

**SHOWCASE WISCONSIN, INC.
FUND REQUEST POLICY**

**ARTICLE I
PURPOSE**

Showcase Wisconsin, Inc. (Organization) requires that funding provided by Organization is consistent with Organization's exempt purposes. The purpose of this policy is to ensure that all funds provided by Organization exclusively support the economic development activities of the Wisconsin Economic Development Corporation ("WEDC"), Organization's supported organization.

**ARTICLE II
POLICY**

1. Review and Approval. The Board of Organization shall review and approve all fund requests submitted to Organization in accordance with the eligibility criteria outlined in Article II, Section 2.
 - a. [NOTE: If there will be an application, the application should be referenced here and attached to the Policy.]
2. Eligibility Criteria. Fund requests must meet all of the following eligibility criteria for receipt of funding from Organization:
 - a. [NOTE: Insert criteria]

**SHOWCASE WISCONSIN, INC.
WHISTLEBLOWER POLICY**

**ARTICLE I
BACKGROUND AND PURPOSE**

Showcase Wisconsin, Inc. (Organization) requires that all directors, officers, or contractors observe high standards of business and personal ethics in the conduct of their duties and responsibilities. In addition, it is Organization's desire to adhere to all laws and regulations that apply to the organization. The purpose of this policy is to support Organization's goal of legal compliance and to provide all directors, officers, or contractors with guidelines for the reporting of unethical or illegal behavior by board members of Organization. This policy is intended to promote open communication and encourage directors, officers, and contractors to report suspected violations and concerns so that they may be addressed internally.

**ARTICLE II
POLICY**

1. **Reporting.** If any director, officer, or contractor reasonably believes that a policy, practice, or activity of Organization is in violation of law or public regulation – in and of itself or as it relates to an Organization policy – a written complaint should be filed by that director, officer, or contractor with the President of Organization's Board of Directors . If the director, officer, or contractor is uncomfortable reporting the matter to the President of Organization's Board of Directors, the director, officer, or contractor should report the matter on a confidential anonymous basis to any officer. Officers are required to report suspected violations.
2. **Investigations.** The President will direct a person to conduct the investigation (Investigator). All reports of violations or suspected violations will be addressed by the Investigator and he or she will notify the reporter (if known) of the receipt of the report within five business days. The Investigator and any other persons in a need-to-know position shall investigate the report and implement a corrective action plan if warranted by the report and investigation results. If known, the reporter will be notified of the general nature of the corrective action plan. The Investigator shall advise the President of all reports of violations or suspected violations, and the President will share any such reports with the other officers as appropriate. Every effort will be made to investigate reports as discreetly as possible. Because of the need to investigate the report, correct a problem, or prevent future problems, the Organization, however, cannot promise complete confidentiality.
3. **Retaliation.** No person who reports a violation or suspected violation under this policy will be discharged, threatened, or discriminated against in any manner for reporting in good faith what he or she perceives to be wrongdoing, violations of law, or unethical conduct.

**SHOWCASE WISCONSIN, INC.
RESOLUTION OF BOARD OF DIRECTORS**

The undersigned, being all of the Directors of Showcase Wisconsin, Inc. (the "Corporation"), a Wisconsin nonstock corporation, unanimously adopt the following resolutions.

RECITALS

WHEREAS, the Corporation is a Type I Supporting Organization, pursuant to Internal Revenue Code § 509(a)(3), supporting the Wisconsin Economic Development Corporation ("WEDC").

WHEREAS, the Corporation agrees to conform to Wisconsin open records law document retention requirements outlined in Chapter 19 of the Wisconsin Statutes ("Wisconsin Open Records Requirements").

WHEREAS, the Corporation desires to document its conformity with Wisconsin Open Records Requirements.

NOW, THEREFORE, it is resolved as follows:

RESOLUTIONS

RESOLVED, that the undersigned, being all of the Directors of the Corporation, hereby attest that the Board of Directors of the Corporation has reviewed Wisconsin Open Records Requirements and believes that the Wisconsin Open Records Requirements are more stringent than Internal Revenue Service-sanctioned record retention guidelines.

FURTHER RESOLVED, that the Board of Directors of the Corporation adopts Wisconsin Open Records Requirements as the Corporation's record retention policy.

FURTHER RESOLVED, that the officers of the Corporation are hereby authorized, empowered and directed, in the name and on behalf of the Corporation to cause the Corporation to take all actions required in connection therewith, or otherwise necessary or appropriate, in their discretion, in order to adopt the Wisconsin Open Records Requirements as contemplated herein.

The undersigned have executed these resolutions to be filed as part of the minutes of the meeting of Corporation on [insert date].

_____, Director

_____, Director

_____, Director

_____, Director

_____, Director

_____, Director

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____

Name _____

Telephone _____

Function _____

Date / /

▶ Type or print. ▶ See the separate instructions.

Part I Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address SHOWCASE WISCONSIN, INC. 201 W. Washington Ave. P.O. Box 1687 Madison, WI 53707-1687	Taxpayer identification number(s) Daytime telephone number <p style="text-align: center;">(608) 210-6705</p> Plan number (if applicable)
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hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address JEFFREY E. MARK c/o von Briesen & Roper, s.c. 411 East Wisconsin Ave., Ste 1000 Milwaukee, WI 53202-4427	CAF No. <u>None</u> PTIN _____ Telephone No. <u>414-287-1514</u> Fax No. <u>414-238-6606</u> Check if new: Address <input checked="" type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent notices and communications <input checked="" type="checkbox"/>	
Name and address Check if to be sent notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
Application for Recognition of Exemption 501(c)(3)	1023	2013

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties; Substitute or add representative(s); Signing a return; _____

Other acts authorized: _____ (see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Signature	Date	Title (if applicable)
Print Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number	Showcase Wisconsin, Inc. Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
a	WI	1056534		