



## 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

email: [nonprofitez@gmail.com](mailto:nonprofitez@gmail.com) or email: [ideasez@gmail.com](mailto:ideasez@gmail.com)

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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 \_\_\_\_\_

## 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