

*** The FarmHouse Group Exemption Number (GEN): 3090 ***

BANK ACCOUNTS

Most treasurers inherit their organization's bank accounts when they begin their tenure. However, you may be with a brand new organization or may need to change banks or open an additional account. At the very least, you will want to be sure that you are added as an authorized check signer. Therefore, we'll begin at the beginning.

FEIN

If you are a brand new organization, you will need a Federal Employer Identification Number—even if you have no employees. In simple terms, the FEIN is a registration number with the Internal Revenue Service. See the sample form on page 6. The completed form is mailed back to the IRS. They will assign you a number in approximately eight weeks. However, most banks will let you open an account immediately and ask you to give them your FEIN as soon as you receive it.

Opening a Bank Account

The very first step is selecting a bank, which you will of course do based on the fees and the services provided by that bank. The bank will give you blank forms for opening the account. One of these will

be that bank's standard "resolution" form. A sample is given on page 7 (each bank's form is a little different). This is a document that legally permits the bank to open an account in the name of your organization. It authorizes the bank to accept deposits and honor checks drawn in your organization's name. Your organization's board of directors must vote approval of this "resolution," which has the effect of authorizing the treasurer to open a bank account. This must occur each time a new account is opened or any changes are made in a current account.

The resolution passed by the board should include a list of who will be authorized to make transactions on that account. This usually means a list of positions (president, treasurer, etc.), not the names of individuals (Mary Smith, Ralph Jones, etc.).

Deciding who will be given this authorization is an important responsibility that the board has. One check signer should (I almost say must) be the treasurer. S/he is the person to whom your organization has said "we trust you with our money." But it is good management planning to permit more than one person to sign checks. This can be another officer such as the president or secretary, or it can be any member of the board or even general member of your association. (For larger organizations, it often makes sense for one of the check signers to be an employee.)

Form **SS-4**
(Rev. August 1988)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

Official Use Only

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

OMB No. 1545-0003
Expires 7-31-91

1 Name of applicant (True legal name. See instructions.)		3 Executor, trustee, "care of name"	
2 Trade name of business if different from item 1		5 Address of business, if different from item 4. (See instructions.)	
4 Mailing address (street address) (room, apt., or suite no.)		5a City, state, and ZIP code	
4a City, state, and ZIP code		5a City, state, and ZIP code	
6 County and State where principal business is located			
7 Name of principal officer, grantor, or general partner. (See instructions.) ▶			
8 Type of entity (Check only one.) (See instructions.)			
<input type="checkbox"/> Individual SSN		<input type="checkbox"/> Plan administrator SSN	
<input type="checkbox"/> REMIC		<input type="checkbox"/> Partnership	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Other corporation (specify) _____	
<input type="checkbox"/> National guard		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) _____		<input type="checkbox"/> Church or church controlled organization	
If nonprofit organization enter GEN (if applicable)			
<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Trust	
<input type="checkbox"/> Estate		<input type="checkbox"/> Other (specify) ▶ _____	
8a If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country	State
9 Reason for applying (check only one)			
<input type="checkbox"/> Started new business		<input type="checkbox"/> Changed type of organization (specify) ▶ _____	
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____		<input type="checkbox"/> Created a trust (specify) ▶ _____	
<input type="checkbox"/> Banking purpose (specify) ▶ _____		<input type="checkbox"/> Other (specify) ▶ _____	
10 Business start date or acquisition date (Mo., day, year) (See instructions.)		11 Enter closing month of accounting year (See instructions.)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."			Nonagricultural
			Agricultural
			Household
14 Does the applicant operate more than one place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter name of business. ▶ _____			
15 Principal activity or service (See instructions.) ▶ _____			
16 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used. ▶ _____			
17 To whom are most of the products or services sold? Check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____			
18 Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please answer Items 18a and 18b.			
18a If the answer to item 18 is "Yes," give applicant's true name and trade name, if different when applicant applied.			
True name ▶ _____		Trade name ▶ _____	
18b Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year)		City, and state where filed	Previous EIN
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Telephone number (include area code)
Name and title (please type or print clearly) ▶ _____			
Signature ▶ _____			Date ▶ _____
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	ind.	Class
			Reason for applying

ORGANIZATION RESOLUTIONS

Name of Organization _____

Address _____

FOR BRANCH USE ONLY	
Account Number _____	
Accepted By _____	
Employee Number _____	
Branch Number _____	Date _____

RESOLUTIONS of the _____ (name of governing body)

of the organization described above (herein called the "Organization").

RESOLVED, that a deposit account in the name of this Organization be opened and maintained with

(herein called the "Bank") and that any _____ of the officer(s) hereinafter in this

Resolution specified is/are hereby authorized to sign checks or other orders for the payment of money from said account to any person, firm, corporation or other organization whatsoever including said officer(s) or any of them, and to execute any agreement approved by such officer(s) setting forth the terms governing said deposit account, and the Bank is hereby authorized to pay the same, the officer(s) referred to above being the following:

(Fill in the "official title" of all authorized signers. If no official title, classify as "authorized signer.")

RESOLVED, that any monies, checks or other instruments which may come into the possession of this Organization may be deposited in said account, and may be endorsed by any person authorized to sign checks or endorsed in writing or by stamp without designation the person so endorsing.

RESOLVED, that the Secretary or any Assistant Secretary of this Organization is hereby directed to certify to the Bank the names of the presently duly elected and qualified holders of the offices specified in the foregoing Resolutions and specimens of their signatures, and from time to time hereafter as changes in the holders of said offices are made the President, any Vice President, the Secretary or any Assistant Secretary may certify immediately such changes and specimen signatures to the Bank, and the Bank shall be fully protected in relying on such certifications; and

RESOLVED, that the Bank may be requested, authorized and directed to honor checks, drafts or other orders for the payment of money drawn in the Organization's name, including those payable to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature or signatures of any authorized signer(s) on the account, and that said Bank shall be entitled to honor and to charge this Organization for such checks, drafts or other orders, regardless of by whom or by what means the actual or purported facsimile signature or signatures thereon may have been affixed thereto, if such signature or signatures resemble the facsimile specimens duly certified to or filed with the Bank by the Secretary or other officer of this Organization; and

RESOLVED, that the foregoing Resolutions shall remain in full force and effect until a valid Resolution of the Organization amending them or rescinding them shall have been received by the Bank, and that receipt of such Resolution shall not affect any action taken by the Bank prior thereto.

I, Secretary (or Assistant Secretary) of the above Organization, hereby certify that the foregoing is a true copy of Resolutions duly adopted by the _____

of said Organization, at a meeting duly called and held on _____, 19____, at which a quorum was present throughout and voted; that said Resolutions have not been rescinded or amended and are in full force and effect and have been entered in the proper minute books of said Organization; and that the names of the present holders of the offices are as follows:

Name (All Officers Including Non-Signers)	Title
_____	_____
_____	_____
_____	_____
_____	_____

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal, if any, of said Organization, this _____ day of _____, 19____.

(SEAL) _____ (Secretary)

*Countersigned _____ (Name) _____ (Title)
*If the officer signing this certificate is designated in the resolutions as an authorized signing officer, this certificate must be countersigned by another officer of the Organization.

Authorize several check signers—at least three or four. Remember, even treasurers sometimes go on trips or get sick. You do not want to be dependent on one person only.

The next question to decide is whether or not you want to require that each individual check be signed by more than one person. This may be a good idea because it assures that at least two people will have to agree on how funds are spent. Unfortunately, what often happens to organizations that have the double signature rule is that the person not in possession of the check book pre-signs a few checks because it seems inconvenient to have to track down a second signature whenever a check is written. When checks are pre-signed, the first signer is signing a blank check which transfers all oversight to the second check signer. If this occurs, you may as well have checks signed by one person only and recognize that that is your system.

If it is inconvenient or would delay paying invoices to have two people sign each check at the time it is made out, an alternate system is to require only one signature on individual checks up to a stated dollar amount. Select an amount that covers many of your expenditures (maybe \$99.99)—the amount will depend on your organization's needs. All checks over that amount (in this case, \$100.00) would require two signatures.

In this way, you can easily handle checks for items in the budget that are routine and relatively small. But you have the protection that no one person can easily withdraw all the organization's cash.

It is not "wrong" to have checks signed by one person. The board of directors must consider what is safe for the organization, what is practical, and what risks they are willing to take.

Once you've determined who will be authorized to sign checks, you are ready to pass the necessary resolution. If you select the alternate system I described, someone might make the following motion:

I move to authorize the opening of a checking account at Savers Bank and to authorize the President, Vice President, Secretary and Treasurer to be check sign-

ers. Any one of the four are authorized to sign checks up to \$(your amount). Any two of the four are required on checks over \$(your amount plus one cent).

Of course, the bank will need to know which individuals currently hold these positions and will give you signature cards (see example on next page) for this purpose.

You have options when you select the type of account to open. Some of the things you want to consider are whether:

- the account pays interest
- there is a required minimum balance
- there are restrictions on the number of checks per month
- there are service charges and if they can be avoided

You should not keep all funds in a non-interest-bearing checking account. Many banks today offer interest-bearing checking accounts, but be sure to determine any restrictions. Keep only one to two months' expenses in any account that does not earn interest. Excess funds can be placed into an interest-bearing account, but you should require two signatures for a withdrawal. Talk with your banker.

The Responsibility of a Check Signer

Each check signer must do the following:

1. Scan the check to be sure that it is complete in all respects and looks correct: is the date current? does the written amount agree with the numerical amount? etc.
2. Compare the name and amount on the check to the bill to be paid.
3. Be sure the bill has been approved by the appropriate person in the organization.

Authorized Signatures for account with

NAME _____ OR _____ ACCT _____
 ADDR _____ TEL _____

The Undersigned, on behalf of the above captioned entity ("Entity") intending to be legally bound, hereby agrees with _____ ("Bank"), that the Entity shall be bound by Rules and Regulations of Bank relating to this account which may be effective from time to time and acknowledges receipt of a copy thereof.

PLEASE NOTE: Before transmitting these signatures please enter qualifications, if any, regarding signing authority for borrowing, securities transactions, etc., by completing the certification on the reverse side, including the number of signatures covered thereby, and entering titles next to the respective signatures.

QUALIFICATIONS RE AUTHORITY, IF ANY:

PLEASE SIGN HERE	TYPE NAME/TITLE

(PLEASE COMPLETE REVERSE SIDE)

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (REPLACES FORM WS/W9)

PAYER ID _____ OR _____ ACCT _____
 ACCT TITLE _____ TAX ID _____
 EIN CODE _____

Qualifications. Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number and I am seeking for a number to be issued to me.
- I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Qualification Instructions. Do not check out item (2) above if you have been notified by IRS that you are subject to backup withholding because of previous or pending delinquency in reporting all interest or dividends, or if you have been notified by IRS that you are subject to backup withholding because you do not report another taxpayer's TIN that you are not longer subject to backup withholding on the old item (2).

By checking this block I certify under penalties of perjury that I am an exempt payee. (See instruction 2)

SIGNATURE _____ DATE _____
 (See Reverse Side)

PLEASE SIGN HERE	TYPE NAME/TITLE

I hereby certify to _____ that the _____ signatures appearing on this card are duly authorized signatures which you will recognize in payment of funds and the transaction of other business for the within account subject to the qualifications, if any, set forth above.

Date _____ Secretary _____
FOR BANK USE ONLY
 Date _____ This card approved by _____ based on Resolution dated _____

CERTIFICATE OF FOREIGN STATUS

I certify that I am not a U.S. Citizen or resident (or that I am a foreign corporation, partnership, estate or trust). (See instruction 2)

SIGNATURE _____ DATE _____

ANNUITY TIN CERTIFICATION

I certify, under penalties of perjury, that a taxpayer identification number has not been issued to me, and that I request or approved an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or request to not or delay an application in the near future). I understand that if I do not provide a taxpayer identification number for this paper within 60 days, this paper is required to withhold 30 percent of all retirement payments therefrom made to me until I provide a number. (See instruction 2)

SIGNATURE _____ DATE _____

Internal Revenue Service

Department of the Treasury

District
Director

P. O. Box 1548, St. Louis, MO. 63188

FarmHouse Fraternity, Inc.
2400 Frederick Avenue
St. Joseph, Missouri 64506

Person to Contact:
W. Bosch
Telephone Number:
314-425-5651
Refer Reply to:
EP/E0:7206
Date:

DEC 29 1977

EIN: 51-0189585

DEC 22 1977

Gentlemen:

Based on the information supplied, we recognize you and your subordinates whose names appear on the list you submitted, as exempt from Federal income tax under section 501(c)(7) of the Internal Revenue Code.

You and your exempt subordinates whose yearly gross receipts normally are more than \$10,000 are required to file Form 990, Return of Organization Exempt from Income Tax, by the 15th day of the fifth month after the end of the annual accounting period unless you include the subordinates in a group return. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file the return on time.

An exempt subordinate is not required to file Federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If an exempt subordinate is subject to this tax, it must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of the activities of you or your subordinates are unrelated trade or business as defined in section 513 of the Code.

Unless specifically excepted, you and your subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes). Also, unless excepted, you and they are liable for tax under the Federal Unemployment Tax Act (FUTA), if during the current or preceding calendar year you or they had one or more employees at any time in each of 20 weeks, or you or they paid wages of \$1,500 or more in any calendar quarter.

Each year, within 45 days after the end of your annual accounting period, please send the following to the Internal Revenue Service Center, 11601 Roosevelt Boulevard, Philadelphia, Pennsylvania 19155, Attention: EOR Branch

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates.

FarmHouse Fraternity, Inc.

2. A list showing the names, mailing addresses, (including postal ZIP codes) and employer identification numbers of subordinates that during the year:
 - a. changed names or addresses;
 - b. were deleted from your roster; or
 - c. were added to your roster.
3. For subordinates to be added attach:
 - a. a statement that the information on which your present group exemption letter is based applies to the new subordinates.
 - b. a statement that each has given you written authorization to add its name to the roster;
 - c. a list of those to which the Service previously issued exemption rulings or determination letters;
 - d. a statement that none of the subordinates are private foundations as defined in section 509(a) of the Code.
 - e. the street address of subordinates where the mailing address is a P.O. Box; and
 - f. for new subordinates that are schools, the information required by section 5 of Revenue Procedure 75-50, 1975-49 I.R.B. 46.
4. If applicable, a statement that your group exemption roster did not change during the year.

The service center that processes your returns will send you a Group Exemption Number. You are required to include this number on each Form 990, Return of Organization Exempt from Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

FarmHouse Fraternity, Inc.

This letter also serves to acknowledge receipt of the Articles of Merger under the provisions of which FarmHouse Fraternity, a Minnesota nonprofit corporation, EIN 36-2417391, and FarmHouse Fraternity, Inc., an Indiana nonprofit corporation, EIN 51-0189585 were merged on September 1, 1976. FarmHouse Fraternity, Inc., EIN 51-0189585 emerged as the surviving corporation. Accordingly, we have terminated the exempt status of FarmHouse Fraternity, EIN 36-2417391 effective September 1, 1976.

Sincerely yours,

R. C. Voth

District Director