EXEMPT ORGANIZATIONS FORM 1023-EZ APPROVALS

INTRODUCTION

Form 1023-EZ approval information is extracted from the Internal Revenue Service's Tax Exempt Determination Reporting System. The data is based on approved closures and is extracted quarterly to the annual summary document. The files are in a Microsoft Excel spreadsheet format (xlsx) format and can be opened by Microsoft Excel or its corresponding viewer.

Organizations approved through the Form 1023-EZ application process are issued a determination letter that is considered valid as long as the organization complies with the provisions of its exemption.

If you have any questions about tax exempt organizations or the content of the files, please contact TE/GE Customer Account Services toll-free line at 1-877-829-5500.

FIELDS AVAILABLE

All quarterly and annual files will contain the following data fields:

<u>Column Name</u> <u>Contents</u>

EIN Employer identification number

CASE NUMBER Case Number

FORMREVISION Form 1023-EZ version ELIGIBILITYWORKSHEET Eligibility Worksheet

ORGNAME1 Organization Primary Name
ORGNAME2 Organization Secondary Name
ADDRESS Organization's Mailing Address

 CITY
 City

 STATE
 State

 ZIP
 ZIP

 ZIPL4
 ZIP+4

ACCOUNTINGPERIODEND Accounting period End PRIMARYCONTACTNAME Primary contact name PRIMARYCONTACTPHONE Primary contact phone

PRIMARYCONTACTPHONEEXT Primary contact phone extension

PRIMARYCONTACTFAX Primary contact fax USERFEESUBMITTED User fee submitted

OFCRDIRTRUST1FIRSTNAME Officer/Director/Trustee First Name
OFCRDIRTRUST1LASTNAME Officer/Director/Trustee Last Name
OFCRDIRTRUST1TITLE Officer/Director/Trustee Title

OFCRDIRTRUST1STREETADDR Officer/Director/Trustee Street Address

OFCRDIRTRUST1CITY
OFCRDIRTRUST1STATE
OFCRDIRTRUST1STATE
OFCRDIRTRUST1ZIP
OFCRDIRTRUST1ZIP
OFCRDIRTRUST1ZIPPL4
OFCRDIRTRUST2FIRSTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFCRDIRTRUST2LASTNAME
OFFICE (Trustee City
Officer/Director/Trustee Zip
Officer/Director/Trustee First Name
OFCRDIRTRUST2LASTNAME

OFCRDIRTRUST2TITLE Officer/Director/Trustee Title

OFCRDIRTRUST2STREETADDR Officer/Director/Trustee Street Address

OFCRDIRTRUST2CITY
OFCRDIRTRUST2STATE
OFCRDIRTRUST2ZIP
OFCRDIRTRUST2ZIP
OFCRDIRTRUST2ZIPPL4
OFCRDIRTRUST3FIRSTNAME
OFCRDIRTRUST3LASTNAME
OFCRDIRTRUST3LASTNAME
OFCRDIRTRUST3LASTNAME
OFCRDIRTRUST3LASTNAME
Officer/Director/Trustee Last Name

OFCRDIRTRUST3TITLE Officer/Director/Trustee Title

FIELDS AVAILABLE (cont'd)

<u>Column Name</u> <u>Contents</u>

OFCRDIRTRUST3STREETADDR Officer/Director/Trustee Street Address

OFCRDIRTRUST3CITY
OFCRDIRTRUST3STATE
OFCRDIRTRUST3ZIP
OFCRDIRTRUST3ZIP
OFCRDIRTRUST3ZIPPL4
OFCRDIRTRUST4FIRSTNAME
OFCRDIRTRUST4LASTNAME
OFCRDIRTRUST4TITLE
Officer/Director/Trustee Zip
Officer/Director/Trustee Zip+4
Officer/Director/Trustee First Name
Officer/Director/Trustee Last Name
Officer/Director/Trustee Title

OFCRDIRTRUST4STREETADDR Officer/Director/Trustee Street Address

OFCRDIRTRUST4CITY
OFCRDIRTRUST4STATE
OFCRDIRTRUST4ZIP
OFCRDIRTRUST4ZIP
OFCRDIRTRUST4ZIPPL4
OFCRDIRTRUST5FIRSTNAME
OFCRDIRTRUST5LASTNAME
OFCRDIRTRUST5LASTNAME
OFCRDIRTRUST5TITLE
Officer/Director/Trustee Cited Address of Rect Address of Rec

OFCRDIRTRUST5STREETADDR Officer/Director/Trustee Street Address

OFCRDIRTRUST5CITY Officer/Director/Trustee City
OFCRDIRTRUST5STATE Officer/Director/Trustee State
OFCRDIRTRUST5ZIP Officer/Director/Trustee Zip
OFCRDIRTRUST5ZIPPL4 Officer/Director/Trustee Zip+4

ORGURL Organization's website
ORGEMAIL Organization's email
ORGTYPECORP Organization Incorporated
ORGTYPEUNINCORP Organization unincorporated

ORGTYPETRUST Organization trust
NECESSARYORGDOCS Necessary Organizing Documents
INCORPORATEDDATE Organization Incorporation Date
INCORPORATEDSTATE Organization Incorporation State

CONTAINSLIMITATION Contains Limitation

DOESNOTEXPRESSLYEMPOWER Does not expressly empower

CONTAINSDISSOLUTION Contains dissolution

NTEECODE National Taxonomy of Exempt Entities (NTEE) code

ORGPURPOSECHARITABLE Organization's purpose Charitable Organization's Purpose Religious **ORGPURPOSERELIGIOUS ORGPURPOSEEDUCATIONAL** Organization's Purpose Educational Organization's Purpose Scientific **ORGPURPOSESCIENTIFIC** Organization's Purpose Literary **ORGPURPOSELITERARY** Organization's Purpose Public Safety **ORGPURPOSEPUBLICSAFETY** Organization's Purpose Amateur Sports **ORGPURPOSEAMATEURSPORTS** Organization's Purpose Cruelty Prevention **ORGPURPOSECRUELTYPREVENTION**

QUALIFYFOREXEMPTION
LEGINFLNO
LEGINFLYES
Qualify For Exemption
Legislation influence No
Legislation influence Yes

COMPOFCRDIRTRUSTNO Compensation of Officer director trustee No COMPOFCRDIRTRUSTYES Compensation of Officer director trustee Yes

DONATEFUNDSYES

Donation of funds No
Donation of funds Yes

CONDUCTACTYOUTSIDEUSNO Conducting Activities Outside of United States No CONDUCTACTYOUTSIDEUSYES Conducting Activities Outside of United States Yes

FINANCIALTRANSOFCRSNO Financial transactions with officers No FINANCIALTRANSOFCRSYES Financial transactions with officers Yes

FIELDS AVAILABLE (cont'd)

Column Name

UNRELGROSSINCM1000MORENO UNRELGROSSINCM1000MOREYES

GAMINGACTYNO GAMINGACTYYES DISASTERRELIEFNO

DISASTERRELIEFYES
ONETHIRDSUPPORTPUBLIC
ONETHIRDSUPPORTGIFTS
BENEFITOFCOLLEGE

PRIVATEFOUNDATION508E

SEEKINGRETROREINSTATEMENT SEEKINGSEC7REINSTATEMENT

CORRECTNESSDECLARATION

SIGNATURENAME SIGNATURETITLE SIGNATUREDATE **Contents**

Unrelated Gross Income \$1,000 or More No Unrelated Gross Income \$1,000 or More Yes

Gaming Activity No Gaming Activity Yes

Disaster relief assistance No Disaster relief assistance Yes One Third Support Public One Third Support Gifts Benefit of College

Private Foundation 508(e)

Seeking Retroactive Reinstatement Seeking Section 7 Reinstatement

Correctness Declaration

Signature Name Signature Title Signature Date

DEFINITIONS

COLUMN A - EMPLOYER IDENTIFICATION NUMBER (EIN)

Employer Identification Number (EIN) is a nine digit number assigned by the IRS to identify a particular organization's account.

COLUMN B - CASE NUMBER

Unique tracking number assigned to organization's application upon receipt of Form 1023-EZ.

COLUMN C - FORM 1023-EZ VERSION

Version of Form 1023-EZ submitted by Organization.

COLUMN D - ELIGIBILITY WORKSHEET

Organization must complete the Eligibility Worksheet to determine if they are eligible to file the Form 1023-EZ. 1=Eligible 0=Ineligible

COLUMN E - ORGANIZATION PRIMARY NAME

Organization's name exactly as it appears on their organizing documents, including amendments.

COLUMN F - ORGANIZATION SECONDARY NAME

Portion of Organization's name that exceeds 35 character limit of Column E.

COLUMNS G, H, I, J, K - ORGANIZATION'S MAILING ADDRESS

Organization's complete mailing address where all correspondence will be sent.

COLUMN L - ACCOUNTING PERIOD END

Month Organization's tax year ends (01-12). For example, if organization's annual accounting period ends December 31, column will display "12."

COLUMN M - PRIMARY CONTACT NAME

Name and title of the person to contact if more information is needed. The person to contact may be an officer, director, trustee, or other individual who is permitted to speak on behalf of the organization according to bylaws or other rules of operation. Person to contact may also be an "authorized representative," such as an attorney, certified public accountant (CPA), or enrolled agent (EA).

<u>COLUMNS N, O, P - PRIMARY CONTACT PHONE, EXTENSION, AND FAX NUMBER</u> Primary Contact's daytime telephone number.

COLUMN Q - USER FEE SUBMITTED

Amount organization submitted for user fee (The current user fee is \$400.)

COLUMNS R, S, T, U, V, W, X, Y - OFFICER/DIRECTOR/TRUSTEE NAME, TITLE, AND ADDRESS Name, title, and complete mailing address of organization's first listed officer, director, and/or trustee.

COLUMNS Z, AA, AB, AC, AD, AE, AF, AG - OFFICER/DIRECTOR/TRUSTEE NAME, TITLE, AND ADDRESS

Name, title, and complete mailing address of organization's second listed officer, director, and/or trustee.

<u>COLUMNS AH, AI, AJ, AK, AL, AM, AN, AO - OFFICER/DIRECTOR/TRUSTEE NAME, TITLE, AND ADDRESS</u>

Name, title, and complete mailing address of organization's third listed officer, director, and/or trustee.

COLUMNS AP, AQ, AR, AS, AT, AU, AV, AW - OFFICER/DIRECTOR/TRUSTEE NAME, TITLE, AND ADDRESS

Name, title, and complete mailing address of organization's fourth listed officer, director, and/or trustee.

COLUMNS AX, AY, AZ, BA, BB, BC, BD, BE - OFFICER/DIRECTOR/TRUSTEE NAME, TITLE, AND ADDRESS

Name, title, and complete mailing address of organization's fifth listed officer, director, and/or trustee.

Column BF - ORGANIZATION'S WEBSITE (URL)

Organization's current website address, "N/A"=not applicable).

Column BG - ORGANIZATION'S EMAIL

Organization's email address.

Column BH - ORGANIZATION INCORPORATED

Organization Incorporated

1=Yes 0=No

Column BI - ORGANIZATION UNINCORPORATED

Organization Unincorporated 1=Yes 0=No

Column BJ - ORGANIZATION TRUST

Organization is a Trust

1=Yes 0=No

Column BK - NECESSARY ORGANIZING DOCUMENTS

Organization submitted necessary organizing documents 1=Yes 0=No

Column BL - ORGANIZATION INCORPORATION DATE

Organization's formation date.

Column BM - ORGANIZATION INCORPORATION STATE

The jurisdiction (for instance, the state or the federally recognized tribal government) under the laws of which you were incorporated or otherwise formed.

Column BN - CONTAINS LIMITATION

Organization's organizing document limits their purpose to those described in section 501(c)(3) 1=Yes 0=No.

Column BO - DOES NOT EXPRESSLY EMPOWER

Organization's organizing document does not expressly empower the organization to engage, otherwise than as an insubstantial part of their activities, in activities that in themselves are not in furtherance of one or more exempt purposes described in section 501(c)(3). 1=Yes 0=No.

Column BP - CONTAINS DISSOLUTION

Organization's organizing document permanently dedicates their assets for a section 501(c)(3) purpose. 1=Yes 0=No.

Column BQ - NATIONAL TAXONOMY OF EXEMPT ENTITIES (NTEE) CODE

Organization's National Taxonomy of Exempt Entities (NTEE) code is a three-character series of letters and numbers that generally summarize an organization's purpose.

Column BR - ORGANIZATION'S PURPOSE CHARITABLE

Organization is organized and operated exclusively for one or more of the following purposes: charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, or preventing cruelty to children or animals. 1=Yes 0=No.

Column BS - ORGANIZATION'S PURPOSE RELIGIOUS

Organization is organized and operated exclusively for Religious purposes 1=Yes 0=No.

Column BT - ORGANIZATION'S PURPOSE EDUCATIONAL

Organization is organized and operated exclusively for Educational purposes 1=Yes 0=No.

Column BU - ORGANIZATION'S PURPOSE SCIENTIFIC

Organization is organized and operated exclusively for Scientific purposes 1=Yes 0=No.

Column BV - ORGANIZATION'S PURPOSE LITERARY

Organization is organized and operated exclusively for Literary purposes 1=Yes 0=No.

Column BW - ORGANIZATION'S PURPOSE PUBLIC SAFETY

Organization is organized and operated exclusively for Public Safety purposes 1=Yes 0=No.

Column BX - ORGANIZATION'S PURPOSE AMATEUR SPORTS

Organization is organized and operated exclusively for Amateur Sports purposes 1=Yes 0=No.

Column BY - ORGANIZATION'S PURPOSE CRUELTY PREVENTION

Organization is organized and operated exclusively for Cruelty Prevention purposes 1=Yes 0=No.

Column BZ - QUALIFY FOR EXEMPTION

Organization qualifies for exemption under section 501(c)(3) 1=Yes 0=No.

Column CA - LEGISLATION INFLUENCE NO

Organization has not attempted or has no plans to attempt to influence legislation 1=Yes 0=No.

Column CB - LEGISLATION INFLUENCE YES

Organization has attempted or has plans to attempt to influence legislation 1=Yes 0=No.

Column CC - COMPENSATION OF OFFICER DIRECTOR TRUSTEE NO

Organization has not paid and has no plans to pay compensation to any officers, directors, or trustees 1=Yes 0=No.

Column CD - COMPENSATION OF OFFICER DIRECTOR TRUSTEE YES

Organization has paid or has plans to pay compensation to any officers, directors, or trustees 1=Yes 0=No.

Column CE - DONATION OF FUNDS NO

Organization has not donated funds or paid expenses to any individuals and has no plans to donate funds or pay expenses to any individuals 1=Yes 0=No.

Column CF - DONATION OF FUNDS YES

Organization has donated funds or paid expenses to individuals or has plans to donate funds or pay expenses to individuals 1=Yes 0=No.

Column CG - CONDUCTING ACTIVITIES OUTSIDE OF UNITED STATES NO

Organization has not conducted and has no plans to conduct activities outside the United States 1=Yes 0=No.

Column CH - CONDUCTING ACTIVITIES OUTSIDE OF UNITED STATES YES

Organization has conducted or has plans to conduct activities outside the United States 1=Yes 0=No.

Column CI - FINANCIAL TRANSACTIONS WITH OFFICERS NO

Organization has not engaged in and has no plans to engage in financial transactions (for example, loans, grants, or other assistance, payments for goods or services, rents, etc.) with their officers, directors, or trustees, or any entities they own or control.

1=Yes 0=No.

Column CJ - FINANCIAL TRANSACTIONS WITH OFFICERS YES

Organization has engaged in or plans to engage in financial transactions (for example, loans, grants, or other assistance, payments for goods or services, rents, etc.) with their officers, directors, or trustees, or any entities they own or control.

1=Yes 0=No.

Column CK - UNRELATED GROSS INCOME \$1,000 OR MORE NO

Organization has not received and does not plan to receive unrelated business gross income of \$1,000 or more during a tax year.

1=Yes 0=No.

Column CL - UNRELATED GROSS INCOME \$1,000 OR MORE YES

Organization has received or plans to receive unrelated business gross income of \$1,000 or more during a tax year.

1=Yes 0=No.

Column CM - GAMING ACTIVITY NO

Organization has not conducted and has no plans to conduct bingo or other gaming activities. 1=Yes 0=No.

Column CN - GAMING ACTIVITY YES

Organization has conducted or has plans to conduct bingo or other gaming activities. 1=Yes 0=No.

Column CO - DISASTER RELIEF ASSISTANCE NO

Organization has not provided and has no plans to provide Disaster Relief assistance. 1=Yes 0=No.

Column CP - DISASTER RELIEF ASSISTANCE YES

Organization has provided or has plans to provide Disaster Relief assistance. 1=Yes 0=No.

Column CQ - ONE THIRD SUPPORT PUBLIC

Organization normally receives at least one-third of their support from public sources or they normally receive at least 10 percent of their support from public sources and they have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi). 1=Yes 0=No.

Column CR - ONE THIRD SUPPORT GIFTS

Organization normally receives at least one-third of their support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to their exempt functions and normally receive not more than one-third of their support from investment income and unrelated business taxable income. Section 508(a)(2).

1=Yes 0=No.

Column CS - BENEFIT OF COLLEGE

Organization is organized and operated exclusively to receive, hold, invest, and administer property for and make expenditures to or for the benefit of a state or municipal college or university 1=Yes 0=No.

Column CT - PRIVATE FOUNDATION 508(E)

Organization's organizing document contains specific provisions required by section 508(e) 1=Yes 0=No.

Column CU - SEEKING RETROACTIVE REINSTATEMENT

Organization had their exempt status automatically revoked under section 6033(j)(1) of the Code and they are applying for reinstatement under section 4 or 7 of Rev. Proc. 2014-11, 2014-3 I.R.B. 411 1=Yes 0=No.

Column CV - SEEKING SECTION 7 REINSTATEMENT

Organization is seeking reinstatement under section 7 of Rev. Proc. 2014-11 and they agree to accept an effective date of reinstatement as of the date of filing their application. 1=Yes 0=No.

Column CW - CORRECTNESS DECLARATION

An organization Officer, Director, Trustee, or other authorized official checked the "penalties of perjury" box indicating, "I declare under the penalties of perjury that I am authorized to sign this application on behalf of the organization and that I have examined the application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete". 1=Yes 0=No.

Column CX, CY, CZ - SIGNATURE NAME, TITLE, AND SIGNATURE DATE

Full name, title, and signature date of the organization Officer, Director, Trustee, or other authorized official that signed the Form 1023-EZ under "penalties of perjury".