

**FILED**

Secretary of State  
State of California

4795280

Filing Number

09/28/2021

Filing Date

**ARTICLES OF INCORPORATION**  
**OF**  
**Living Donor Support Network**

**I.**

The name of the corporation shall be **Living Donor Support Network**

**II.**

The place in this state where the principal office of the Corporation is to be located is

San Diego, CA 92078

**III.**

Said corporation is organized exclusively for charitable purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

This corporation is a nonprofit PUBLIC BENEFIT CORPORATION and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

The specific purpose of this corporation is

To provide living organ donors with access to simple, no-repayment, no-obligation financial aid to help them with the non-medical related expenses associated with their wish to donate a lifesaving organ. Living organ donor advocate.

**IV.**

The name and address in the State of California of this corporation's initial agent for service of process is:

.legalzoom.com, Inc

**V.**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

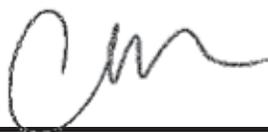
**VI.**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

**IN WITNESS WHEREOF**, the undersigned incorporator has executed these Articles of Incorporation on the date below.

09/28/2021

**LegalZoom.com, Inc., Incorporator**



\_\_\_\_\_  
By: Cheyenne Moseley, Assistant Secretary

**Application for Employer Identification Number**  
 (For use by employers, corporations, partnerships, trusts, estates, churches,  
 government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

**1** Legal name of entity (or individual) for whom the EIN is being requested  
Living Donor Support Network

**2** Trade name of business (if different from name on line 1)

**3** Executor, administrator, trustee, "care of" name  
Glenn Jordan Cogan

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)

**4b** City, state, and ZIP code (if foreign, see instructions)

**5a** Street address (if different) (Don't enter a P.O. box.)

**5b** City, state, and ZIP code (if foreign, see instructions)

**6** County and state where principal business is located  
San Diego, California

**7a** Name of responsible party

**7b** SSN, ITIN, or EIN

**8a** Is this application for a limited liability company (LLC) (or a foreign equivalent)?  Yes  No

**8b** If 8a is "Yes," enter the number of LLC members ▶

**8c** If 8a is "Yes," was the LLC organized in the United States?  Yes  No

**9a** **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

Sole proprietor (SSN) \_\_\_\_\_

Partnership

Corporation (enter form number to be filed) ▶ \_\_\_\_\_

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) ▶ Charitable Non-Profit

Other (specify) ▶ \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (TIN) \_\_\_\_\_

Trust (TIN of grantor) \_\_\_\_\_

Military/National Guard  State/local government

Farmers' cooperative  Federal government

REMIC  Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶ \_\_\_\_\_

**9b** If a corporation, name the state or foreign country (if applicable) where incorporated

State \_\_\_\_\_ Foreign country \_\_\_\_\_

**10** **Reason for applying** (check only one box)

Started new business (specify type) ▶ 813319  
Charitable Non-Profit

Hired employees (Check the box and see line 13.)

Compliance with IRS withholding regulations

Other (specify) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify type) ▶ \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_

**11** Date business started or acquired (month, day, year). See instructions.  
9/28/2021

**12** Closing month of accounting year

**13** Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
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**14** If you expect your employment tax liability to be \$1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter.

**15** First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶

**16** Check **one** box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Accommodation & food service  Wholesale-agent/broker

Real estate  Manufacturing  Finance & insurance  Other (specify) ▶ Charitable Non-Profit

Wholesale-other  Retail

**17** Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

**18** Has the applicant entity shown on line 1 ever applied for and received an EIN?  Yes  No

If "Yes," write previous EIN here ▶

**Third Party Designee**

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name  
Cheyenne Moseley

Designee's telephone number (include area code)  
(800) 773-0888 x5208

Address and ZIP code  
101 N. Brand Ave., 10th Floor, Glendale, CA 91203

Designee's fax number (include area code)  
(323) 962-0227

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.

Name and title (type or print clearly) ▶ Glenn Jordan Cogan, President

Applicant's telephone number (include area code)  
 \_\_\_\_\_

Applicant's fax number (include area code)  
 \_\_\_\_\_

Signature ▶  Date ▶ 9/28/2021