



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

Gentlemen:

The Internal Revenue Service is converting its records of organizations exempt under Sections 501(a) or 521 of the Internal Revenue Code so that the records can be maintained and processed on the Service's Automatic Data Processing (ADP) equipment. Processing on ADP will better serve the needs of the Government, exempt organizations, and the general public and will facilitate the preparation of rosters and publications **listing exempt organizations, such as the Cumulative List of Organizations Contributions to Which Are Deductible** (Publication 78).

Under the authority of Sections 6001 and 6033 of the Internal Revenue Code and regulations issued thereunder, each exempt organization is requested to complete the attached questionnaire and return it in the enclosed pre-addressed envelope within 15 days in order to facilitate this conversion.

It is important to your organization that the questionnaire be filled in completely and accurately, and returned promptly. Please forward this questionnaire immediately to the person authorized to act for the organization named on page 4, should this be necessary. Organizations which are no longer active or are not currently in an exempt status should so note as provided in the general instructions below and return it in the enclosed envelope. Organizations not returning questionnaires will be presumed either inactive or no longer interested in maintaining their tax-exempt status.

Sincerely yours,

Bertrand G. Harding
Acting Commissioner

GENERAL INSTRUCTIONS

1. Complete this questionnaire promptly unless your organization:
 - a. Has previously submitted a completed copy of this questionnaire to the Internal Revenue Service.
 - b. Has received a ruling or determination letter from the Service dated after June 30, 1964.
2. If your organization is no longer active or no longer tax

exempt, so indicate in item 1 of the questionnaire in lieu of the name and complete item 19 only.

3. The specific instructions are numbered to correspond with the questionnaire. Your answers should relate only to the organization to which this questionnaire is addressed. Use page 4 to provide explanatory information. Attach additional sheets if required.

4. Upon completion, detach and mail the questionnaire in the enclosed pre-addressed envelope.

ITEM NO. REMARKS (GIVE ADDITIONAL REMARKS WHICH PERTAIN TO QUESTIONS ON REVERSE SIDE, SHOWING ITEM NUMBER)

TABLE 2—PURPOSES, ACTIVITIES, OPERATIONS OR TYPES OF EXEMPT ORGANIZATIONS

| <i>Line No.</i> | <i>Description</i> | <i>Line No.</i> | <i>Description</i> | <i>Line No.</i> | <i>Description</i> |
|-----------------|--|-----------------|---|-----------------|---|
| 01 | Arts (Performing Arts, Fine Arts, etc.) | 28 | Exhibitions, Fairs, Trade Shows | 59 | Pension, Profit-Sharing Trust, etc. |
| 02 | Advertising | 29 | Farming | 60 | Perpetual Care Fund |
| 03 | Alumni Activities | 30 | Federal, State or Local Government Agency | 61 | Professional Advancement |
| 04 | Association of Employees | 31 | Financial Services | 62 | Public Safety |
| 05 | Association of Employers | 32 | Fraternity or Sorority | 63 | Publishing, Radio, TV, etc. |
| 06 | Athletics | 33 | Fund Raising | 64 | Real Estate Activities |
| 07 | Book Store | 34 | Garden Club | 65 | Recreation |
| 08 | Business Promotion | 35 | Gifts to Charitable Organizations | 66 | Religious Institution (Church, Synagogue, etc.) |
| 09 | Cafeteria, Restaurant, Snack Bar, Food Services | 36 | Gifts to Individuals | 67 | Religious (Other) |
| 10 | Camp | 37 | Handicapped, Aid to | 68 | Rental of Owned Property |
| 11 | Cemetery or Burial Association | 38 | Health Agency | 69 | Research and Development |
| 12 | Civic Welfare | 39 | Historical Sites, Historical Records, Preservation of, etc. | 70 | Retirement Plan |
| 13 | Civil Liberties or Rights | 40 | Hobby Club | 71 | Royalties, Receipt of |
| 14 | Clinic | 41 | Hospital, Nursing Home, etc. | 72 | Scholarships |
| 15 | Commemorative Organization (Centennial, Monument, etc.) | 42 | Housing for Aged | 73 | Senior Citizens or Retirees |
| 16 | Commodity Exchange | 43 | Housing (Other) | 74 | Services to Members |
| 17 | Community Deterioration, Prevention of | 44 | Humanitarian Activities | 75 | Sick or Death Benefits to Members |
| 18 | Community Fund | 45 | Indian (Tribe, Cultures, etc.) | 76 | Social Activities |
| 19 | Conservation (Natural Resources, Wildlife) | 46 | Industrial Development | 77 | Sports Activities |
| 20 | Country Club | 47 | Insurance | 78 | Student Activities |
| 21 | Credit Reporting | 48 | International Operations | 79 | Testing |
| 22 | Educational Institution | 49 | Juvenile Delinquency, Combating of | 80 | Thrift Shop, Retail Outlet, etc. |
| 23 | Educational (Other) | 50 | Legislative Activities | 81 | Traffic or Tariff Bureau |
| 24 | Emergency or Disaster Aid Fund | 51 | Library | 82 | Unemployment Benefits |
| 25 | Employees, Welfare of | 52 | Loans | 83 | Urban Renewal |
| 26 | Employment Assistance, Retraining, Apprentice or Vocational Training, etc. | 53 | Marketing Members' Products | 84 | Vacation Plan |
| 27 | Endowment Fund | 54 | Medical Care | 85 | Veterans Activities |
| | | 55 | Museum | 86 | Volunteer Firemen's Organization |
| | | 56 | Nursery | 87 | Voter Education |
| | | 57 | Parent or Parent-Teachers Association | 88 | World Peace, Promotion of |
| | | 58 | Patriotic Activities | 89 | YMCA, YMHA, etc. |
| | | | | 90 | Youth Activities |

(Please read All Instructions Carefully Before Completing Questionnaire)

1. Enter in item 1 the complete, unabbreviated name of your organization. Example: American Legion Shaw Paulin Post Number 241, First Baptist Church, Missionary Society.

2. If your organization has been issued an Employer Identification Number, record it in item 2. If not, insert "None."

3. Enter in item 3 the exact address (include ZIP code) of your organization. Whenever possible, use an address which will not change from year to year. If the address given is the business or home address of an individual, also include the name of such individual. Examples:

John Smith, Treasurer
650 E. Main Street
Elmville, Arkansas 66666

225 Central Avenue
Elmville, Arkansas 66666

4. Enter in item 4 any name other than that shown in item 1 by which your organization is commonly known. Example: Veterans Victory Club.

5. If your organization has received an individual ruling or determination letter from the Internal Revenue Service, check box 1 in item 5. If your organization is covered by a group ruling, check box 2. Enter the date of the ruling or determination letter, if known, in the space provided. If you do not know the basis of your organization's exemption, or if the exemption is on some basis other than a ruling or determination letter, check box 3 and explain on page 4.

6. Enter in item 6 the subsection of the Internal Revenue Code under which your organization is exempt.

7. Table 1 on page 2 is a classification of exempt organizations arranged according to the exemption subsections of the Internal Revenue Code of 1954 and covers all of the specific purposes for which an exempt status is authorized. Select and circle the item or items that best describe your organization. Most organizations will select only one item; however, select all which apply. Then enter in item 7 the line number of the selected items. Organizations with exemptions under earlier provisions of law should disregard the subsection numbers shown in Table 1.

8. Check the one box in item 8 which best describes the legal form of your organization. If your organization is not a corporation, a trust, a partnership, or a cooperative, check box 5.

9. If your organization is a foundation, check box 1 or 2 as appropriate in item 9. A private foundation is one organized by an individual, a family, or a corporate or other business undertaking which is substantially supported by such parties.

A public foundation is one supported primarily by contributions from the general public or governmental bodies. If your organization is not a foundation, leave this item blank.

10. If your organization was organized or formed in the United States, its possessions, or its territories, check box 1 in item 10. Otherwise, check box 2.

11. Table 2 on page 4 is a listing of major purposes, activities, operations or types of exempt organizations. Circle any items listed in table 2 which describe the current major purposes, activities, operations or types of your organization. Circle as many items as may apply. Then enter in item 11 the line number of the selected items.

12. Enter in item 12 the month in which your organization's accounting year ends.

13. If yours is a central or parent organization of a national, regional, or geographic grouping of organizations, check box 1 in item 13. If yours is an intermediate organization of a national, regional, or geographic grouping of organizations, such as the state headquarters of a national organization, check box 2. If yours is a local affiliate of a national, regional, or geographic grouping of organizations, or an auxiliary which is a local affiliate of a national, regional, or geographic grouping of auxiliaries, check box 3. If yours is an independent organization or independent auxiliary (i.e., not affiliated with a national, regional, or geographic grouping of organizations), check box 4.

14. If yours is a local or intermediate organization, give the full name and address of the central organization in item 14, if not leave this item blank.

15. If yours is a central or intermediate organization, record the number of your local affiliates in item 15; if not, leave this item blank.

16. Check the applicable boxes in item 16 to indicate the returns your organization has filed within the past three years.

17. If your organization filed a group return within the past three years, enter the number of organizations included in your latest return in item 17. Otherwise leave this item blank.

18. Enter in item 18 the city in which is located the District Director's office with which your organization filed its last return. If not required to file a return, enter the city of the District Director's office in which is located your organization's principal place of business (or address).

19. Enter signature, title, and date of signing in item 19.

TABLE 1—CLASSIFICATION OF EXEMPT ORGANIZATIONS

| Line No. | Classification | Code subsection | Line No. | Classification | Code subsection |
|----------|---|-----------------|----------|--|-----------------|
| 010 | Government instrumentality | 501(c)(1) | 090 | Voluntary employees' beneficiary association (Nongovernment employees) | 501(c)(9) |
| 020 | Title-holding corporation | 501(c)(2) | 100 | Voluntary employees' beneficiary association (Government employees) | 501(c)(10) |
| 030 | Charitable organization | 501(c)(3) | 110 | Teachers' retirement fund association | 501(c)(11) |
| 031 | Educational organization | 501(c)(3) | 120 | Benevolent life insurance association | 501(c)(12) |
| 032 | Literary organization | 501(c)(3) | 121 | Mutual ditch or irrigation company | 501(c)(12) |
| 033 | Organization to prevent cruelty to animals | 501(c)(3) | 122 | Mutual or cooperative telephone company | 501(c)(12) |
| 034 | Organization to prevent cruelty to children | 501(c)(3) | 123 | Organization like those on lines 120, 121 or 122 | 501(c)(12) |
| 035 | Organization for public safety testing | 501(c)(3) | 130 | Burial association | 501(c)(13) |
| 036 | Religious organization | 501(c)(3) | 131 | Cemetery company | 501(c)(13) |
| 037 | Scientific organization | 501(c)(3) | 140 | Credit union | 501(c)(14) |
| 040 | Civic league | 501(c)(4) | 141 | Other mutual corporation or association | 501(c)(14) |
| 041 | Local association of employees | 501(c)(4) | 150 | Mutual insurance company or association other than life or marine | 501(c)(15) |
| 042 | Social welfare organization | 501(c)(4) | 160 | Corporation financing crop operations | 501(c)(16) |
| 050 | Agricultural organization | 501(c)(5) | 170 | Supplemental unemployment compensation trust or plan | 501(c)(17) |
| 051 | Horticultural organization | 501(c)(5) | 180 | Apostolic and religious organization | 501(d) |
| 052 | Labor organization | 501(c)(5) | 190 | Farmers' cooperative | 521 |
| 060 | Board of trade | 501(c)(6) | | | |
| 061 | Business league | 501(c)(6) | | | |
| 062 | Chamber of commerce | 501(c)(6) | | | |
| 063 | Real-estate board | 501(c)(6) | | | |
| 070 | Pleasure, recreational or social club | 501(c)(7) | | | |
| 080 | Fraternal beneficiary society, order or association | 501(c)(8) | | | |

(Use reverse side or attach additional sheets if necessary)

FOR INTERNAL REVENUE SERVICE USE ONLY

FOR IRS USE ONLY

1. COMPLETE NAME OF TAX EXEMPT ORGANIZATION

2. EMPLOYER IDENTIFICATION NUMBER

3. ADDRESS (STREET, CITY, STATE AND ZIP CODE)

4. OTHER NAMES BY WHICH ORGANIZATION IS KNOWN (USE REVERSE SIDE IF NECESSARY)

5. BASIS FOR EXEMPTION

1 INDIVIDUAL RULING OR DETERMINATION LETTER 2 GROUP RULING 3 OTHER

DATE OF LETTER RULING

6. SUBSECTION OF CODE UNDER WHICH YOUR ORGANIZATION IS EXEMPT:

7. CLASSIFICATION OF EXEMPT ORGANIZATIONS (ENTER LINE NUMBERS FROM TABLE 1)
() . () . () . ()

8. FORM OF ORGANIZATION

1 CORPORATION 2 TRUST 3 COOPERATIVE 4 PARTNERSHIP 5 ASSOCIATION

9. TYPE OF FOUNDATION

1 PRIVATE 2 PUBLIC

10. PLACE OF FORMATION

1 U.S. (INCLUDING POSSESSIONS & TERRITORIES) 2 FOREIGN COUNTRY

11. MAJOR PURPOSES, ACTIVITIES OR OPERATIONS (ENTER LINE NUMBERS FROM TABLE 2)
() . () . () . ()

12. MONTH IN WHICH ACCOUNTING YEAR ENDS:

13. AFFILIATION

1 CENTRAL 2 INTERMEDIATE 3 LOCAL 4 INDEPENDENT

14. IF A LOCAL OR INTERMEDIATE, ENTER FULL NAME AND ADDRESS OF CENTRAL

15. IF CENTRAL OR INTERMEDIATE, ENTER NUMBER OF LOCAL AFFILIATES:

16. ANNUAL RETURNS FILED

1 990 2 990-A 3 990-C 4 990-P 5 990-T

6 1065 7 NONE

17. IF A GROUP RETURN WAS FILED, ENTER THE NUMBER OF ORGANIZATIONS INCLUDED IN LATEST GROUP RETURN:

18. CITY OF DISTRICT OFFICE:

19. SIGNATURE AND TITLE

DATE