



The form you are looking for begins on the next page of this file. Before viewing it, please see the important update information below.

New Mailing Address

The mailing address for certain forms have change since the forms were last published. The new mailing address are shown below.

Mailing Address for Forms **1023, 1024, 1024-A, 1028, 5300, 5307, 5310, 5310-A, 5316, 8717, 8718, 8940:**

Internal Revenue Service
TE/GE Stop 31A Team 105
P.O. Box 12192
Covington, KY 41012-0192

Deliveries by private delivery service (PDS) should be made to:

Internal Revenue Service
7940 Kentucky Drive
TE/GE Stop 31A Team 105
Florence, KY 41042

This update supplements these forms' instructions. Filers should rely on this update for the change described, which will be incorporated into the next revision of the form's instructions.

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**Application for Recognition of Exemption
Under Section 501(c)(4) of the Internal Revenue Code**▶ Go to www.irs.gov/Form1024A for instructions and the latest information.

Complete Parts I–IX and submit Form 8718 (with payment of the appropriate user fee). Attach additional sheets if you need more space to answer fully. Use the instructions to complete this application and for definitions of terms used in this form. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 877-829-5500, or visit our website at www.irs.gov. If you don't submit the required information, we may return the application to you. A request for a determination under section 501(c)(4) is optional. See instructions for additional information.

Don't include social security numbers on this form as it may be made public.**Part I Identification of Applicant**

1 Full name of organization (exactly as it appears in your organizing document)	2 c/o Name (if applicable)
3 Mailing address (Number and street) (see instructions)	4 Employer Identification Number (EIN)
City or town, state or country, and ZIP + 4	5 Month the annual accounting period ends
6 Primary contact (officer, director, trustee, or authorized representative)	b Phone:
a Name:	c Fax: (optional)
7 Organization's website:	

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **Don't file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

1 Are you a corporation ? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2 Are you a limited liability company (LLC) ? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they show state filing certification. Also, if you adopted an operating agreement, attach a copy, along with any amendments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3 Are you an unincorporated association ? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 Are you a trust ? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. If you are a trust, enter the date the trust was funded. (MM/DD/YYYY) / /	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 Have you adopted bylaws ? If "Yes," attach a current copy showing date of adoption. If "No," explain in an attachment how your officers, directors, or trustees are selected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part III Narrative Description of Your Activities

Use an attachment to describe all of your past, present, and planned activities in a narrative (including the percentage of time and funds spent on these activities). You may attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Refer to the instructions for information that must be included in your description. Check this box to confirm that you submitted a narrative attachment describing your activities.

Part IV Officers, Directors, Trustees, Employees, and Independent Contractors

1 List the names, titles, and mailing addresses for all of your officers, directors, and trustees. If additional space is needed, attach a separate sheet.

Name	Title	Mailing address
		----- -----
		----- -----
		----- -----

The following "Yes" or "No" questions relate to all past, present, or planned relationships, transactions, or agreements with your officers, directors, trustees, employees, members, and independent contractors.

- 2** Do you have a family or business relationship or agreement with any of your officers, directors, trustees, employees, members, or independent contractors, or any entity they own or control, other than through their position as your officer, director, trustee, employee, member, or independent contractor? If "Yes," identify in an attachment the individual and describe the relationship or agreement. **Yes** **No**
- 3a** Do or will you pay any compensation to your officers, directors, trustees, employees, members, or independent contractors? If "Yes," answer lines 3b and 3c. **Yes** **No**
- b** Do or will the individuals that approve compensation arrangements follow a conflict of interest policy? If "No," describe in an attachment how you set compensation that is **reasonable**. **Yes** **No**
- c** Do or will you compensate any of your officers, directors, trustees, employees, members, or independent contractors through **nonfixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe in an attachment all nonfixed compensation agreements. **Yes** **No**

Part V Your Specific Activities

The following "Yes" or "No" questions relate to all past, present, and planned activities you may conduct. See instructions.

- 1** Has the organization spent, or does it plan to spend, any money attempting to influence the selection, nomination, election, or appointment of any person to any federal, state, or local public office or to an office in a political organization? If "Yes," explain in detail and list the amounts spent or to be spent in each case in an attachment. **Yes** **No**
- 2** Have you previously received a ruling or determination letter recognizing you (or any predecessor organization) as exempt under section 501(c)(3) and later revoked that recognition of exemption on the basis that you (or your predecessor) were carrying on propaganda or otherwise attempting to influence legislation or on the basis that it engaged in political activity? If "Yes," explain in an attachment. **Yes** **No**
- 3** Are you a **successor** to another organization? Answer "Yes" if you have taken or will take over the activities of another organization, you took over 25% or more of the fair market value of the net assets of another organization, or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," explain in an attachment. **Yes** **No**
- 4** Are you connected in any way with any other organization (for example, financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees)? If "Yes," explain in an attachment. **Yes** **No**
- 5** Do you have members? If "Yes," state in an attachment the qualifications necessary for membership, the classes of membership and number of members in each class, and the voting rights or privileges received. **Yes** **No**
- 6** Have you made, or do you plan on making, any distribution of property or surplus funds to shareholders or members? If "Yes," explain in an attachment. **Yes** **No**
- 7** Do you receive payments for services performed? If "Yes," explain in an attachment the services performed, income realized and expenses incurred, and the nature of benefits to the general public from these activities. **Yes** **No**
- 8** Do you lease property? If "Yes," explain in an attachment. Include a description of the property, any relationship between the applicant and the other party, and a copy of the lease agreement. **Yes** **No**
- 9** Are you a homeowner's association? If "Yes," explain in an attachment whether access to any property or facility you own or maintain is restricted in any way. **Yes** **No**
- 10** Are you a local association of employees? If "Yes," state in an attachment the name and address of each employer whose employees are eligible for membership in the organization. **Yes** **No**
- 11** Do you or will you make **foreign** grants or conduct activities in any foreign country or countries? If "Yes," describe those grants or activities in an attachment. **Yes** **No**

Part VI Financial Data (see instructions for information you must provide) (attach statement regarding accounting method, if necessary)

A. Statement of Revenues and Expenses

		Type of revenue or expense	Year:	Year:	Year:
Revenues	1	Gifts, grants, and contributions received			
	2	Membership fees received			
	3	Gross investment income			
	4	Net unrelated business income			
	5	Taxes levied for your benefit			
	6	Value of services or facilities furnished by a governmental unit without charge			
	7	Any revenue not otherwise listed above or in lines 9–11 below (attach statement)			
	8	Total of lines 1 through 7			
	9	Gross receipts from any activity that is related to your exempt purposes			
	10	Total of lines 8 and 9			
	11	Net gain or loss on sale of capital assets (attach statement)			
	12	Total Revenue Combine lines 10 and 11			
Expenses	13	Fundraising expenses (attach statement)			
	14	Contributions, gifts, grants, and similar amounts paid out (attach statement)			
	15	Disbursements to or for the benefit of members (attach statement)			
	16	Compensation of officers, directors, and trustees			
	17	Other salaries and wages			
	18	Occupancy			
	19	Any expense not otherwise classified, such as program services (attach statement)			
	20	Total Expenses Add lines 13 through 19			

B. Balance Sheet (for your most recently completed tax year)

		Year End
Assets		
1	Cash	1
2	Accounts receivable, net	2
3	Inventories	3
4	Bonds and notes receivable (attach statement)	4
5	Corporate stocks (attach statement)	5
6	Loans receivable (attach statement)	6
7	Other investments (attach statement)	7
8	Depreciable and depletable assets (attach statement)	8
9	Land	9
10	Other assets (attach statement)	10
11	Total assets (add lines 1 through 10)	11
Liabilities		
12	Accounts payable	12
13	Contributions, gifts, grants, etc., payable	13
14	Mortgages and notes payable (attach statement)	14
15	Other liabilities (attach statement)	15
16	Total liabilities (add lines 12 through 15)	16
Fund Balances or Net Assets		
17	Total fund balances or net assets	17
18	Total liabilities and fund balances or net assets (add lines 16 and 17)	18

Part VII Annual Filing Requirements *(see instructions)*

Certain organizations aren't required to file an information return. If you are granted tax-exemption, are you **Yes** **No** claiming to be excused from filing an information return? If "Yes," explain in an attachment.

If you fail to file a required information return for three consecutive years, your exempt status will be revoked.

Part VIII Information Regarding Notification Requirement Under Section 506

Most organizations operating under section 501(c)(4) are required to notify the IRS that they are operating under section 501(c)(4) within 60 days of formation by filing Form 8976, Notice of Intent to Operate Under Section 501(c)(4). If an organization doesn't submit a timely notification, a penalty will be assessed. Submission of Form 1024-A doesn't satisfy the requirement to provide notice to the IRS. See instructions for additional information regarding the notification requirement.

Part IX User Fee Information and Signature

You must include Form 8718 and the correct user fee payment with this application. If you don't submit the correct user fee, we won't process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 877-829-5500 for current information. Also, attach Form 2848, if the application is signed by a person authorized by power of attorney.

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, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please
Sign
Here**



(Signature of Officer, Director, Trustee, or other authorized individual)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)