State Form 51064

FORM NFP-20A
(R/ 09-02)

Indiana Department of Revenue

Application to File as a Not-For-Profit Organization

Part I

Full name of organization

Mailing Address

City, State, Zip Code | County

Date incorporated or formed: | Enter the month your accounting period ends:

This Area for Department Use Only

Type

E

Intr.

Indiana Taxpayer Identification Number | Federal Identification Number

Name of person(s) to contact

Daytime telephone number(s)
( )

Indicate type of organization below and attach a copy of your organizing and operational documents as indicated for each entitiy.

❑ CORPORATION - (Articles of incorporation, bylaws)
❑ TRUST - (Trust indenture)
❑ OTHER - (Constitution or articles, bylaws)

What is the predominant purpose of your organization?

Part II

1. Indicate type of qualifying organization named in I.C. 6-2.5-5-21 (**Check what applies but mark only one box in A, B, C).**

   A. Organized specifically as a:

   ❑ (1) Church ❑ (2) Hospital ❑ (3) Monastery/Convent ❑ (4) Parochial School ❑ (5) Public School ❑ (6) Labor Union ❑ (7) Pension Trust ❑ (8) Veterans Group ❑ (9) Building Corporation

   B. Organized and operated for one of the following reasons:

   ❑ (1) Religious ❑ (2) Charitable ❑ (3) Scientific ❑ (4) Literary ❑ (5) Educational ❑ (6) Civil ❑ (7) VEBA ❑ (8) Student Co-operative Housing

   C. Organized and operated as one of the following entities:

   ❑ (1) Fraternal (including fraternal beneficiary societies) ❑ (2) Social organization ❑ (3) Business League ❑ (4) Business Association

2. Has this organization previously filed state income tax returns? ❑ No ❑ Yes--If so, indicate the form number and years filed.

3. Has this organization previously applied for exempt status? ❑ No ❑ Yes-- If so, please indicate previous registration number.

4. Does your organization offer to sell merchandise for a period of more than 30 days in a calendar year? ❑ No ❑ Yes

5. Does your organization rent or lease equipment or personal property to others? ❑ No ❑ Yes

6. Does your organization rent or lease real property to others? ❑ No ❑ Yes

7. Does your organization receive rent for rooms or other accommodations subject to sales tax? ❑ No ❑ Yes

8. Is this organization a local chapter or unit of a central or parent organization? ❑ No ❑ Yes--If so enter name and address of parent or central organization.

9. Does your organization own or operate any of the following? ❑ No ❑ Yes--If yes, check those applicable.
   ❑ Restaurant ❑ Swimming Pool ❑ Golf course ❑ Bar ❑ Clubhouse

10. Is a separate admission or membership fee charged for any of the above? ❑ No ❑ Yes--If so, explain

11. Does your organization conduct fund-raising activities by any of the following methods? ❑ No ❑ Yes--If so, please contact the Department at (317) 232-4646.
    ❑ Food Service ❑ Festivals ❑ Raffles ❑ Bingo ❑ Pull tabs ❑ Charity gaming nights

12. Is the organization a membership organization? ❑ No ❑ Yes--If so, describe the membership requirements and attach a schedule of fees and dues.

13. Does (or will) the organization limit its benefits, services, or products to members of the organization?

❑ No ❑ Yes-- If so, explain how the recipients or beneficiaries are (or will be) selected.

14. Have the recipients been required (or will they be) required to pay for the organization's benefits, services, or products?

❑ No ❑ Yes-- If so, explain and show how the charges are determined.

16. Describe the organization's fund-raising programs.

IMPORTANT --Attach the following documents that apply to your organization.

(a) Copy of federal determination letter (ruling from the Internal Revenue Service) showing under what section of the Internal Revenue Code recognition of exemption from federal tax has been granted.
(b) Copy of last Federal return filed, e.g., Form 990-PF, Form 990-T, Form 5500-C.
(c) If incorporated, a copy of Articles of Incorporation and Bylaws.
(d) If not incorporated, a copy of Constitution and/or Bylaws, Articles of Association, Declaration of Trust, copies of amendments, and any changes presently proposed.
(e) Attach representative copies of solicitation for financial support.
(f) If applying as a church, please contact the department at (317) 232-2188 for supporting schedules.

Not-For-Profit Section -- Room N203
Indiana Government Center North
100 North Senate Avenue
Indianapolis, Indiana 46204-2253

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.

Signature	Title	Date Signed