Form **1023-EZ**

(Rev. June 2014)
Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023.

OMB No. 1545-0056

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

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet dated [INSERT DATE] and are eligible to apply for an exemption using Form 1023-EZ.									
Part I Identification of Applicant									
1 F	ull name of organization (exactly as it appears in your organizing document)	2 c/o Name (if applicable)						
3 N	failing address (number and street) (see instructions)	Room/Suite	4 Employer identification number (EIN)						
C	city, town or post office, state, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)						
6 List the names, titles, and mailing addresses of all your officers, directors, and trustees. (Attach a statement if additional space is needed.)									
INTERNAL USE ONLY									
DRAFT AS OF									
7 Primary contact (officer, director, trustee, or authorized representative)									
a N	ame:	b Phone:							
	Echrick	10	c Fax (optional):						
8 a Organization's website (if available): b Organization's email (optional):									
Part II Organizational Structure									
1	To file this form, you must be a corporation, an unincorporated association Corporation Unincorporated association	, or a trust. Check	the box for the type of organization.						
2									
	(See the instructions for an explanation of necessary organizing documents.)								
3	Date incorporated if a corporation, or formed if other than a corporation (mm/dd/yyyy)								
4 5	State of incorporation or other formation: Section 501(c)(3) requires that your organizing document must limit the purposes of your organization 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 your organization to engage, other 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 your organization to engage, other 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 of your organization, your remaining assets must 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 provision.								

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Par	Ш	Your Specific Activitie	es					
1	Ent	er the appropriate 3-digit NTEE Co	ode that best describes your activities (Se	e the instruction	ons):		
2		' '	() ()	•		d exclusively to further one or more of the		
		0	oox or boxes below, you attest that you ar	re organized a	ınd	operated exclusively to further the purposes		
	ındı	cated. Check all that apply.	□ -					
		Charitable	☐ Religious			Educational Testing for public pefets		
		Scientific To foster national or international	Literary		Н	Testing for public safety Prevention of cruelty to children or animals		
3	□ To i	To foster national or international qualify for exemption as a section	•		ш	Prevention of crueity to children or animals		
Ü	•		() ()	nv wav.				
	•	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).						
	•		(such as purposes that benefit private int	erests) more t	har	insubstantially.		
	•					t is not related to your exempt purpose(s).		
	•					on or, if you made a section 501(h) election, not		
		normally make expenditures in ex	cess of expenditure limitations outlined in	section 501(h	า).			
	•	Not engage in activities that are il	legal or violate fundamental public policy.					
	•	Not provide commercial-type insu	urance as a substantial part of your activiti	ies.				
		Check this box to attest that you	have not conducted and will not conduct	t activities that	t vic	plate these prohibitions and restrictions.		
4		you or will you attempt to influences, consider filing Form 5768. See		ISI		· · · · · · · · · Yes · No		
5		you or will you pay compensation fer to the instructions for a definition	to any of your officers, directors, or truste on of compensation .)	ees?		Yes . No		
		you or will you donate funds to or				· · · · · · · · · · · Yes L No		
7		you or will you conduct activities of ted States?	or provide grants or other assistance to inc	dividual(s) or d	orga	inization(s) outside the Yes No		
8		you or will you engage in financial ectors, or trustees, or any entities t	transactions (for example, loans, paymen hey own or control?	ts, rents, etc.)		h any of your officers, Yes No		
9	Do	you or will you have unrelated bus	iness gross income of \$1,000 or more du	ring a tax year	?.	Yes 🗌 No		
10	Do	you or will you operate bingo or o	ther gaming activities?	4.0		Yes No		
		you or will you provide disaster re			<u>.</u>	Yes No		
Par								
			s an organization that is either a pri sthan private foundation status.	vate founda	itio	n or a public charity. Public charity		
			c charity status, check the appropriate box	x (1a - 1c belo	ow)	and skip to Part V below.		
а		_				public sources or you normally receive at least blicly supported organization. Sections 509(a)(1)		
b		membership fees, and gross re	_	rities related to	у уо	om a combination of gifts, grants, contributions, our exempt functions and normally receive not oble income. Section 509(a)(2).		
c		Check this box to attest that you Sections 509(a)(1) and 170(b)(e or university	tha	at is owned or operated by a governmental unit.		
2	If yo		n items 1a - 1c above, you are a private fo	oundation. As	a p	rivate foundation, you are required by		
			ons in your organizing document, unless y					
	you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation							
	exc	ise taxes under sections 4941-494						
	L	-	our organizing document contains the pro lude the provisions required by section 50	•				
			uirements of section 508(e). (See the instru					
Par	t V	User Fee	, , , , , , , , , , , , , , , , , , , ,			V/ 1 2 2 7		
Par								
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, nd to the best of my knowledge it is true, correct, and complete.								
PLE/	\SF	:	(Type or print	name of signer)				
SIGN		\						
ΙER		(Signature of Officer, Director, Tru	istee, or other authorized official)			(Date)		

Reminder: Send the completed Form 1023-EZ Checklist with your filled-in application.