

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

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 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.

Part I Identification of Organization

1a Full Name of Organization				
b Address (number, street and room/suite) If a P.O. Box, see instructions.		c City	d State	e 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	

Part II Type of Request

- 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 a section 509(a)(3) organization
 - g** Reclassification of foundation status, including a voluntary request from a 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**

(Signature of Officer, Director, Trustee or other authorized official.)	(Date)
(Type or print name of signer)	(Type or print title or authority of signer)