

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023ez**Note:** If exempt status is approved,
this application will be open for
public inspection.

- ☒ **Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions.

☐ Yes ☒ No

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions.

☐ Yes ☒ No

Part I Identification of Applicant

1a Full Name of Organization NORTHLIGHT MINISTRY SELAM USA		b Care Of Name (if applicable)	
c Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 102 ALTA VISTA DR		d City LIBERTY	e State SC
		f Zip code + 4 29657-9057	
2 Employer Identification Number 33-2689054	3 Month Tax Year Ends (MM) 12	4 Person to Contact if More Information is Needed ROBERT PERSON	
5 Contact Telephone Number 864-238-8731		6 Fax Number (optional)	7 User Fee Submitted \$275.00
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)			
First Name: TOM		Last Name: TROTTER	Title: PRESIDENT AND DIRECTOR
Street Address: 102 ALTA VISTA DR		City: LIBERTY	State: SC Zip code + 4: 29657-9057
First Name: MASRESHA		Last Name: EJIGU	Title: VICE PRES AND DIRECTOR
Street Address: 102 ALTA VISTA DR		City: LIBERTY	State: SC Zip code + 4: 29657-9057
First Name: ROBERT		Last Name: PERSON	Title: CHAIR TREAS AND DIRECTOR
Street Address: 102 ALTA VISTA DR		City: LIBERTY	State: SC Zip code + 4: 29657-9057
First Name: AYODEJI PETER		Last Name: IDOWU	Title: SECRETARY AND DIRECTOR
Street Address: 102 ALTA VISTA DR		City: LIBERTY	State: SC Zip code + 4: 29657-9057
First Name:		Last Name:	Title:
Street Address:		City:	State: Zip code + 4:
9a Organization's Website (if available):			
b Organization's Email (optional):			

Part II Organizational Structure

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.
- ☒ Corporation ☐ Unincorporated association ☐ Trust
- 2** ☒ **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): **12192024**
- 4** State of Incorporation or other formation: **SC**
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
- ☒ **Check this box** to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- ☒ **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
- ☒ **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.