



501c3 certification Application

Just TYPE OR PRINT CLEARLY and MAIL or email to addressee below:

Your Information:

Name _____
Street _____ City _____ State _____
County _____ Zip Code _____
Email _____

Tel. No. _____

Your 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

Return completed documents along with payment to our Authorized Consultant:

Total (includes State & Federal Filing Fees) Starting at Only **\$799**

Payable to: **IDEAS INSTITUTE** c/o Dumas Martin, Jr.

101 West Mission Bl. Suite 110-147

Pomona, Ca. 91766-1711

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GET CERTIFIED!

501c3 certification Application

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 _____

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