## Form **1023-EZ**

(Rev. April 2021)

## 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 will be made public.

Note: If exempt st

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

Yes

No

No

OMB No. 1545-0047

Information about Form 1023-EZ and its separate instructions is at <u>www.irs.gov/form1023ez</u>

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.

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.

Part I	Identification of Applican	t											
1a	Full Name of Organization						1	<b>b</b> Care Of Name (if applicable)			e)		
c	Mailing Address (number, street, and room/suite). If a P.O. box, see instruction					<b>d</b> City	e Stat				<b>f</b> Zip code + 4		
2	Employer Identification Number 3 Month Tax Year Ends (MM)					4 Person to Contact if More Information is Needed							
5	5 Contact Telephone Number			6 Fax Number (option			optional	nal) <b>7</b>			7 User Fee Submitted		
<b>8</b> First Na	List the names, titles, and mailing addre me:	esses of you	ur officers, di Last Name:		or trust	ees. (If you	have mo	ore than f		tructions	.)		
Street A	Address:			City:				State:		Zipo	code + 4:		
First Na	ime:		Last Name:					Title:					
Street A	Address:			City:				State:		Zipo	code + 4:		
First Na	ime:		Last Name:	1				Title:					
Street A	Address:			City:				State:		Zipo	code + 4:		
First Na	ame:		Last Name:	1			I	Title:					
Street A	Address:			City:				State:		Zipo	code + 4:		
First Name:			Last Name:			I	Title:						
Street A	Address:			City:				State:		Zipo	code + 4:		
9a	Organization's Website (if available):			1									
b	Organization's Email (optional):												
Part I								<u> </u>		• .•			
1	To file this form, you must be a corpora Corporation Unincorp	tion, an un orated asso		association, o		st. Select 1	the box	for the ty	pe of organ	nization.			
2	Check this box to attest that you (See the instructions for an explan					-	nizationa	al structu	re indicated	l above.			
3	Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY):												
4	State of Incorporation or other formation:												
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).												
	<b>Check this box</b> 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.												
	<b>Check this box</b> to attest that you activities, in activities that in them								erwise thar	n as an in	substantial part of your		
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.												
	<b>Check this box</b> 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.												

Briefly describe the organiza	tion's mission or most significant activities (limit 250 c	haracters)							
Enter the appropriate 3-char	acter NTEE Code that best describes your activities (Se	e the instructions):		-					
	a section 501(c)(3) organization, you must be organize elow, you attest that you are organized and operated								
Charitable	Religious		Educational						
Scientific	Literary		Testing for public safet	у					
To foster national or int	ernational amateur sports competition		Prevention of cruelty to	o children or an	imals				
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 mal 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	t that you have not conducted and will not conduct a	ctivities that violate thes	e prohibitions and rest	rictions.					
Do you or will you attempt to (If yes, consider filing Form 5	o influence legislation? 768. See the instructions for more details.)			_ Yes	No				
	ensation to any of your officers, directors, or trustees? a definition of <b>compensation</b> .)			_ Yes	No				
Do you or will you donate fu	nds to or pay expenses for individual(s)?			– Ves	No				
	ctivities or provide grants or other assistance to individ			_ Yes	No				
	financial transactions (for example, loans, payments, new own or control?			_ Yes	No				
Do you or will you have unre	lated business gross income of \$1,000 or more during	a tax year?		Yes	No				
Do you or will you operate b	ngo or other gaming activities?			_ Yes	No				
Do you or will you provide di	saster relief?			– Yes	No				
Foundation Class	ification								
	ou as an organization that is either a private	foundation or a pub	lic charity. Public o	harity statu:	s is a more				
ble tax status than privat	e foundation status. tion as a church, school, or hospital (described in secti	an 170(h)(1)(A)(i)(ii) =	(iiii) of the Internal						
, , , , , , ,	Do not file Form 1023-EZ. See Instructions	on 170(b)(1)(A)(l), (ll), Of		Yes	No				

- 2 If you qualify for public charity status, check the appropriate box (2a - 2c below) and skip to Part V below.
  - 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).
  - Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership b 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).
  - 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 с 509(a)(1) and 170(b)(1)(A)(iv).
- 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 3 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 requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

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.)

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Part V

**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 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.

(Type name of signer)

(Type title or authority of signer)

(Date)

Form 1023-EZ (Rev. 4-2021)