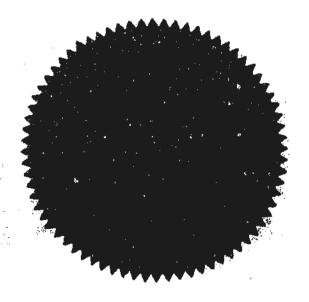
To Whom These Presents Come, Greeting:

CERTIFICATE OF INCORPORATION

THE PORTY-SECOND ROYAL HIGHLAND REGIMENT OF FOOT, 1776, GRENODIER COY, INC.

I. EDWIN J. SIMCOX, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above not-for-profit corporation, in the form prescribed by this Office, prepared and signed in duplicate by the Incorporator(s) and acknowledged and verified by the same before a Notary Public, have been presented to me at this office accompanied by the fees prescribed by law; that I have found such Articles conform to law; that I have endorsed my approval upon the suplicate copies of such Articles; that all fees have been paid as required by law; that one copy of such Articles has been filed in this office; and that the remaining copy(ies) of such Articles bearing the endorsement of my approval and filing has (have) been returned by me to the incorporator(s) or his (their) representatives; all as prescribed by the Indiana Not-For-Profit Corporation Act of 1971.

NOW, THEREFORE, I hereby issue to such Corporation this Certificate of Incorporation, and further certify that its corporate existence has begun.



In Witness Whereof, I have hereunto set my	hand and affi xed
the seal of the State of Indiana, at the City of	Indianapolis, this
27th	day of
AVCUST	_ 19 _85
EDWIN J. SIMCOX, Secretary	of State
Ву	Deputy



ARTICLES OF INCORPORATION

State Form 4162R2/Corporate Form No. 364-1 (October 1984)

Articles of Incorporar

'Not-for-Profit)

Prescribed by Edwin

imcox, Secretary of State of Indiana.

Instructions:

Use 81/2 x 14 Inch paper for inserts

Present 2 executed copies to:

SECRETARY OF STATE Room 155; State House Indianapolis Indiana 46204

RECORDING IS NO LONGER REQUIRED.

APPROVED AUGOT 1985 'AN AL REPORTS MUST BE FILED WITH THIS OFFICE BY LE LAST DAY OF FEBRUARY OF EACH YEAR.

FEE IS \$28.00

For exempt status, Not-For-Profit Corporations must quality with by it the internal Revenue Service and the Indiana District Revenue

CONTRACTOR INCORPORATION

The Forty-Second Royal Highland Regiment of Foot, 1775, Granedier Boy, Inc. (Complete name as will be shown in Article 17

he undersigned incorporator of incorporators, desiring to form a corporation (hereinafter referred to as the "Corporation")pursuant to the fovisions of the indiana Not-For-Profit corporation Act of 1971 (hereinafter referred to as the "Act"), execute the following Articles of Incorporation:

ARTICLE I Name

The Forty-Second Royal Highland Regiment of Foot, 1776, Grenedier Coy, Inc.

ARTICLE II Purpose

he purposes for which the Corporation is formed are:

The Forty-Second Royal Highland Regiment of Foot, 1776, grenedier Coy, Inc. is formed for the promotion of interest in the period of the American Revolution and the active recreation of elements of that period, and further to, honor the courage, tenacity, and devotion of the original regiment during that time. The primary objective of the unit is to educate the public in the contemporary life style of the regiment during the American Revolution in every detail, including chain-of-command, uniforms, clothing, battle tactics, and camp life. We will endeavor to participate in historical research, the preservation and reproduction of arms, equipment, uniforms and to participate in re-enactments, community pageants and other historical activities.

We will uphold the Constitution of the United States of America and the right to keep and bear arms.

ARTICLE III Period of Existence

he period during which the Corporation shall continue is:

'he period will be perpetual unless otherwise specified)

Perpetuel

ARTICLE IV Resident Agent and Principal Office ECTION 1 Resident Agent. The name and address of the Corporation's Resident Agent for Service of process are: The Forty Second Royal Highland Regiment of Foot, 1776, Grenadier Coy, Inc. ame Jorothea F. Rowe deress tetrest or building and city) ECTION 2 Principal Office. The post-office address of the principal office of the Corporation is: 106227 106227

ARICLE V Membership

missimum of one (1) person shall have eigned the membership list (Directors on Trustees of Incorporators may be included in the member hip.)

ECTION 1 Classes (If any).

Class 1 - Pull Mamban

Class 2 - Recruit Member

Class 3 - Youth Member

Class L - Honorary Member

ARTICLE V Membership (continued)

SECTION 2 Rights; Preferences, Limitations, and Restrictions of Classes.

Class 1-An individual over 14 yrs with proper clothing & accouterments, dues pd. Class 2-An individual over 14 yrs, has stated desire of full membership, dues pd.

Class 3-An individual under il yrs, proper clothing & accouterments, belonging

to household of full member, no dues required Class 4-an individual who has rendered significant service to the unit, no dues required SECTION 3 Voting Rights of Classes

Voting rights are limited to Glass 1 and

	100					
		ARTICLE VI Directors	7	1. 1. 1. 1. 1. 1.	21 374 1 300	
SECTION I Number of Directors:						
The initial Board of Directors is composed of		7		members. If the	exact number of Directo	ton si en
stated, the minimum number shall be	NA	and the maximum nu	ımber shall be	·	NA .	<u> </u>
provided; however, that the exact number of o	irectors shall be p	rescribed from time to time in the By-	Laws of the	Corporation; Ah	O PROVIDED FURTHE	A THAT
UNDER NO CIRCUMSTANCES SHALL THE MI	ијмим иимвел	BE LESS THAN THREE (3).				
the state of the s		all the first of the control of the			F	

Name	No. and Street or Building	City	State	Zip Code
Kenneth Carstens	516 S. Sixth St	Murrey	KY	42071
Larry Chowning	101 W. 8th ST	Danville	IL	61832
Wayne Ford	3815 N. Pershing	Danville	IL ,	61832
David Hamilton	4520 Ft. Daniels Rd	Decatur	IL '	62521
Claudia Hamilton	4520 Ft.Daniels Rd	Decatur	IL	62521
John Johnston	5659 Chatman	Memphis.	TN	37501
Jerry Pitts	110 W. National Rd	Terre daute	IN	47885

Park and the second sec	ARTICLE VII Incorpe	retor(s)		
ame(s) and Post Office Address(es) of the Name	ncorporator(s) of the Corporation is (ere) as to No. and Street or Building	City	State	Zip Code
Claudia Hamilton	4520 Ft.Deniels Rd	Decatur	IL	62521
Albert Guilfoil	00918 25 -1 St	Allegan	MI	49010
Wayne Ford	3815 N. Pershing	Danville	IL,	61832
Terry Rickerson	830 S. Troy	Cincinnati	ОН	45246

ARTICLE VIII Statement of Property and Value (If any) (1988)

salatement of the property and an astimate of the value thereof to be taken over by the Corporation at or upon its incorporation is as follows:

Treadury - Cash 522.18

Treasury - Cash 522.18 Company Stores - 1 bolt white linen, value 130.00

10 yards bag hose material, value 260.00

Other - Supply tent, value 50.00 Drun, new in 1985, value 367.00

ARTICLE IX Provisions for Regulation and Conduct of the Affairs of Corporation.

Other provisions, consistent with the laws "This sister for the requir for and conduct of the affairs of the Corporation, and creating, definling: limiting or legulating the powers of the corporation, the difference members of any class of classes of members are as follows: (Can be provided for in the "By Laws") (Any provision in this a particular in may only be changed by amending the Articles of Incorporation.)

The provisions for regulation and conduct of the affairs of the corporation shall be governed by the By-Laws of the Corporation as the same are adopted by the membership and as are from time to time amended.

The corporation is one which does not contemplate monetary gain nor profit to the members thereof, and is organized for non-profit purposes. No part of my net earnings shall inure to the benefit of its membership or to any other individual.

The undersigned, being one or more persons, do hereby adopt these Articles of Incorporation, representing beforehand to the Secretary of State of the State of Indiana and all persons whom it may concern, that a membership list or lists of the above-named corporation for which a Certificate of incorporation is hereby applied for, have heretofore been opened in accordance with the law and that at least three (3) persons have algred such membership list.

THIS DOCUMENT MUST BE SIGNED BY ALL INCORPORATORS.

I (we) hereby verify subject to penalties of perjury that the facts contained herein are true. (Notarization not necessary)

Writing Signature Flamuel for	Claudia Hamilton
	Printing Signature
Winterpalar femine	Printed Signature
	Printed Handy Kall CKelson
The instrument was prepared by: Dorotisea F. Rows	
Address 2205 Colt Road, Indianapobis, IN,	16227
	I the Belliet Bloom Market Share South and the Committee of the

Page 5 Of 5

State of Indiana Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 14 page document consisting of the following records filed in this office:

Certification Date: February 13, 2017

Business Name: THE 42ND ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODIER COY INC

Business ID: 198508-861

Transaction	Date Filed	No. of pages
Business Entity Report	08/14/1995	2
Business Entity Report	08/13/1996	2
Business Entity Report	08/06/1997	2
Business Entity Report	01/05/1999	2
Business Entity Report	08/19/1999	2
Business Entity Report	02/22/2002	3
Administrative Dissolution	07/09/2004	1
	Total No. of pages	14

Page 1 Of 16 CertificateID:9683636



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 13, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

Page 2 Of 16 CertificateID:9683636



INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

State Form 2423 (R14 / 2-95)

Prescribed by Sue Anne Gilray, Secretary of State

Corporations Division: Telephone (317) 232-8678 105044

FILING DEADLINE: 08/31/95

INSTRUCTIONS: See reverse side

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID INDIANAPOLIS, IN PERMIT NO. 2682

Approved by State Board of Accounts 1990 CORPORATION NAME AND PRINCIPAL OFFICE ADDRESS Date of incorporation/qualification This report is THE 42ND ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODIE for fliling year. 08/27/85 State of Incorporation 1995 200 1 4 15%) 2205 COLT RD Other years due (w Hillary) reported on 46227 INDIANAPOLIS, IN Federal Identification number this form: 35-1652741 SECREMENT STATE OF INDIANA

SIGNATURE IS REQUIRED BELOW FOR THIS REPORT TO BE ACCEPTED

TO BE VALID YOU MIBST SIGN III RU

I hereby verify, subject to penalties of perjury, that facts contained herein are true. (Notarization not necessary) Standard of Course Companies of the Standard Sta

INDICATE NAME AND ADDRESS OF PRESIDENT. SECHETARY, OSCICER.

List names and business addresses of the corporate directors and additional officers on the reverse side (if any)

PRESIDENT OR HIGHEST OFFICER NAME AND ADDRESS

22220000000000 TO COOL SECTION

Indicate any changes to ebove officer

Pete Rollett, 2126 Monon Rd, W. Lafayette, IN 47904

SECRETARY / OFFICER NAME AND ADDRESS

XAMPORED TRUE CONTROL XAPAGOCE

Indicate any changes to above officer

John Howland, 46 Stayman Ct, Lafayette, IN 47905

Complete only if change has occurred Malling address of principal office is now:

If not preprinted you must complete Name of Registered Agent / Indiana street address of Registered Office (P.O. Box will not be accepted)

DOROTHEA ROWE 2205 COLT RD INDIANAPOLIS

IN 46227

Complete only If change of Registered Agent or Registered Office Registered Agent of Corporation in Indiana is now:

Indians street address of Registered Agent and Registered Office is now: (must be the same Indians address)

COMPLETE REVERSE SIDE

 Please complete all sections on both sides. 	
2 Sign section "A" on reverse side.	
3. For changes in REGISTERED AGENT and REGISTERS	ED OFFICE ADDRESS, complete section "E".
4. Make check or money order for filling fee payable to See	retary of State in the amount of \$10.00
E. Make a photograph of the completed form for your record	ds and mail form before filing deadline indicated on reverse side.
6. BEFORE THIS REPORT CAN BE ACCEPTED:	is did this form pardio ming docume macanic streets of size.
	7. Send completed form and fee to:
All sections must be fully completed	SECRETARY OF STATE
b. Section "A" must be signed	P. O. BOX 5501
c. filing fee must be enclosed	INDIANAPOUS IN 46255
detailed financial information with the annual report.	Indiana Nonprofit Corporation Act of 1991, it is still required to submit
The corporation is a:	
The corporation is a	
public benefit corporation, which is organized for a	a public or charitable purpose; or
☐ religious corporation, which is organized primarily	or exclusively for religious purposes; or
 mutual benefit corporation (all others). 	
	MEMBERFAIR
Indicate if Corporation has members:	
W 0.05	
Yes 🗅 No	
Later Higher Charles	SAND ADDITIONAL CIFICERS
rest mand town	AUDMATICAAT COTTO
Pete Rollett, 2126 Monon Street, W. Lafay	votto IN 47004 - Chairman
Larry Chowning, 403 N. main Street, Veede	yette, IN 47904 - Chairman
Elizabeth Hamilton 23 Circle Drive Deep	resourg, in 4/90/ - vice Unairman
Elizabeth Hamilton, 23 Circle Drive, Deca	itur, ithizot - pirector
Christine Rowe, 681 Valley Way Rd, Greenw	61026 "
Gail Miller, RR 1, Box 21, Chrisman, IL	D1924 "
Linda Cummins, 11405 E. 63rd, Oaklandon,	1L 46236 "
John Johnston, 5659 Chapman AVe, Memphis,	, TN 38119 "
	•
	<u> </u>
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(MELDINGTIONS) PURSUANT TO IC 23-17, 27-9



INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

State Form 2423 (R15 / 4-96)

Prescribed by Sue Arme Girroy, Secretary of State Corporations Division: Telephone (317) 232-5578

FILING DEADLINE:

08/31/96

INSTRUCTIONS: See reverse side

Approved by State Board of Accounte 1990

20000A 8-13-96

Indiana Code 23-17-27-8

CORPORATION NAME AND PRINCIPAL OFFICE ADDRESS

This report is for fixing year:

THE 42ND ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODI

1996

Other years reported on this form:

2205 COLT RD INDIANAPOLIS, IN 46227

FRONG FEE \$10.00

Date of incorporation/qualification

08/27/85

State of Incorporation

IN.

Federal Identification number

35-1652741

****** A.SIGNATURE:IS REQUIRED BELOW FOR THIS REPORT TO BE ACCEPTED. ******

TO BE VALID YOU MOST SIGN RUBL I hereby verify, subject to penalties of perjury, that facts contained herein are true. (Notarization not necessary)

SIGN HERE

INDICATE NAME AND ADDRESS OF PRESIDENT (SECRETARY) OFFICER

List names and business addresses of the corporate directors on the reverse side (if any)

PRESIDENT OR HIGHEST OFFICER NAME AND ADDRESS

5680 Chambridge

Linda Cummings 11405 E. 63rd Street

Indianapolis, IN 46236

indicate any changes to above officer

SECRETARY / OFFICER NAME AND ADDRESS

40-0-0-y-10-1-0-0-0

Nancy Bain 1851 W. Cuyler, 1st Floor

Chicago, IL 60613

Indicate any changes to above officer

Complete only if change has occurred

Malting address of principal office is now:

If not preprinted

Name of Registered Agent / Indiana street address of Registered Office (P.O. Box will not be accepted)

you must complete DOROTHEA ROWE 2205 COLT RO INDIANAPOLIS

IN 46227

Complete only if change of Registered Agent or Registered Office

Registered Agent of Corporation in Indiana is now:

Indiana street address of Registered Agent and Registered Office is now: (must be the same Indiana address)

COMPLETE REVERSE SIDE

CertificateID:9683636

36 G. 406S	ru,	State	ZIP Code
04 E. 406S	7 - 6	1	1
, , <u>, , , , , , , , , , , , , , , , , </u>	Lafayette,	IN	47905
Fowler Street,#1	ialayette,	717 411	46006
26 Monon Avenue	Lafayette	IN	47904
30 Arrowrock Ave	Riverside	OH	45424
59 Chapman Avenue	Memphis	IN	38119
	8 Fowler Street,#1 26 Monon Avenue 30 Arrowrock Ave 59 Chapman Avenue	26 Monon Avenue Lafayette 30 Arrowrock Ave Riverside	26 Monon Avenue Lafayette IN 30 Arrowrock Ave Riverside OH

If additional directors, please attach additional pages as necessary.

Dear Corporate Officer:

During my term as Indiana Secretary of State, I am committed to improving service to customers by reducing the burden of unnecessary filings and fees. As a result of my legislative package, nonprofit corporate report filing requirements have been reduced. The annual report is due in the month of original incorporation. Please note your date of incorporation on the front of this form or call our information line at (317) 232-6576 to find the filing date.

Please read carefully the following instructions to help you complete successfully the filling requirements of this Annual Report.

If you have any questions, ideas or suggestions, please contact me at 201 Statehouse, Indianapolis, Indiana 46204 Thank you.

Sincerely,

Sue Anne Gilroy Indiana Secretary of State

Sue ann Killey



INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

State Form 2423 (R15 / 4-96)

Prescribed by Sile Anne Gároy, Secretary of State Corporations Division: Telephone (317) 232-6576

FILING DEADLINE:

08/31/97

INSTRUCTIONS: See reverse side

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID INDIANAPOLIS, IN PERMIT NO. 2682

Indiana Code 23-17-27-8

Approved by State Board of Accounts 1990

CORPORATION NAME AND PRINCIPAL OFFICE ADDRESS

FRING FEE \$10.00 Date of incorporation qualification

This report is for filing year:

THE 42ND ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODIE

03/27/85

1997

Other vears reported on this form:

2205 COLT RD 46227

INDIANAPOLIS, IN

State of incorporation

Federal Identification number

SIGNATURE IS REQUIRED BELOW FOR THIS REPORT TO BE ACCEPTED

TO BE VALID YOU MUST SIGN HEBE

I hereby verify, subject to penalties of perjury, that facts contained herein are true. (Notarization not necessary)

INDICATE NAME AND ADDRESS OF PRESIDENT. SUCRETARY, OFFICER

List names and business addresses of the corporate directors on the reverse side (if any)

PRESIDENT OR HIGHEST OFFICER NAME AND ADDRESS

Linda Cummings 11405 E 63rd Street Indianapolis

46236

Indicate any changes to above officer

SECRETARY / OFFICER NAME AND **ADDRESS**

Nancy Sain 1851 W Cuylar 1st Floor Chicago

60613 T L

Indicate any changes to above officer

Complete only if

Mailing address of principal office is now:

change has occurred

Name of Registered Agent / Indiana street address of Registered Office (P.O. Box will not be accepted)

If not preprinted you must complete

DOROTHEA ROWE

2205 COLT RD INDIANAPOLIS

46227 IN.

Complete only if change of Registered Agent or Registered Office Registered Agent of Corporation in Indiana is now:

Indiana streat address of Registered Agent and Registered Office is now: (must be the same Indiana address)

COMPLETE REVERSE SIDE

CertificateID:9683636

<u> 5</u> 6	LIST DIRECTORS			
Name of Director	Street Address	City	State	ZIP Code
JOHN JUHNSTON	5659 CHAPMAN	MEMPHIS	IN	38119
ANDY LUCY	1007 W. 4TH ST	FULTON	KY	42041
STEVE KLEPFER	11405 E. 63RD ST.	INDUS	1/2	46236
June Care	365 S. FRANKLIN Ry		"	16210
JOSH WATERS	8977 WOODLAND DR.	NENBURGH	IN	47630

If additional directors, please attach additional pages as necessary.

Dear Corporate Officer:

During my term as Indiana Secretary of State, I am committed to improving service to customers by reducing the burden of unnecessary filings and fees. As a result of my legislative package, nonprofit corporate report filing requirements have been reduced. The annual report is due in the month of original incorporation. Please note your date of incorporation on the front of this form or call our information line at (317) 232-6576 to find the filing date.

Please read carefully the following instructions to help you complete successfully the filing requirements of this Annual Report.

If you have any questions, ideas or suggestions, please contact me at 201 Statehouse, Indianapolis, Indiana 46204. Thank you.

Sincerely,

Sue Anne Gilroy
Indiana Secretary of State



this form

INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

State Form 2423 (R14 / 2-95)

Prescribed by Sue Anne Gilroy, Sucretery of Stato

Corporations Division: Telephone (317) 232-9978

FILING DEADLINE

INSTRUCTIONS: See reverse side

18808861 760008

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID INDIANAPOLIS, IN PERMIT NO. 2682

Approved by State Board of Accounts 1880

This report is for filling year Offer years reported on

THE 42 MD ROYAL HIGHLAND REGIMENT/FOOT

1776 GRENE DVERS

2205 COLT RD

1NOPLS IN 46227

FREDERIC STORE

Date of imporporation/qualification

3/27/85

Federal Identification number

35-165274

I hereby verify, subject to penalties of parjury, that facts contained herein are true. (Notarization not necessary)

Bignulune of durient corporate officer (must be liefed in decilor if or on revolve of the fami)

INDICATE NAME ARE ADDRESS OF PRESIDENCE SET RELATED OF HER RESIDENCE.

List names and business addresses of the corporate directors and additional officers on the reverse side (if any)

PRESIDENT OFFICER NAME AND ADDRESS

IO BE VALID YOU

KRIST SIGN OF HE

David Hamilton 23 CIRCLE Dr. Decatur 11 62521

indicate any changes to above officer

SECRETARY OFFICER NAME AND AODRESS

July Gill 385 S. Franklin Rd. /Napls IN, 46219

Indicate any changes lo pově officer Complete only if

Mailing address of principal office is now

change has occurred If not preprinted you must complete

Name of Rogistered Agent / Indigna street holdress of Rugistered Office (PO Box will not be accepted)

Dorothea Rowe 2205 Colt Rd

INDIPIS IN 46227

Complete only it change of Registered Agent or Registered Office Registered Agent of Corpolation in Indiana is now:

Indiana street address of Registered Agent and Registered Office is now: (must be the same indiana address)

COMPLETE REVERSE SIDE - See p. 2-

torist	30.0 (16)n/s (19.00)464444444444444444444444444444444444			
Please complete all sections on both sides. Sign section "A" on reverse side. For changes in REGISTERED AGENT and REGISTERED OFFICE ADDRESS, complete section "E". Make check or money order for filing lee payable to Secretary of State in the amount of \$10.00. Make a photocopy of the completed form for your records and mail form before filing deadline indicated on reverse side. BEFORE THIS REPORT CAN BE ACCEPTED: a. All sections must be fully completed 7. Send completed form and fee to: SECRETARY OF STATE P. O. BOX 5501 INDIANAPOUS IN 46258				
NOTICE: if a nonprofit corporation has not op- detailed (inangial information with the annual r	sted into the inclans Nonprofit Corporation Act of 1991, it is still required to submit			
	Control Control of Calif & Calif & Leave on the responsibility of the control of			
	ganized for a public or charitable purpose; or led primarily or exclusively for religious purposes; or			
	in MEMBERGAR			
Indicate if Corporation has members				
	SHELE I CHI - AZMA ADAMI KAZAKI TA 1980 ETI			
Judy Gill, 385 S. Fran Steve Klepter, 11405 E.				



198508-861
INDIANA ANNUAL REPORT OF NONPROFIT CORPORATION

Blate Form 2423 (F15 / 4-96)

Prescribed by Sue Anne Gilroy, Secretary of State Corporations Division: Telephone (817) 232-6576

FILING DEADLINE:

08/31/99

INSTRUCTIONS: See reverse side

8/19/99

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID INDIANAPOLIS, IN PERMIT NO. 2682

401077

Indiana Code 23-17-27-8

Approved by State Board of Accounts 1990

CORPORATION NAME AND PRINCIPAL OFFICE ADDRESS.

LEMOTE SHOW Date of incorporation/qualification This report is for filing year: THE 42NO ROYAL HIGHLAND REGIMENT/FOOT 1776 GRENODI 08/27/85 1999 State of incorporation Other years reported on this form: 2205 COLT RD IN INDIANAPOLIS, IN 46227 Federal Identification number

SIGNATURE IS REQUIRED BELOW FOR THIS REPORT TO BE ACCEPTED

TO BE VALID YOU MUST SIGN HERE

I hereby verify, subject to penalties of perjury, that facts contained herein are true. (Notarization not necessary)

REDICATE NAME AND ADDRESS OF PRESIDENT SHORE FARY OFFICER List names and business addresses of the corporate directors on the reverse side (if any)

Steve Klepfer

PRESIDENT OR HIGHEST OFFICER NAME AND ADDRESS David Hamilton S# Girely Drr. Becatur

11405 E. 63Rd St. IND DOS. IN

46237

no cate any chances to above officer

SECRETARY / NAME AND **ADDRESS**

JOHN WITT 385 S. Franklin Rd. Indpis

KAYTE OSSLER 285 CHURCHILL LANGE AURORA 11

Indicate any changes to stove officer

Complete only if change has occurred Mailing address of principal office is now:

Name of Registered Agent / Indiana street address of Registered Office (P.O. Box will not be accepted)

if not preprinted you must complete

Corothea Rowe 2205 Calt Rd. INDIANAPOLIS

IN 46227

60504

Complete only If change of Registered Agent or Registered Office Registered Agent of Corporation in Indiana is now:

Indiana strest address of Registered Agent and Registered Office is now: (must be the same Indiana address)

F 6 LIST DRICTORS				
Name of Director	Street Address	City	State	ZIP Code
LINDA CUMMINGS	11366 E 63Rd ST	INAPIS	10	46236
Nancy BAIN	4915 N. WASHTENAW AL	- Chicago	14.	60625
GAIL MILLER	RR, BN21	CHRISMAN	14	61924
JOHN JOHNSON	5659 CHADMAN AVE	Memphis	TN	38119
LANCA PATNAUDE	6704 E. 460 S	LaFayens	IN	47905
MARTIN WEBB	2031 N 400 W.	W. LAFAYEHE	4770	47906
		/ ~ /	IN	

If additional directors, please attach additional pages as necessary.

Dear Corporate Officer:

During my term as Indiana Secretary of State, I am committed to improving service to customers by reducing the burden of unnecessary filings and fees. As a result of my tegislative package, nonprofit corporate report filing requirements have been reduced. The annual report is due in the month of original incorporation. Please note your date of incorporation on the front of this form or call our information line at (317) 232-6576 to find the filing date.

Please read carefully the following instructions to help you complete successfully the filing requirements of this Annual Report.

If you have any questions, ideas or suggestions, please contact me at 201 Statehouse, Indiana 46204. Thank you.

Sincerely,

Sue Anne Gilroy Indiana Secretary of State

INDIANA BUSINESS ENTITY REPORT

State Form 48725 (6-98)

Approved by State Board of Accounts, 1999 Prescribed by Sue Anna Gilroy, Secretary of State

198508-861

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PAID 2 INDIANAPOLIS, IN **PERMIT NO. 2662**

1. Complete sections A-H. (Section H is located on the back of the form.)

2. Make check payable to the inclane Secretary of State.

3. Mail form and check to P.O. Box 7097, Indianapolis, iN 46207

2002 LES 25 54 1: 24

A. All entity types must complete this section.	
Current entity name and principal office address	Please make any changes to address here
- 4	٠ ٤
	APana
The 42nd Royal Highland Regiment/	APPROVED AND
Foot 1776 Grenidier Coy, Inc.	FIFT 1120 Charles a Control
2205 Colt Rd.	FILED 1130 Charleston E. Drive
Indianapolis, IN 46227 FE	EB 25 2002 Indianapolis, IN 46209
4	- 5 call
B. All entity types must complete this section.	Chan Gilbay
Current filing year.	OF STATE OF INDIAN years reported on this form:
2004	100000000
C. All entity types must complete this section.	£
Date of Imporporation / Qualifocation / Formation	Corricle State
8/27/85	Indiana
D. All antity types must complete this section. Please check the ar	ppropriate type for your corporate entity.
	Non profit Corporation
	acceptable address unless accompanied by a rural route number.
Current registered agent and registered address	Please make changes to agent and address here.
Daniel Danie	Judy Gill
Dorothea Rowe	1130 Charleston E. Drive
2205 Colt Rd.	
Indianapolis, IN 46227	Indianapolis, IN 46219
	4
Tall males and the second by t	
F. All entity types except LLCs complete this section.	
Current President or highest officer and address	Please make changes to officer and address here. Martin Webb
Steve Klepfer	2031 N. 400 West
11405 E. 63rd St	West Lafayette, IN 47406
Indianapolis, IN 46237	Mest merekacre, TH 4/400
Current Secretary or other officer and address	Pieses make changes to officer and address here.
कारणा प्राप्त कारणा को स्वास्त्र के प्राप्त कारणा का	
Kayte Ossler	
285 Churchill Ln	
Aurora, IL 60504	
G. Must be signed by a corporate officer, chairman of the board of	rby
a member or manager of an LLC.	•
THE PROPERTY OF THE PARTY OF TH	

This document is signed under the penalties of perjury. (If fee is blank, check the fee-schedule on back.)

TOTAL FEES DUE:

Please make check payable to Indiana Secretary of State.

Heme of Director	Street Address	City	Birelo	ZIP Gods
Martin Webb	2031 N. 400 West	W. Lafayette	IN	194065
Joseph Hall	4330 Arrow Rock Av	Riverside	OH	45424
Stephen Klepher	11405 E. 63rd St	Indianapolis, IN		46237
Linda Cummings	11366 E. 63rd Str.	Indianapolis	IN	46237
Jesse Penman	201 E. Curry Dr.	Terre Haute	IN '	47802
Cole Mibler	3945 N. Central Av	Indianapolis	IN 4620	5

If additional directors, please ettach additional pages as necessary.

Dear Corporate Officer.

During my term as Indiana Secretary of State, I am committed to improving service to customers by reducing the burden of unnecessary filings and fees. As a result of my legislative package, nonprofit corporate report filing requirements have been reduced. The annual report is due in the month of original incorporation. Please note your date of incorporation on the front of this form or call our information line at (317) 232-6576 to find the filing date.

Please read carefully the following instructions to help you complete successfully the filling requirements of this Annual Report.

If you have any questions, ideas or suggestions, please contact me at 201 Statehouse, Indianapolis, Indiana 46204. Thank you.

Sincerely,

Au and Gilley Sue Arme Gilroy Indiana Secretary of State

	4 to 10 to 1			
Nume of Director	Street Address	City	State	ZIP Code
Robert McNulty	20915 Nothline Rd.	Taylor	MI	48180
				
	<u> </u>			

If additional directors, please attach additional pages as necessary.

Dear Corporate Officer:

During my term as Indiana Secretary of State, I am committed to improving service to customers by reducing the burden of unnecessary filings and fees. As a result of my legislative package, nonprofit curporate report filing requirements have been reduced. The annual report is due in the month of original incorporation. Please note your date of incorporation on the front of this form or call our information line at (317) 232-6576 to find the filing date.

Please read carefully the following instructions to help you complete successfully the filling requirements of this Annual Report.

If you have any questions, ideas or suggestions, please contact me at 201 Statehouse, Indianapolia, Indiana 46204. Thank you.

Sincerely,

Sue Arne Citroy
Indiana Secretary of State

INDIANA SECRETARY OF STATE

SYSTEM GENERATED ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23 the entity has been Administratively Dissolved or the Certificate of Authority revoked.

A certified copy of this document authenticates the date of the Administrative Dissolution/Revocation

CertificateID:9683636

CONSTITUTION

of the FORTY-SECOND ROYAL HIGHLAND REGIMENT OF FOOT, 1776

We, the members of the "Forty-Second Royal Highland Regiment of Foot, 1776" (hereafter referred to as the "Unit or Regiment"), do hereby adopt these documents entitled "Constitution" and "By-Laws".

PREAMBLE

Resolved, that the Forty-Second Royal Highland Regiment of Foot, 1776 is a living history organization. formed for the promotion of interest in the period of the American Revolution and the active re-creation of elements of that period; and, further, to honor the courage, tenacity and devotion of the original Regiment during the American Revolution.

ARTICLE I: BASIC OBJECTIVES

- A. The primary objective of the Unit is to educate the public about the contemporary lifestyle of the Forty-Second Royal Highland Regiment during the American Revolution. This Unit will endeavor to represent that regiment in every detail. The chain of command, uniform, clothing, battle tactics, and camp life will conform to military standards of the eighteenth century.
- B. The Unit aims to participate in historical research, the preservation and reproduction of arms, equipment and uniforms, and to participate in re-enactments, community pageants and other historical activities.
- C. The Unit aims to uphold the Constitution of the United States, and the right to keep and bear arms.

ARTICLE II: GENERAL MEMBERSHIP

- A. No person will be denied membership to the Unit on the grounds of race, creed, sex, or national origin.
- B. Individual seeking membership shall comply with the standard processes documented in the Bylaws.
- C. Unit membership criteria will be within the limits as defined within this document and the governing document titled "The By-Laws of the Constitution of the Forty-Second Royal Highland Regiment of Foot, 1776, also known as 42d RHR, Grenadier Co'y.
- D. Membership in the Unit is granted and may be regulated or revoked by its Full members in accordance with the guidelines set forth in its Bylaws.

ARTICLE III: UNIT BOARD OF DIRECTORS AND OFFICES

- A. The organizational structure of the incorporated Unit (Board of Directors and Offices) shall be separate from the historical command structure of the Unit on the field (Field Command).
- B. The Unit will be governed in all business matters and relations with the various umbrella organizations or other such associations it becomes part of by a Board of Directors consisting of the following, their terms and duties being described in the Bylaws and Official Regimental Document (ORD) 17:
 - 1. Regimental Commander
 - 2. Regimental Vice-Commander
 - 3. Five (5) Board members at large.

ARTICLE III: UNIT BOARD OF DIRECTORS AND OFFICES (cont'd.)

- C. Staff support offices shall exist as prescribed in the Bylaws.
- D. Other appointed office holders may communicate and/or coordinate with counterparts in umbrella organizations; however, the Regimental Commander shall be included in these actions. It is the Regimental Commander's duty to forward on as needed, information to the Vice Commander, Board of Directors and general membership.
- E. The Board of Directors shall determine all questions of Unit business and policy not specified in this Constitution and the Bylaws and other governing documents, and shall in all respects be the governing body of the Unit. To this end, the Board shall be limited and bound by the provisions of the Constitution and the Articles of Incorporation in all matters, except as otherwise provided for by law. The Board of Directors and Regimental Commander have at their disposal the use of the Judge Advocate in interpreting all regimental documents and any they are bound to by law. The JAG serves as a non-vote casting member of the Board

ARTICLE IV: UNIT MEETING AND VOTING

- A. An annual meeting shall be held for the purpose of appointing officers, establishing a schedule for historical events and conducting other business of the Unit. Election of members to the Board of Directors will occur on a bi-annual basis in even-numbered years.
- B. Additional meetings of the membership may be held throughout the year as necessary in order to conduct business of the Unit. Additional meetings may be called by a simple majority of the Board of Directors.
- C. <u>Roberts Rules of Order, Revised</u> shall be the parliamentary authority in all matters not otherwise specified by the Constitution or Bylaws or other governing documents.
- D. A quorum must be present at any Unit meeting convened for the purpose of conducting official Unit business.

ARTICLE V: AMENDMENTS

- A. Amendment proposals must be submitted in writing and presented to the Board of Directors for review. The proposals will then be presented to the membership.
- B. Proposed amendments will be published at least 4 weeks before a business meeting, concurrent with announcement of the time and place of the meeting.
- C. Amendments will be voted on during a business meeting. Approval by a simple majority of the eligible members present at the meeting is required for passage of an amendment.

ARTICLE VII: DISSOLUTION CLAUSE

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations, organized and operating for charitable, educational, religious or scientific purposes as the Board of Directors shall determine.

The By-Laws of the Constitution of the FORTY-SECOND ROYAL HIGHLAND REGIMENT OF FOOT, 1776

ARTICLE I: AUTHENTICITY

- A. It is the responsibility of each member of the Unit to participate in a historical role that is documented as appropriate to either the contemporary lifestyle of the Forty-Second Royal Highland Regiment or as being attached to the British Army during the American Revolution; to wear uniform or clothing that is documented as correct for that role; to use proper accourrements or equipment to demonstrate activities that are documented as representative of that role; and, to abide by a minimum standard as set in NWTA Reg. #02-01.
- B. All Full and Youth Members will have clothing documented as appropriate for their role as prescribed in the current GIR. The documentation of a non-typical role will rest with the individual member or applicant. This documentation is referred to as the persona. Forms for personas are available from the organization (ORD-04 & ORD-05). Any Full or Youth member on the strength without the correct and complete uniform or clothing may not participate in formal activities such as colors, parades, or battles; though they are expected to participate in camp activities and maintain all other standards of authenticity.
- C. The proper clothing, tents and equipment of guests, prospective members, recruits, and all children in camp must comply with all authenticity standards, and are the responsibility of their host or sponsor.
- D. All camp equipment and camp activities will be visually authentic and must meet the approval of the appointed Inspector. Any item or activity not meeting the Inspector's approval must be removed, hidden, or discontinued until documentation can be provided. Modern items outside of tents should be covered with circa 1776 looking material, and tents shall be kept tied shut unless modern items inside are covered.
- E. Hours of authenticity will be 9:00 5:00, or as required by the event schedule. During these hours, timely attendance and participation at Unit activities is required, unless excused by a consensus of the field command.
- F. Long-term exceptions to clothing, equipment, or participation for reasons of health or injury may be made by the Board and shall be documented as such on the member's IIR form (ORD-04 &/or ORD-05). Members must present a request for exceptions in writing to the Board.

ARTICLE II: MEMBERSHIP

A. The rights and privileges of a member in good standing in the Unit shall include, but not be limited to: camping with the Unit and participating in camp life activities; participating with the Unit in formal activities such as parades, colors, and battles; receiving the Unit newsletter, having access to Unit stores; and obtaining coverage under the NWTA insurance policy unless otherwise specified. All members in good standing are granted free access to all regimental documentation on file with the Historian as well as use and access of Official Regimental Documents. Referred to as ORDs, these are numbered and listed as Appendix A of this document. All members in good standing are entitled and expected to follow the rights and responsibilities outlined in ORD-15.

ARTICLE II: MEMBERSHIP (cont'd.)

- B. There are six types of Unit membership: (1) Full Member, (2) Recruit Member, (3) Youth Member, (4) Honorary Member, and (5) Emeritus Member and (6) Inactive Member.
 - 1. A Full member in good standing is an individual who is at least 14, has applied and received approval for membership, has met requirements for uniform or clothing that is complete and documented as correct for their historical role, filed said documentation and persona on the appropriate forms (ORD-04L or ORD-05D), has taken the King's shilling. has paid all requisite dues, and whose membership is not suspended or revoked. A Full member may vote in all Unit matters, hold office, and sponsor prospective members.
 - 2. A Recruit member must be at least 14 years old, have applied and received approval for membership, and paid all requisite dues. Recruit members will wear appropriate period clothing and participate in appropriate aspects of military and camp life. Recruit members may not vote in Unit matters, hold office, or sponsor prospective members.
 - 3. A Youth member is younger than 18, must be part of a Full Member's household or under the guardianship of a Full member, have applied and received approval for membership, and met requirements for clothing that is documented as correct for their historical role. Youth membership is required if the child/teen is participating in Unit formation activities, such as battle demonstrations. This starts the longevity records in regards to years of service medals. Youth members may not vote, hold office, or sponsor prospective members. Youth members are not liable for dues.
 - 4. **An Honorary member** must have rendered significant service or benefit to the Unit. Honorary members have neither rights nor responsibilities as Unit members. Honorary members have the privilege of receiving the Unit newsletter. Individuals may be nominated for honorary membership by Full members of the Unit.
 - 5. An Emeritus member has all the rights and privileges of a Full member except an Emeritus member may hold neither office nor field command position. An Emeritus member shall have been a Full member in good standing for not less than seven (7) years. The Board of Directors will determine Emeritus membership status. Emeritus members are not responsible for NWTA dues unless they plan to attend NWTA events. An Emeritus member may reinstate their Full membership rights and privileges by paying current year umbrella organization dues and stating their intention at an official unit formation.
 - 6. An Inactive member is an individual who is in possession of a membership shilling, but who has not paid dues in three (3) consecutive years. An Inactive member has neither rights nor privileges. After three years, the Unit is under no obligation to continue its communication outreach and said member forfeits services years toward medal accrual. An Inactive member may reinstate their membership rights and privileges by paying current year dues and stating their intention at an official unit formation.
- C. Membership in the Unit may be temporarily suspended or a member may be expelled from the Unit upon completion of a written Grievance Procedure (ORD-13) submission by any Full member to any member of the Board of Directors.
- D. Any member under age 18 whose parents or guardians are not Unit members, or whose parents or guardians are members but are not present at an event, must have an adult Full member sponsor in attendance at any event. That sponsor must bave and carry written parental medical care authorization and guardianship form (ORD-14). The Field Commander must also be notified of the situation.

ARTICLE II: MEMBERSHIP (cont'd.)

- E. It is the responsibility of each member and membership class to maintain their personal copies/records of material, including but not limited to, their personas, inspection form, (ORD-04 & ORD-05) Constitution and Bylaws (ORD-01), General Information Regulations aka GIR (ORD-12), and all other associated Regimental Documents. Each member in good standing will receive the first copy free with the exception of the GIR. Any copies requested after that to be provided by the Adjutant at cost of the copies. In the case of submitted personas and inspection forms they will need to be obtained from the Inspector General, also at cost of copies to the requestor.
- F. Approval of Unit membership is attained in the following manner:
 - 1. Prospective Unit members must be sponsored by a Full member of the Unit, and attend two (2) scheduled, historical Unit events as a guest.
 - a. At an official Unit formation during the first of these two events, sponsors will introduce prospective members to the Unit; in turn, prospective members will state their intention to join the Unit.
 - b. During a prospective member's second event, sponsors will again introduce the prospective member to the Unit; in turn, the prospective member will formally request Unit membership. Full members of the Unit present will vote on the prospective member's request. Prior to the vote, the prospective recruit will specify the role they intend to portray.
 - 2. If the request for membership is approved, the prospective member will become a Recruit member.
 - a. The Unit provides recruit member status for 12 months from the date of approval, if needed, in order to give the recruit member time to meet requirements for uniform or clothing that is complete and documented as correct for their role.
 - b. A Recruit member must meet uniform and clothing requirements in order to field and participate as a full member of the Unit.
 - Before becoming a full member the recruit member must submit on the proper forms, a
 written persona to the Commander and Inspector General (ORD-04 or ORD-05).
 These forms are available from the Commander or the Inspector General's Department.
 - d. If necessary, Recruit members may request and receive an extension of Recruit status from the Unit membership of one additional year.
 - e. A Recruit member becomes a Full member when paperwork and uniform/clothing requirements are met, and the recruit takes the King's shilling at a gathering of the Regiment.
 - 3. A Youth member, at the age of 14 years, and with the proper uniform or clothing, may request approval for Full member status.
 - a. A Youth member becomes a Full member when clothing requirements are met, proper forms are submitted, and the youth takes the King's shilling at a gathering of the Regiment.
 - b. Youth members must seek Recruit or Full membership when they are older than 18 years or if they are not a student and part of a Full member's immediate household.

c. A Youth member must file all information as stated in Article II.D in any case where his or her responsible parent or guardian is not a member of the Unit.

ARTICLE III: MEMBERSHIP DUES

- A. The rate of annual dues is established by the Full members at the annual meeting.
- B. Full, Recruit, and Emeritus Members are liable for dues beginning with their acceptance as members and will not be prorated.
- C. Annual dues will be payable by January 31st of each year and must be accompanied by a dues information form (ORD-11) by the same date, or upon acceptance of membership.
- D. Dues will not be accepted at any official Unit formation other than the annual business meeting with the exception of a member returning from Inactive status. Dues must be paid at least two weeks prior to attending any umbrella organization event with the exception of a member returning from Inactive status.
- E. Dues are considered delinquent if not paid in full prior to the start of the annual business meeting. Three additional attempts will be made during the month of April in the form of an email, a phone call, and a collection letter mailed via the USPS, in an attempt to collect dues. Failure to pay annual dues will result in suspension of membership privileges. Membership privileges are reinstated when dues are paid.
- F. Unit membership will be waived for any member and their spouse, if applicable, during the time period that said member is serving in an active duty capacity in any branch of the United States Armed Forces.
- G. In honor of past members, the Unit shall remit dues monies to the umbrella organization for the member and their spouse, if applicable, upon the member's passing. This entitles the member to be added to the umbrella organization's Last Post.

ARTICLE IV: UNIT MEETINGS AND VOTING

- A. The annual meeting will be held the first weekend in April at a location selected by the Board; except in years when the Easter holiday occurs on that weekend. In such cases, the annual meeting will be held the following (2nd) weekend in April. Notice of the time and location of the annual meeting will be published at least 4 weeks before the meeting.
- B. A quorum must be present to conduct any Unit business. A quorum is defined as having at least 30% of the Full members in good standing on the Unit roster present and voting. A Full member in good standing is an individual who is at least 14, has applied and received approval for membership, has met requirements for uniform or clothing that is complete and documented as correct for their historical role, filed said documentation and persona on the appropriate forms (ORD-04 or ORD-05), has taken the King's shilling, has paid all requisite dues, and whose membership is not suspended or revoked.
- C. Unless otherwise stated, voting on Unit business will be by show of hands and decided by a simple majority, which is defined as one more than half of the voting members present.
- D. All elections will be held by written secret ballot, by the eligible members present. Proxy ballots will not be accepted. The Adjutant and one other eligible member as selected by the Commander will tally ballots in private.
- E. Eligible members will select seven members for the Board of Directors from a slate of Full members nominated according to *Robert's Rules of Order*. Each eligible member may vote for

seven individuals from among the nominees. Tie votes will be rerun, if necessary, to complete election of seven Board members.

- F. Those elected Board members who are willing to serve as Regimental Commander will so indicate and a second ballot will be cast to elect the Regimental Commander. The individual receiving the most votes will become Commander. All ties will be run off. The Commander will appoint the Vice from the members on the Board of Directors who are willing to serve.
- G. Individuals may be removed from their position on the Board of Directors or from their office by a simple majority vote of the total number of eligible members in good standing on the Unit roster. Individuals so removed from a position are eligible for election to any Board or office position in the calendar year following their removal.

ARTICLE V: UNIT OFFICERS

A. Regimental Commander

A Regimental Commander shall be elected on a bi-annual basis in even-numbered years at the annual meeting, by the eligible members in good standing. The Regimental Commander may succeed him/herself. The Regimental Commander shall insure that all members adhere to the Regiment's Constitution and Bylaws. In case of a vacancy in the office, the Board of Directors shall appoint an interim Regimental Commander to serve until a special election can be held. Special elections must adhere to the rules and regulations set forth in Article IV of the Bylaws.

B. Regimental Vice-Commander

The Regimental Vice-Commander shall be appointed by the Commander, subject to the general membership and act as the Regimental Commander in the absence of and at the direction of the Regimental Commander. He or she is an ex-officio member of all Departments and Committees.

C. Board of Directors

Members of the Board of Directors serve as representatives of the general membership and are responsible for acting in the best interests of the members and the Unit as a whole. Vacancies on the Board of Directors or in Offices shall be filled by the Board upon occurrence.

D. Regimental Paymaster

The paymaster is appointed at the annual meeting by the Regimental Commander subject to the approval of the voting members in good standing. The Paymaster may succeed him/herself.

E. Corporate Agent

This person must be an Indiana resident and is appointed at the annual meeting by the Regimental Commander, subject to the approval of the voting members in good standing. The Corporate Agent may succeed him/herself.

F. Regimental Adjutant

The Regimental Adjutant is appointed by the Commander at the annual meeting, subject to the approval of the voting members in good standing. The Adjutant may succeed him/herself.

G. Regimental Quartermaster

The Regimental Quartermaster is appointed at the annual meeting by the Commander, subject to the approval of the voting members in good standing. The Quartermaster may succeed him/herself. The Quartermaster has the privilege of appointing an assistant.

H. Regimental Armorer

The Armorer is appointed at the annual meeting by the Commander subject to approval of the voting members in good standing. The Armorer may succeed him/herself.

I. Inspector General (IG)

The Inspector General (IG) will be appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The Inspector General may succeed him/herself. The Inspector General may appoint an assistant to his or her department to aid in task completion; hereunto referred to as the Inspector General's Department.

J. Provost Marshall

The Provost Marshall will be appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The Provost may succeed him/herself.

K. Sergeant-at-Arms

The Sergeant-at-Arms will be appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The Sergeant-at-Arms may succeed him/herself.

L. Regimental Newsletter Editor

The Regimental Newsletter Editor is appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The Regimental Newsletter Editor may succeed him/herself.

M. Regimental Historian

The Regimental Historian will be appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The Historian may succeed him/herself.

N. Judge Advocate General (JAG)

The Judge Advocate General will be appointed at the annual meeting by the Commander subject to the approval of the voting members in good standing. The JAG may succeed him/herself.

O. Other

The Regimental Commander may appoint other staff officers, as needed, subject to the approval of the voting members in good standing.

ARTICLE VI: AUDITS

A. Audit of the Unit Treasury

The fiscal year of the Unit shall end on December 31 of each year and financial records will be turned over to the Commander not later than January 30th. The financial records shall be audited by two (2) Full members as appointed by the Commander. The findings of the audit shall be supplied to the Commander, with a written report presented at the annual meeting in April, and published in the following Unit newsletter. Neither the Paymaster nor any member of his/her family or household shall conduct the audit. Results will be archived in three separate locations. Those will be with the Regimental Commander, Historian and the Corporate Agent.

ARTICLE VI: AUDITS

B. Audit of Unit Activity Reports

All Officers shall submit to the Regimental Commander an annual activity report by January 30th of each year unless specified otherwise in the individual position description. The Commander will appoint two Full members to perform the audit. The findings of the audit shall be supplied to the Commander and a report presented at the annual meeting. Neither the position officer nor any member of his/her family or household shall conduct the audit. Results will be archived in three separate locations (e.g. with the Regimental Commander, Historian and Corporate Agent).

ARTICLE VII: FIELD COMMAND (In accordance with 1776 42d RHR Regimental roster)

- A. The Unit will be governed during all official times of historical events, festivals, parades, battles, color ceremonies and in-camp activities by the Unit's Field Command in conjunction with the Regimental Commander; both whom will abide by NWTA and event sponsor regulations, as well as the Unit's Constitution and Bylaws. Members of the Field Command, in rank and order of authority are: Captain/Lieutenant, Lieutenant, Sergeants by order of service in grade, and Corporals by order of service in grade, as they would fulfill the typical role. Field Command is to be identified at the start of each event. The Distaff Command will appoint a person "in charge" to watch over the camp while the Line is away from camp on activities. The Field Command will also work with the Distaff Command to aide the Regiment in achieving it obligations while at events.
- B. The Field Command shall be separate from the Unit's incorporated business officers. Members may serve in one or both command structures.
- C. The Full members of the Unit's Military Line will elect the Field Command positions, listed in Article VII.A, by a simple majority vote of the total number of uniformed personnel in good standing on the Unit roster. When vacancies occur or when additional Field Command positions are needed, members of the Field Command will nominate a candidate or candidates for approval or election by the uniformed military line personnel. A member of the line may not change their persona without the simple majority vote by the members of the line.
- D. Individuals who fill a Field Command position must be a Full member in good standing and capable of acting out that position's prescribed historical role.
- E. An individual may be removed from his Field Command position by a simple majority vote of the total number of uniformed personnel in good standing on the Unit roster. An individual so removed from his position is eligible for election to any Field Command position in the calendar year following his removal.
- F. Each member of the Field Command shall act as a safety officer for the Unit and be responsible for maintaining all aspects of safety on the field and on line in compliance with Unit and NWTA safety regulations. Acting in this capacity as a Provost Marshall, a member of the Field Command shall bar any Unit member from any event activity if he believes there is just cause. This action, or any other safety concerns involving non-Unit personnel, must be reported immediately to the Field Commander and the Regimental Commander, if present, for final decision.

ARTICLE VII: FIELD COMMAND (In accordance with 1776 42d RHR Regimental roster)

- H. It is the responsibility of the ranking Field Command NCO (or designee) at any Northwest Territorial Alliance (NWTA), Brigade of the American Revolution (BAR), British Brigade (BB) or other historical event to attend the Commander's meetings and convey the daily battle plans or activities to the troops while in formation prior to leaving camp, or as soon as possible in all other cases.
- I. The members of the Field Command will send to the Regimental Commander a list of Events they will be attending. The Commander will then compile this list and return it to all field Commanders to facilitate any preliminary work done by this Regiment or host and sponsors of events. Further it is to insure a Field Command presence at all events.
- J. The Ranking Field NCO Commander or designee shall submit to the Publication Editor by the deadlines for submissions to the newsletter, an After Action Report (AAR) of his take and summations of an event he was the Ranking Field NCO Commander at.

ARTICLE VIII: UNIT TREASURY AND CREDIT

- A. All monies and goods earned by the Unit as a whole at a Unit scheduled event or donated to the Unit shall be held in common by the Unit. All monies and goods held by the Unit prior to incorporation will become the property of the incorporated Unit.
- B. The Board of Directors must approve any expenditure of Unit funds, extension of credit from the Unit Stores, and disposition of Unit equipment and goods.
- C. All purchases from the Unit Store will be on a cash basis or by approved credit. Credit is to be applied for from the Quartermaster, who will pass the written application to the Board of Directors for action. The terms of the credit will be as follows: 25% down payment and 20% per month of the remaining balance to be paid in full within six months. All material or items crafted will therefore remain the property of the Unit until completely paid. The credit applicant outlining the terms of the agreement will sign a promissory note. Recruit members and Full members may avail themselves of this credit policy.

ARTICLE IX: LINE AND DISTAFF DEPARTMENTS

As the membership of the Regiment varies, so too do the roles each person plays in the unit. Therefore the Regiment shall be divided into two departments, the Line and the Distaff. Members of the Line Department consist of those playing a direct military function, such as grenadiers, surgeons, wagoneers, and scouts. The Distaff Department consists of all non-military uniformed persons. This department is not limited to women only, as there were civilians and non-uniformed men attached to the British Army also. Included within the Distaff are any uniformed men listed as invalids. Surgeons and wagoneers serve a unique role as members of both departments. Each department reserves the right to meet and handle matters concerning that department separately while remaining hound to the Regiment as a whole. The department may only make guidelines that directly effect that department secularly. All matters that cross over or affect the regiment as a whole are to be handled by the regiment as a whole.

ARTICLE X: DISTAFF COMMAND

- A. The Distaff Command shall be separate from the Unit's incorporated business officers. Members may serve in one or both command structures.
- B. The distaff segment of the Unit will be governed during all official times of historical events. festivals, parades, battles, color ceremonies and in-camp activities by the Unit's Distaff Command in conjunction with the Unit's Field Commander, as well as the Regimental Commander; all of whom will abide by NWTA and event sponsor regulations, as well as the Unit's Constitution and Bylaws. Members of the Distaff Command in order of authority are: Field Sergeant and Camp Sergeant. The Field Sergeant shall report to the Field Commander.
- C. The Full Members of the Unit's distaff will annually elect the Distaff Command positions, as listed in Article X.B, by a simple majority vote of the total number of distaff personnel in good standing on the Unit roster. When a vacancy occurs, the remaining members of the Distaff Command will nominate a candidate for approval or election by the distaff personnel.
- D. Distaff Command will work in conjunction with Field Command to ensure historically accurate duties are carried out, i.e., conveying water and wood to camp.
- E. The field sergeant and camp sergeant will work together to ensure the smooth operation of all distaff responsibilities.
- F. Individuals who fill a Distaff Command position must be a Full Member in good standing and capable of acting out that position's prescribed duties.
 - 1. The Camp Sergeant is responsible for overseeing all aspects of the distaff personnel's incamp activities and maintaining camp appearances.
 - 2. The Field Sergeant shall oversee the activities required to support the uniformed military line during the hours of authenticity. Activities include, but are not limited to, ensuring adequate support is provided to the military line during parades, battles and color ceremonies, coordinating the training of distaff to 'work' the field, ensuring adequate quantities of water & personnel on the field for the applicable weather condition and supporting the military line at functions such as the military parade of fashions.
- G. An individual may be removed from his/her Distaff Command position by a simple majority vote of the total number of distaff personnel in good standing on the Unit roster. An individual so removed from their position is eligible for election to any Distaff Command position in the calendar year following their removal.
- H. Each member of the Distaff Command shall act as a safety officer for the Unit, in conjunction with the appointed Provost Marshall (see ORD-17) and be responsible for maintaining all aspects of safety on the field and in camp in compliance with Unit and NWTA safety regulations. Acting in this capacity as a Provost Marshall, a member of the Distaff Command shall bar any Unit member from any event activity if they believe there is just cause. This action, or any other safety concerns involving non-Unit personnel, must be reported immediately to the Field Commander and the Regimental Commander, if present, for final decision.
- I. The senior Distaff Commander at an event shall submit to the Regimental Newsletter Editor an After Action Report (AAR) for publication in the Regiment's newsletter.

ARTICLE XI: AMENDMENTS

- A. Amendment proposals must be submitted in writing and presented to the Board of Directors for review. The proposal will be presented to the membership.
- B. Proposed amendments shall be published at least 4 weeks before a business meeting, concurrent with announcement of the time and place of the meeting.
- C. Amendments will be voted on at a business meeting. Approval by a simple majority of the eligible members present at the meeting is required for passage of an amendment.

Part IV Narrative Description of Your Activities

Founded in 1974, the mission of the Forty-Second Royal Highland Regiment of Foot, 1776, Grenadier Coy, Inc. (42nd RHR), has been to teach American history to the public. We offer a glimpse into the lives and times of a Scottish regiment serving in the British Army during the American Revolution by recreating the past. This immersive experience allows spectators to step back in time to partake in the events that would lead to the founding of the United States of America. Reenactments offer a relatable entertaining hands-on method to teach a period of time that is critical to our nation's core values.

Our volunteer organization is made up of men, women and children that each provides their own clothing, tents, and equipment. Each year, our members dedicate approximately 15% of their time to this organization to share their love of American history, outdoor activities, education and entertaining an audience with others. They spend their own money and travel hundreds of miles to events and meetings in this pursuit.

Most of our public facing activities occur between May and October throughout the Midwest, with occasional events in the Northeast and Canada. These weekend events are 3-4 day historic recreations done in concert with other volunteer organizations, museums and universities. Each member is responsible for researching, documenting and portraying a piece of our collective past to the audience.

Throughout a public weekend event, the audience members are actively encouraged to participate in demonstrations and activities. Members recreate a military encampment from 1776 that includes military dress and maneuvers, historic timeline presentations, fashion shows, inspections, period cooking, laundry, family life, crafts, music, historic games and other events that provide both entertainment and educational value. The hands-on approach of a reenactment introduces spectators to our shared history in a way that books, movies and the internet cannot; it brings the past to life complete with the sights, scents and sounds of the past.

Internal organizational activities are ongoing and occur year-round. These include the necessary research utilizing primary and secondary sources, crafting clothing and equipment, and gathering in small groups to assist other members in the creation of their personas. An annual business meeting is held in April to elect the board of directors and other leadership roles; as well as setting out goals and projects for the coming year.

The majority of expenses for of our organization are funded through membership fees and gross receipts from demonstration activities. Occasionally past members have donated items or uniforms to assist members entering the organization.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid.

Name	Title	Mailing Address	Compensation amount (annual actual or estimated)
William Hamilton	Board member and	6 Sherman Street	
	Inspector General	Lafayette, IN 47904	None
Kathleen McNulty	Board member	20915 Northline Road	
		Taylor, MI 48180	None
Robert Teague, Jr.	Board member	301 W. 7 th Street	
		Mishawaka, IN 46544	None
Clifford Catt	Armorer	508 Kossuth Street	
	į.	Lafayette, IN 47905	None
Jillian Miller	Quartermaster	1644 Vermont Street	
		Quincy, IL 62301	None
Martin Webb	Judge Advocate General and	823 Wabash Avenue	
	Historian	Lafayette, IN 47905	None

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties

		Average Hours	
Name	Qualifications	Worked	Duties
Shawn Hall	Full dues paid member with a willingness to serve	80 hours/year	Chair all meetings, oversee voting, break ties in Board voting, represent the Unit at NWTA Board meetings, and govern the group in conjunction with Field Command during historical recreation events.
Donald Fisher	Full dues paid member with a willingness to serve	72 hours/year	Oversee the Historian and work with them in maintaining archives and act as the Regimental Commander in his absence. The Provost is the safety officer and maintains compliance both in camp and on the field with NWTA and event sponsor regulations.
Kathryn Ossler	Full dues paid member with a willingness to serve	96 hours/year	Maintain minutes of all meetings, record attendance at each meeting and NWTA event, update membership longevity records for medal issuance; maintain checking and savings accounts, pay approved disbursements, collect membership dues;
James Morris	Full dues paid member with a willingness to serve	36 hours/year	Publish 5 newsletters annually and serves as a representative of the general membership and conducts business in the best interest of the members
William Hamilton	Full dues paid member with a willingness to serve	36 hours/year	Ensure authenticity of camp items, clothing, and activities and serves as a representative of the general membership and conducts business in the best interest of the members
Kathleen McNulty	Full dues paid member with a willingness to serve	12 hours/year	Serves as a representative of the general membership and conducts business in the best interest of the members
Robert Teague, Jr.	Full dues paid member with a willingness to serve	12 hours/year	Serves as a representative of the general membership and conducts business in the best interest of the members
Clifford Catt	Full dues paid member with a willingness to serve	12 hours/year	Maintain gun powder and ordnance supplies
Jillian Miller	Full dues paid member with a willingness to serve	12 hours/year	Maintain an inventory of appropriate fabric for clothing construction and a vendor list for period correct accoutrements
Martin Webb	Full dues paid member with a willingness to serve	12 hours/year	Maintain the Constitution, Bylaws, and policies of the organization and interpret each as requested by the membership. The Historian maintains documentation and research pertaining to the original Regiment during the American Revolution.

Part VIII Your Specific Activities

15 Do you have a close connection with any organizations? If "Yes," explain.

The Forty-Second Royal Highland Regiment of Foot is a member unit of the North West Territory Alliance (NWTA). The Regimental Commander of The Forty-Second Royal Highland Regiment of Foot serves on the Board of Directors of the NWTA. The Forty-Second Royal Highland Regiment of Foot was created shortly after the NWTA.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years.

2 If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

		A. State	ment of Revenue	e and Expenses	<u> </u>		
	Type of revenue or expense	Current tax year		4 prior tax years or 2			
ŀ		(a) From 01/01/18				(e) From 01/01/14	(f) Provide Total for
1		To 12/31/18	To 12/31/17	To 12/31/16	To 12/31/15	To 12/31/14	(a) through (e)
	1 Gifts, grants, and contributions						
	received (do not include unusua)			_	_	_	_
,	grants)		4 450 00	1 205 00	1,455.00	1,465.00	6,900.00
ļ	² Membership fees received	1,535.00	1,160.00	1,285.00		5,37	25.27
	3 Gross investment income	5.32	4.48	4,29	5.81		23.27
	4 Net unrelated business income				- :		<u> </u>
	5 Taxes levied for your benefit	-	-	-			-
l	6 Value of services or facilities				1]
-	furnished by a governmental unit						1
	without charge (not including the						
	value of services generally furnished to the public without charge)	_	_	_	-	_	_
	7 Any revenue not otherwise listed						
se e	above or in lines 9-12 below (attach						
e n	an itemized list)	275.00			-		275.00
Revenues	8 Total of lines 1 through 7	1,815.32	1,164.48	1,289.29	1,460.81	1,470.37	7,200.27
Œ	9 Gross receipts from admissions,						
	merchandise sold or services		1				
	performed, or furnishing of facilities					}	
	in any activity that is related to your				,]	
	exempt purposes (attach : temized	3,109.00	125.00	3,145.00	660.00	1,20.98	7.159.98
	tist)	4,924.32	1,289.48	4,434,29	2,120,81	1.591.35	
	10 Total of lines 8 and 9 11 Net gain or loss on sale of capital	4,924.32	1,209.40	4,434.23	2,120.01	1,001.03	27,000
	assets (attach schedule and see					Į.	1
	instructions)	_	-	-			
	12 Unusual grants	-	-	-	-	-	-
	13 Total Revenue		i				
	Add lines 10 through 12	4,924.32	1,289.48	4,434.29	2,120.81	1,591.35	14,360.25
	14 Fundraising expenses	-	-	_	-	-	-
	15 Contributions, gifts, grants, and					T.	
	similar amounts paid out (attach an			i	İ		00.00
	itemized list)	80.00	<u> </u>	-	-		80.00
	16 Disbursements to or for the benefit of	707.00	670.00	725.00	940.00	1.145.00	4,245.00
	members (attach an itemized list)	765.00	070.00	725.00	540.00	1,145.00	7,2-3.00
	17 Compensation of officers, directors, and trustees		_	_		-	-
e s							
ž.	18 Other salanes and wages	 	-	 	-		··· .
Expenses	19 Interest expense	-		100.00	100.00	86.21	486.21
ů.	20 Occupancy (rent, utilities, etc.)	100.00	100.00			80.23	400.21
	21 Depreciation and depletion			-	-		
	22 Professional fees	-			-	-	-
	23 Any expense not otherwise classified	·					
	such as program services (attach	3,277.41	1,413.97	643.01	363,50	93.94	5,791.83
	itemized list) 24 Total Expenses	5,2/1.41	1,413.37	043.01	303,30	33.3	5,, 52,53
	Add lines 14 through 23	4,222.41	2,183.97	1,468.01	1,403.50	1,325.19	10,603.04

Par	t IX	Financial Data
		A. Statement of Revenue and Expenses
7	2018: \$2	75 originally paid to the Seven Year War historical reenactment organization in 2014 for membership dues was
	credited	back into the savings account by the bank as the check was never cashed.
9	2018: \$1	,000 - Greater Metropolis Convention & Visitors Bureau for participation at the Ft. Massac encampment,
	\$1	,000 – Brimstone and Fire LLC dba Ohio Renaissance Festival for participation at Celtic Fest Ohio encampment
	\$1	,000 – State of Illinois for back payment of 2017 participation at the Ft. Massac encampment
	\$	73 – material purchases by members from the Quartermaster's company store
	\$	36 – gunpowder purchase by a member from the Armorer
	2017: \$	125 – material purchases by a member from the Quartermaster's company store
	2016: \$3	3,000 – Greater Metropolis Convention & Visitors Bureau for participation at Ft. Massac in 2014, 2015, & 2016
		145 – material purchases by members from the Quartermaster's company store
		660 – material purchases by members from the Quartermaster's company store
	2014: \$	120.98 - Northwest Territory Alliance for participation at the 2013 Feast of the Hunters' Moon encampment
15	2018: \$8	30 donation to Tippecanoe County Historical Association in memory of Roger Pete Rollet, long-time member.
16	2018: \$7	765 to the Northwest Territory Alliance for membership dues
	2017: \$6	570 to the Northwest Territory Alliance for membership dues
	2016: \$7	725 to the Northwest Territory Alliance for membership dues
		340 to the Northwest Territory Alliance for membership dues
	2014: \$8	370 to the Northwest Territory Alliance & \$275 to the Seven Year War organization for membership dues
23		1,085.40 – purchase of member recognition awards
	\$	550.00 – down payment toward woven bag hose material
	\$	464.25 – member bereavement
	\$	463.95 – construction of 2 new silk flags and poles
	\$	438.58 – gun powder purchase
	\$	237.55 – business meeting food
	\$	28.25 – administrative (postage)
	\$	9.43 – first aid supplies
	2017: \$	381.71 – website domain
	\$	269.37 – business meeting food
	\$	267.45 – administrative (document storage)
	\$	204.79 – administrative (paper, ink, postage, bank fees)
	\$	171.23 – member bereavement
	\$	119.42 – first aid supplies
	2016: \$	273.25 – administrative (paper, ink, copying, postage, bank fees)
	\$	262.76 – business meeting food
	\$	107.00 – member bereavement
	2015:\$	190.47 – administrative (paper, ink, copying, postage, bank fees)
	\$	173.03 – business meeting food
	2014: \$	93.94 – administrative (publishing software)

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

8 Bell of Arms \$300; Two (2) silk flags and flag poles \$500

Part X Public Charity Status (Continued)

- 6b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each disqualified person. If the answer is "None," state this.

 None
 - (ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, artach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were note than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this. None