

GET CERTIFIED!

501c3.clubSM

***WB** NON-PROFIT and FOR PROFIT FILING APPLICATION

Just TYPE CLEARLY and MAIL or email to addressee below:

Your New For-Profit Corporation's Information:

Name _____

Alt. 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**

***WEALTH BUILDING**

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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
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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
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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

\$1200 Total (includes State & Federal Filing Fees)

(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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