

Form **8940**

(Rev. Month X, 20XX)  
Department of the Treasury  
Internal Revenue Service

**Request for Miscellaneous Determination  
Under Sections 507, 509(a), 4940, 4942, 4945 and  
6033 of the Internal Revenue Code**

OMB No. xxxx-xxxx

Use the instructions to complete this form. **A User Fee must be attached to this form, if required.** For user fee information or additional help, visit our website at [www.irs.gov/eo](http://www.irs.gov/eo) or call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. If the required information and documents are not submitted with payment of the appropriate user fee, the form may be returned to you.

1a Full Name of Organization

1b Mailing Address (Number and Street)

1c Room/Suite

1d City, State, Zip Code + 4

2 Employer Identification Number

3 Month Tax Year Ends (MM) 4 Person to Contact if More Information is Needed

5 Contact Telephone Number

6 Fax Number (Optional)

7 User Fee Submitted

8 Please select the item(s) below that best describe your request. Using an attachment, provide a detailed explanation of your request. Be sure to include the organization's name and EIN on each additional sheet.

- a. Advance approval of certain set-asides described in section 4942(g)(2)
- b. Advance approval of voter registration activities described in section 4945(f)
- c. Advance approval of scholarship procedures described in section 4945(g)
- d. Exemption from Form 990 filing requirements
- e. Advance approval that a potential grant or contribution constitutes an "unusual grant"
- f. Change in Type (or initial determination of Type) of 509(a)(3) organization
- g. Reclassification of foundation status, including voluntary request from public charity for private foundation status
- h. Termination of private foundation status under section 507(b)(1)(B) - advance ruling request
- i. Termination of private foundation status under section 507(b)(1)(B) - 60-month period ended

Under penalties of perjury, I declare that I have examined this application, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

**Please  
Sign  
Here**



Date

Type or print name

Type or print title

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. XXXXXX

Form XXXX (Rev. X-XXXX)

**Barcode Here**