Form **1023-EZ**

(Rev. May 2014)

Department of the Treasury
Internal Revenue Service

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

Version A, Cycle 12

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023.**

OMB No. 1545-0056

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 and are eligible to apply for exemption using Form 1023-EZ.

Part I Identification of Applicant

1a Full Name of Organization

b Address (number, street, and room/suite). If a P.O. Box, see instructions. | **c** City | **d** State | **e** Zip Code + 4

2 Employer Identification Number | **3** Month Tax Year Ends (MM) | **4** Person to Contact if More Information is Needed

5 Contact Telephone Number | **6** Fax Number (optional) | **7** User Fee Submitted

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: | Last Name: | Title:
Street Address: | City: | State: | Zip Code + 4:

First Name: | Last Name: | Title:
Street Address: | City: | State: | Zip Code + 4:

First Name: | Last Name: | Title:
Street Address: | City: | State: | Zip Code + 4:

First Name: | Last Name: | Title:
Street Address: | City: | State: | Zip Code + 4:

First Name: | Last Name: | Title:
Street Address: | City: | State: | Zip Code + 4: