# Form **1023-EZ**

(Rev. April 2021)

## Department of the Treasury Internal Revenue Service

# 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 <u>www.irs.gov/form1023ez</u>

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.

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.

Part I	Identification of Applicar	nt										
1a Kl	Full Name of Organization KIDS FIGHT CLIMATE CHANGE INC						<b>b</b> Care Of Name (if applical			able)		
с 12	<ul> <li>Mailing Address (number, street, and room/suite).</li> <li>121 W 17TH ST APT 6C</li> </ul>			ee instructions.		d City NEW YORK			e Stat NY	e State f Zip code + 4 NY 10011-5436		
2	2 Employer Identification Number 3 Month			Tax Year Ends (MM) 4 Person			Person to Contact if More Information is N			d		
87	87-1364123 06					AJANI STELLA						
5 Contact Telephone Number 917-743-4457				6 Fax Number (opt			ial)		-	7 User Fee Submitted \$275.00		
<b>8</b> First Na	List the names, titles, and mailing addr <sup>me:</sup> NIVEDITA	esses of yo	ur officers, dii   Last Name: 	rectors, and/c STELLA		tees. (If you have n	nore	<b>T</b> 1			ECTOR	
Street Address: 121 W 17TH ST APT 6C				City: NEW YORK			Sta	<sup>te:</sup> NY	Z	Zip code + 4: 10011-5436		
First Name: KANAN			Last Name:	PUNTAMBEKAR			Title: BOARD MEMBER					
Street Address: 1556 DARLENE AVE				City: SAN JOSE			Sta	State: CA Zip code +			e + 4: 95	5125-4729
First Name: VICTORIA			Last Name:	lame: SANDO				Title: BOARD MEMBER				
Street A	Address: 546B LAGUARDIA PLAC	CE APT 1	4	City: NEV	V YO	RK	Sta	<sup>te:</sup> NY	Z	ip cod	e + 4: 10	012-6007
First Na	me:		Last Name:					Title:				
Street Address:				City:			State:		Z	Zip code + 4:		
First Name:			Last Name:				Title:					
Street A	Address:			City:			Sta	te:	Z	ip cod	e + 4:	
9a	Organization's Website (if available):	WWW	KIDSFIGHT		IANG	E.ORG	1		I			
b			CLIMATECH	ANGE@GM	AIL.C	OM						
Part I	-											
1	To file this form, you must be a corporation, an unincorporated association, or a trust. <b>Select the box</b> for the type of organization. Corporation											
2												
-	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 (MI				NDDY	DDYYYY): 06212021						
4	State of Incorporation or other formation: New York											
5	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).											
	<b>Check this box</b> to attest that you	ur organizin	g document o	contains this	limita	tion.						
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.								our activities,			
<b>Check this box</b> to attest that your organizing document does not expressly empower you to engage, otherwise th activities, in activities that in themselves are not in furtherance of one or more exempt purposes.								than as ar	n insuk	ostantial part	t of your	
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 you express dissolution provision in you dissolution provision.	-	-			• •					•	

OMB No. 1545-0047

**Note:** If exempt status is approved, this application will be open for public inspection.

Yes

🔵 No

🔵 No

	Briefly describe the organization's mission or most significant activities (limit 250 characters)								
	An organization formed to educate the public, particularly youth, about anthropogenic climate change through a website and educational programs, qualified for exemption under section 501(c)(3) as an educational and charitable organization.								
	Enter the appropriate 3-character NTEE Code t	hat best describes your activities (See	e the instructions):	C60					
	o qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purpose hecking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. <b>Check all that apply</b> .								
	Charitable	Religious	Education	ıal					
	Scientific	Literary	Testing fo	or public safety					
	To foster national or international amate	ur sports competition	Preventio	n of cruelty to children or ar	nimals				
	To qualify for exemption as a section 501(c)(3)	organization, you must:							
Refrain from supporting or opposing candidates in political campaigns in any way.									
	Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).								
Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.									
Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).									
Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally ma expenditures in excess of expenditure limitations outlined in section 501(h).									
	Not provide commercial-type insurance as a substantial part of your activities.								
	<b>Check this box</b> to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.								
	Do you or will you attempt to influence legisla (If yes, consider filing Form 5768. See the instru	tion?		Yes	No				
	Do you or will you pay compensation to any of (Refer to the instructions for a definition of <b>co</b>			Yes	No No				
	Do you or will you donate funds to or pay expe	enses for individual(s)?		Yes	No				
	Do you or will you conduct activities or provide States?				No				
	Do you or will you engage in financial transacti or trustees, or any entities they own or control				No				
	Do you or will you have unrelated business gro	oss income of \$1,000 or more during a	a tax year?	Yes	No				
	Do you or will you operate bingo or other gam	ing activities?		Yes	No No				
				Yes	No				
	Do you or will you provide disaster relief?								

- Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal 1 Yes 🔵 No Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions
- 2 If you qualify for public charity status, check the appropriate box (2a - 2c below) and skip to Part V below.
  - Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
  - Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership b fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. Section 509(a)(2).
  - Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections c 509(a)(1) and 170(b)(1)(A)(iv).
- If you are not described in items 2a 2c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific 3 provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
  - Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

# Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

1 2 **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)

Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

### Part VI Signature

# I declare under the 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.

### **NIVEDITA STELLA**

(Type name of signer)

#### EXECUTIVE DIRECTOR

(Type title or authority of signer)

07122021

(Date)

Form 1023-EZ (Rev. 4-2021)