



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

DOC PRATT MINISTRIES
3606 HOMEWOOD AVE
CUYAHOGA FALLS, OH 44221

Date: 03/12/2025
Employer ID number: 33-3061714
Person to contact: Name: Ms. Green
ID number: 0195987
Telephone: (877) 829-5500
Accounting period ending: December 31
Public charity status: 509(a)(2)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: January 27, 2025
Contribution deductibility: Yes
Addendum applies: No
DLN: 26053459003715

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

☒ **Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

Part I Identification of Applicant

1a Full Name of Organization DOC PRATT MINISTRIES		b Care Of Name (if applicable)		
c Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 3606 HOMEWOOD AVE		d City CUYAHOGA FALLS	e State OH	f Zip code + 4 44221
2 Employer Identification Number 33-3061714	3 Month Tax Year Ends (MM) 12	4 Person to Contact if More Information is Needed AMY PRATT		
5 Contact Telephone Number 330-962-2564		6 Fax Number (optional)	7 User Fee Submitted \$275.00	
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)				
First Name: AMY		Last Name: PRATT		Title: EXECUTIVE DIRECTOR
Street Address: 3606 HOMEWOOD AVE		City: CUYAHOGA FALLS		State: OH Zip code + 4: 44221
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
9a Organization's Website (if available): DOCPRATTMINISTRIES.ORG				
b Organization's Email (optional): DOCPRATTMINISTRIES@GMAIL.COM				

Part II Organizational Structure

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
- ☒ Corporation ☐ Unincorporated association ☐ Trust
- 2** ☒ **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 01272025
- 4** State of Incorporation or other formation: Ohio
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
- ☒ **Check this box** to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- ☒ **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
- ☒ **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution.

1 Briefly describe the organization's mission or most significant activities (limit 250 characters)

Instruction and training of individuals for the purpose of improving or developing their capabilities in The Six Dimensions of H&W through online or in-person book clubs, life coaching sessions/classes, community gatherings, and corporate seminars.

2 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions):

B60

3 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Charitable | <input type="checkbox"/> Religious | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Scientific | <input type="checkbox"/> Literary | <input type="checkbox"/> Testing for public safety |
| <input type="checkbox"/> To foster national or international amateur sports competition | <input type="checkbox"/> Prevention of cruelty to children or animals | |

4 To qualify for exemption as a section 501(c)(3) organization, you must:

- ☐ Refrain from supporting or opposing candidates in political campaigns in any way.
- ☐ Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
- ☐ Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
- ☐ Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
- ☐ Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
- ☐ Not provide commercial-type insurance as a substantial part of your activities.

☒ **Check this box** to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.

- | | | |
|---|--------------------------------------|-------------------------------------|
| 5 Do you or will you attempt to influence legislation? (If yes, consider filing Form 5768. See the instructions for more details.) | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6 Do you or will you pay compensation to any of your officers, directors, or trustees? (Refer to the instructions for a definition of compensation .) | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 7 Do you or will you donate funds to or pay expenses for individual(s)? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 8 Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 9 Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 10 Do you or will you have unrelated business gross income of \$1,000 or more during a tax year? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 11 Do you or will you operate bingo or other gaming activities? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 12 Do you or will you provide disaster relief? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1 Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions ☐ Yes ☒ No
- 2 If you qualify for public charity status, check the appropriate box (2a - 2c below) and skip to **Part V** below.
- a ☐ **Select this box** to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
- b ☒ **Select this box** to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**
- c ☐ **Select this box** to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**
- 3 If you are not described in items 2a - 2c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
- ☐ **Select this box** to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the

Complete this section only if you are applying for reinstatement or exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 ☐ **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 ☐ **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

Part VI Signature

☒ **I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.**

AMY PRATT
(Type name of signer)

EXECUTIVE DIRECTOR
(Type title or authority of signer)

02262025
(Date)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/27/2025	202502702326	DOMESTIC NONPROFIT CORP - ARTICLES (ARN)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

DOC PRATT MINISTRIES
3606 HOMEWOOD AVE
CUYAHOGA FALLS, OH 44221

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
5348204

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
DOC PRATT MINISTRIES

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC NONPROFIT CORP - ARTICLES

Effective Date: 01/27/2025

Document No(s):

202502702326



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
27th day of January, A.D. 2025.

Ohio Secretary of State

Form 532B Prescribed by:



Date Electronically Filed: 1/27/2025
Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Initial Articles of Incorporation
(Nonprofit, Domestic Corporation)
Filing Fee: \$99
(114-ARN)
Form Must Be Typed

First: Name of Corporation

Second: Location of Principal Office in Ohio

City

State

County

Optional: Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Third: Purpose for which corporation is formed

Faith-based nonprofit dedicated to building community and to empowering and inspiring individuals to define and develop their God-given identity and calling. Personal growth is encouraged using our curriculum, The Six Dimensions of Health & Wellness: Emotional, Mental, Physical, Vocational, Social, and Financial. We create space for building relationships and community, provide coaching sessions for individuals or groups, and offer seminars on social psychology topics and The Six Dimensions.

**** Note:** for Nonprofit Corporations: The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit corporation secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. ******

**** Note:** ORC Chapter 1702 allows for additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. ******

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Doc Pratt Ministries

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

AMY PRATT

(Name of Statutory Agent)

3606 HOMEWOOD AVE

(Mailing Address)

CUYAHOGA FALLS

(Mailing City)

OH

(Mailing State)

44221

(Mailing ZIP Code)

Must be signed by
the incorporators or
a majority of the
incorporators.

AMY PRATT

(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned,

AMY PRATT

, named herein as the
(Name of Statutory Agent)

Statutory agent for

Doc Pratt Ministries

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

AMY PRATT

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

AMY PRATT

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name