Form **1023-EZ**

(Rev. May 2014)

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ 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.

	neck this box to attest that you hemption using Form 1023-EZ.	ave completed the Form 1023-E	Z Eligib	bility	Worksheet in the	current instr	uctions and	d are eligible to apply for
Part	•	plicant						
1a F	Full Name of Organization							
b A	Address (number, street, and roor	n/suite). If a P.O. Box, see instru	ctions.	С	City		d State	e Zip Code + 4
2 E	Employer Identification Number	3 Month Tax Year Ends (MM)	4 Pers	son	to Contact if Mor	e Information	is Needed	
5 Contact Telephone Number			6 Fax Number (optional)				7 User Fee Submitted	
8 Lis	st the names, titles, and mailing add	lresses of your officers, directors, a	nd/or tr	ruste	ees. (If you have	re than five, s	ee instruction	ons.)
First N	lame:	Last Name:						
Street	Address:	City:				Sta.		Zip Code + 4:
First N	Name:	Last Name:				Title:		
Street	Address:	City:	_ (SE	+e:		Zip Code + 4:
First N	Name:	Last Name:				Title.		
Street	Address:	City:				State:	F	Zip Code + 4:
First N	Name:	Last Name:	Last Name: Title:					
Street Address: City:			State:			State:		Zip Code + 4:
First N	Name:	Lası	R,	•	40	Title:		
Street	Address:	City:				State:		Zip Code + 4:
		ole):						
	Organization's Email (optiona	<u></u>						
Part	II Organizational Str.	·e						
	Fo file this form, you must be a co	Jnincorpo association		[or a trust. Check t			
2		you have the organizing documplanation of necessary organize				zational struct	ure indicat	red above.
	Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY):							
	State of incorporation or other formation: Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).							
	_					ore exempt p	urposes w	ithin section 50 f(c)(3).
6 8	☐ Check this box to attest that your organizing document contains this limitation. Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of activities, in activities that in themselves are not in furtherance of one or more exempt purposes.						as an insubstantial part of you	
		your organizing document does ities that in themselves are not in						nan as an insubstantial
S	Section 501(c)(3) requires that you section 501(c)(3) exempt purposes operation of state law.							
		your organizing document contains your organizing colution provision in your organizing colution provision.			•	•		. , . ,

orm	Page 2
ar	Your Specific Activities
1	er the appropriate 3-character NTEE Code that best describes your activities (See the instructions):
2	qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the
	owing purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes icated. Check all that apply.
	Charitable
	Scientific
	To foster national or international amateur sports competition Prevention of cruelty to children or animals
3	qualify for exemption as a section 501(c)(3) organization, you must:
Ū	efrain from supporting or opposing candidates in political campaigns in any way.
	nsure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members,
	fficers, key management employees, or other insiders).
	lot further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
	ot be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
	lot devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not ormally make expenditures in excess of expenditure limitations outlined in section 501(h)
	of 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 a ties that hese prohibitions and restrictions.
1	you or will you attempt to influence legislation?
•	ves, consider filing Form 5768. See the instructions for more details.)
5	you or will you pay compensation to any of your officers, directors, or trustees?
6	you or will you donate funds to or pay expenses for individual(s)?
7	you or will you conduct activities or provide grants or other assistance al(s) or orga. on(s) outside the
	ited States?
8	you or will you engage in financial transactions (for example, loan ayments,) with any vour officers,
	ectors, or trustees, or any entities they own or control?
9	you or will you have unrelated business gross income of * 100 c nore c' g a tax y
10	you or will you operate bingo or other gaming activities
11	you or will you provide disaster relief?
ar	Foundation Class:
	TOUT LUIT
art	s designed to clar you as an organiza that is e a private foundation or a public charity. Public charity
tatı	s a more favora' x status than private fc lation status.
	ou qualify for public chart vus, check the appropred box (1a - 1c below) and skip to Part V below.
â	Check this box to attest the normally receive ast one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources or you normally receive at least 10 percent of your support from public sources and your support from public sources and your support from public sources and your support from public sources or you normally receive at least 10 percent of your support from public sources and your support from public sources and your support from public sources or your support from your
	percent of your support from particles and analysis of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
k	Check this box to attest that you noneive 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	Check 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).
2	ou are not described in items 1a - 1c 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

Check 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 requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

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Form 1023-EZ (Rev. 5-2014)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of 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.) 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.) Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling 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. (Type or print name of signer) (Type or pr hority of signer) **PLEASE SIGN** (Signature of Officer, Director, Trustee, or other authorized official) **HERE**