

Department of the Treasury - Internal Revenue Service
Support Schedule For Advance Ruling Period

Name of Organization

Employer Identification Number

____ - ____

For information on completing this support schedule, refer to the instructions for Form 990 (Schedule A, Part IV), or call TE/GE Customer Account Services at 877-829-5500 between the hours of 8:00 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

NOTE: If you did not receive any support for a given year, please be sure to show financial data for that year by indicating -0- or -none. Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
1. Gifts grants and contributions received. (Do not include unusual grants. See line 14)						
2. Membership fees received.						
3. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc, purpose						
4. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes)						
5. Net income from unrelated business activities not included in line 4.						
6. Tax revenues levied for your benefit and either paid to you or expended on your behalf						
7. The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
8. Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets						
9. Total of lines 1 through 8						
10. Line 9 minus line 3						**
11. Enter 1% of line 9						

12. Organizations described in section 170(b)(1)(A)(vi):

a. Enter 2% of amount shown in TOTAL column, line 10 ** _____ →

b. For all years, did total contributions from any person other than a governmental unit or publicly supported organization exceed the amount shown on line 12a?
If yes, attach a list showing the name of and amount contributed by each person whose total gifts exceeded the 2% amount. If available, please list the contributing organization's Employer Identification Number (EIN).

Yes _____

No _____

13. Organizations described in section 509(a)(2):

a. Attach a list, from amounts shown on lines 1, 2, and 3 showing the name of, and total amounts received in each year from **each "disqualified person,"** and enter the sum of such amounts for each year:

Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____

b. Attach a list showing, for each year, the name and amount included in line 3 for each person (**other than "disqualified persons"**) from whom the organization received more, during that year, than the larger of the amount on line 11 for the year or \$5,000. Include organizations as well as individuals. Enter the sum of these excess amounts for each year:

Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____

14. If you received any unusual grants during your advance-ruling period, attach a list for each year showing the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these in line 1, page 1.**

15. Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director or trustee will represent the organization or signs this document, attach Form 2848, Power of Attorney.

Name: _____ Phone: (____) _____ Fax Number (if available): (____) _____

16. In order that the organization's current address is properly recorded, please provide the following:

Mailing Address:

Location Address (if different from mailing address):

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

Type or Print Name

Signature

(Title or authority of signer)

(Date)

(Telephone No.)

This completed support schedule should be returned to:

**Internal Revenue Service
P.O. Box 192
Covington, Kentucky 41012**