



GET CERTIFIED!

**501c3.club<sub>SM</sub>**

Just TYPE CLEARLY and MAIL or email to addressee below:

Your Information:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Tel. No. \_\_\_\_\_

Your New Non-Profit Corporation's Information:

Name \_\_\_\_\_

Alt. Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Tel. No. \_\_\_\_\_

Purpose of Non-Profit Corporation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: CALIFORNIA

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## 501 C 3 Filing - Part 1 Identification of Applicant

1a Full Name of Organization \_\_\_\_\_

b Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2 E.I.N. \_\_\_\_\_ 3. Month \_\_\_\_\_ 4. Contact Person \_\_\_\_\_

5 Contact Ph. # \_\_\_\_\_ 7 User Fee Submitted \_\_\_\_\_

### 8 Names of officers, directors, etc.

First Name

Last Name

Title

Street Address

City

State

Zip

First Name

Last Name

Title

Street Address

City

State

Zip

First Name

Last Name

Title

Street Address

City

State

Zip

### 9 a Website:

b Email:

## Part 2 Organizational Structure

You must be a non-profit corporation: *(NO Schools, Hospitals or Churches!)*

Yes? \_\_\_\_\_ No? \_\_\_\_\_

Do you have your Articles of Incorporation for this non-profit? \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Inc. \_\_\_\_\_

Does your organization adhere to 501 C 3 tax exempt purposes? \_\_\_\_\_

Do you agree that upon dissolution, remaining assets must be used for  
tax exempt purposes? \_\_\_\_\_

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## Part 3 Your Specific Activities

1 Three character NTEE Code \_\_\_\_\_

2 Check all that apply

Charitable \_\_\_\_\_ Religious \_\_\_\_\_ Educational \_\_\_\_\_

Scientific \_\_\_\_\_ Literary \_\_\_\_\_ Public Safety \_\_\_\_\_

Amateur Sports \_\_\_\_\_ Cruelty to kids/pets \_\_\_\_\_

Do you agree to refrain from:

Gaming, supporting political candidates, using funds to pay expenses of individuals, engage in loans and payments to officers, attempting to influence legislation, having unrelated business income of \$1000 or more, compensating officers, directors or trustees or provide grants or other assistance outside of the USA?

Yes? \_\_\_\_\_ No? \_\_\_\_\_

Do you or will you engage in disaster relief?

Yes? \_\_\_\_\_ No? \_\_\_\_\_

## Part 4 Foundation Classification - Private Foundation or Public Charity

1a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_

## Part 6 Signature

\_\_\_\_\_ I declare under 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 of signer

\_\_\_\_\_  
Signature of Officer, Director or Trustee

\_\_\_\_\_  
Date

Total (includes State & Federal Filing Fees) **\$699**

(Refundable or Tax- deductible)

Return completed documents along with payment to our Authorized Consultant:

Payable to: DUMAS MARTIN JR., Senior Consultant

101 West Mission Bl. Suite 110-147

Pomona, Ca. 91766-1711

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