**1023-EZ Non Profit Questionnaire**

This Questionnaire is used to apply for 501c3 Status as a Public Charity.

Before you fill out this questionnaire, please confirm that:

* Your organization neither raised over $50,000 in gross revenue in any of the three preceding years, nor expects to raise over $50,000 in gross revenue in any of the three upcoming years.
* Your organization has assets less than $250,000.
1. Full Name of Organization:
2. Contact Person
3. Name of the officer who will sign documents and

SSN:

1. Mailing Address(of Organization):
2. Physical Address (of Organization) + **County:**
3. Contact Phone Number:
4. Email:
5. Website:
6. EIN:
7. Tax Year End (for example December, if calendar):
8. Do you have Articles of Incorporation/Amendments? If so please provide.
9. Which of the following purpose categories apply to your organization (type X in front of applicable purposes. You may have multiple purposes:

 Charitable

 Religious (Not a church)

 Literacy

Educational

Scientific

1. What is the main Purpose of your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Briefly describe the main Program of your organization
3. Please provide minimum **3 Directors** (maximum 5 Directors): names, titles and mailing addresses.

We recommend not to use relatives.

1. President:
2. Secretary:
3. Treasurer:
4. (optional)
5. (optional)
6. Do you plan on entering into financial transactions with directors/ officers (loan, lease, etc.?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you or will you pay compensation to any Board members? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you or will you donate funds to or pay expenses for individuals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you plan on providing activities in a foreign country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_