

# Earn \$5,000 in 100 Days!\*

\*Achieve this goal and WIN Caribbean Vacation!

1. Email or Print these 3 forms

**50 New**



**Clients=Trip!**

2. Share them with those wanting their own non-profit.

3. Request that they file through our service.

Receive \$100 finder's fee for each successful filing! Paid through Paypal.com via your email or by check.

**\*10 Paid Clients = \$100 X 10 = \$1000 \*50 Paid Clients = \$50 X 100 = \$5,000**

IMPORTANT! *\*LIST YOUR NAME AND EMAIL ON TOP OF FORM BEFORE COPYING!\**

\* Referrer's name \_\_\_\_\_ email \_\_\_\_\_ \*

## **1023ez.world**<sup>SM</sup> Non-Profit Fundraiser (1 New Client Sign-up Every OTHER day!)

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 \_\_\_\_\_

Street \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

Purpose of Non-Profit Corporation:

\_\_\_\_\_

State of Incorporation: CALIFORNIA

GET CERTIFIED!

# 1023ez.world<sup>SM</sup>

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? \_\_\_\_\_

GET CERTIFIED!

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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) **\$799\* (Plus S/H)**

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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