Form **1023-EZ**

(Rev. October 2018)

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.

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 have completed ing Form 1023-EZ, and have read and understa							s, are eligi	ble to apply for e	exemption
	r annual gross receipts exceeded \$50,000 in any on any of the next 3 years? If yes, stop. Do not file F				oroject that your a	annu	ıal gross receipt	s will exce	ed Yes	○ No
Do you l	nave total assets the fair market value of which is in	n excess of \$2!	50,000? If yes	, stop.	Do not file Form 1	1023	-EZ. See Instruc	tions.	Yes	○ No
Part I	Identification of Applicant									
1a	Full Name of Organization					b	Care Of Name (i	if applicabl	e)	
С	Mailing Address (number, street, and room/suite). If a P.O. box, s	ee instructions	i.	d City			e State	f Zip code + 4	ļ
2	Employer Identification Number 3 Mont	h Tax Year En	ds (MM)	4 P	erson to Contact i	if Mc	ore Information	is Needed		
5	Contact Telephone Number			6 F	ax Number (optio	nal)		7 Use	er Fee Submitted	
8 First Na	List the names, titles, and mailing addresses of yome:	our officers, di Last Name:	rectors, and/	or trus	tees. (If you have i	more	e than five, see i Title:	instruction	s.)	
Street A	Address:	•	City:			Sta	ate:	Zip	code + 4:	
First Na	me:	Last Name:					Title:			
Street A	Address:	•	City:			Sta	ate:	Zip	code + 4:	
First Na	me:	Last Name:					Title:			
Street A	Address:		City:			Sta	ate:	Zip	code + 4:	
First Na	me:	Last Name:					Title:			
Street A	Address:	•	City:			Sta	ate:	Zip	code + 4:	
First Na	me:	Last Name:					Title:			
Street A	Address:		City:			Sta	ate:	Zip	code + 4:	
9a	Organization's Website (if available):									
b	Organization's Email (optional):									
Part II	•									
1	To file this form, you must be a corporation, an u		O -		ust. Select the bo	ox fo	or the type of or	ganization		
	Corporation Unincorporated ass	sociation	() Tru	st						
2	Check this box to attest that you have the (See the instructions for an explanation of r			-	· ·	onal	structure indica	ated above		
3	Date incorporated if a corporation, or formed if o	ther than a co	orporation (M	IMDDY	YYY):					
4	State of Incorporation or other formation:				_			_		
5	Section 501(c)(3) requires that your organizing de	ocument mus	t limit your p	urpose	es to one or more	exer	npt purposes w	ithin sectio	on 501(c)(3).	
	Check this box to attest that your organizing	ng document	contains this	limita	tion.					
6	Section 501(c)(3) requires that your organizing do in activities that in themselves are not in furthera		•	, ,	, ,	ige,	otherwise than	as an insul	ostantial part of yo	our activities,
	Check this box to attest that your organizing activities, in activities that in themselves are	-		-		_	ige, otherwise t	han as an i	nsubstantial part	of your
7	Section 501(c)(3) requires that your organizing deexempt purposes. Depending on your entity type									
	Check this box to attest that your organizing express dissolution provision in your organizing the control of t									

dissolution provision.

	23-EZ (Rev. 10-2018)				Page
ii 1		s mission or most significant activities (limit 250 c	haracters)		
	Shorty associate the enganization of				
2	Enter the appropriate 3-character N	ITEE Code that best describes your activities (Se	ee the instructions):		
3		on 501(c)(3) organization, you must be organized ou attest that you are organized and operated o			
	Charitable	Religious	Educational		
	Scientific	Literary	Testing for public safety	,	
	To foster national or international	onal amateur sports competition	Prevention of cruelty to	children or ar	nimals
4	To qualify for exemption as a section	n 501(c)(3) organization, you must:			
	■ Refrain from supporting or op	posing candidates in political campaigns in any	way.		
	 Ensure that your net earnings management employees, or o 	do not inure in whole or in part to the benefit o ther insiders).	f private shareholders or individuals (that is, bo	ard members	, officers, key
	■ Not further non-exempt purpo	oses (such as purposes that benefit private inter	ests) more than insubstantially.		
	 Not be organized or operated 	for the primary purpose of conducting a trade o	or business that is not related to your exempt p	urpose(s).	
		bstantial part of your activities attempting to inenditure limitations outlined in section 501(h).	fluence legislation or, if you made a section 50°	l (h) election, r	not normally make
	■ Not provide commercial-type	insurance as a substantial part of your activities			
	Check this box to attest that y	ou have not conducted and will not conduct a	ctivities that violate these prohibitions and rest	rictions.	
5	Do you or will you attempt to influe (If yes, consider filing Form 5768. Se	ence legislation? ee the instructions for more details.)		Yes	○ No
6	Do you or will you pay compensati (Refer to the instructions for a defin	on to any of your officers, directors, or trustees? ition of compensation .)		Yes	○ No
7	Do you or will you donate funds to	or pay expenses for individual(s)?		○ Yes	○ No
8	a	es or provide grants or other assistance to indivi	dual(s) or organization(s) outside the United	Yes	○ No
9	Do you or will you engage in financ or trustees, or any entities they own	cial transactions (for example, loans, payments, in or control?	rents, etc.) with any of your officers, directors,	Yes	O No
10	Do you or will you have unrelated by	ousiness gross income of \$1,000 or more during	ı a tax year?	Yes	○ No
11	Do you or will you operate bingo o	other gaming activities?		Yes	○ No
12	Do you or will you provide disaster	relief?		Yes	○ No
rt IV	Foundation Classificat	ion			
	is designed to classify you as a ble tax status than private four	n organization that is either a private fondation status.	oundation or a public charity. Public ch	arity status	is a more
1		a church, school, or hospital (described in secti file Form 1023-EZ. See Instructions	on 170(b)(1)(A)(i), (ii), or (iii) of the Internal	○ Yes	○ No
2	If you qualify for public charity state	us, check the appropriate box (2a - 2c below) ar	nd skip to Part V below.		
		hat you normally receive at least one-third of yo sources and you have other characteristics of a			
	fees, and gross receipts (fr	hat you normally receive more than one-third o om permitted sources) from activities related to ncome and unrelated business taxable income.	your exempt functions and normally receive r		
	c Select this box to attest to 509(a)(1) and 170(b)(1)(A	hat you are operated for the benefit of a college A)(iv) .	or university that is owned or operated by a go	overnmentalı	unit. Sections
3	provisions in your organizing docu	- 2c above, you are a private foundation. As a pment, unless you rely on the operation of state loperate to avoid liability for private foundation	law in the state in which you were formed to m		
	need to include the provis	nat your organizing document contains the pro ions required by section 508(e) because you rel 08(e). (See the instructions for explanation of th	ly on the operation of state law in your particula		

Reinstatement After Automatic Revocation	ement of exemption after being automatically revoked for failure to file required
	you are applying for reinstatement under section 4 or 7 of Revenue Procedure
4-11. (Check only one box.)	
	ment under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you r failure to file was not intentional, and that you have put in place procedures to file required or requirements.)
2 Check this box if you are seeking reinstatement under	r section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.
M Signature	
Signature	
I declare under the penalties of perjury that I a	m authorized to sign this application on behalf of the above organization
I declare under the penalties of perjury that I a	m authorized to sign this application on behalf of the above organization to the best of my knowledge it is true, correct, and complete.
I declare under the penalties of perjury that I a	
I declare under the penalties of perjury that I a	
I declare under the penalties of perjury that I a and that I have examined this application, and	to the best of my knowledge it is true, correct, and complete.
I declare under the penalties of perjury that I a and that I have examined this application, and	to the best of my knowledge it is true, correct, and complete.

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