

**Group Exemption Application  
for Inclusion in NCTE's 501(c)(3) Tax-Exempt Group**

Units applying for the NCTE Tax-Exempt Group **for the first time** must fill out and submit this application by the January 30 deadline.

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*A unit is an approved affiliate, assembly, TYCA-Regional, or TAWL Group having a constitution and/or established by-laws with NCTE.*

**Please type or print clearly. Information below will be provided to the U.S. Internal Revenue Service.**

**1. NCTE Unit name** (please spell out):

**2. Employer Identification Number for Unit:** If Unit does not have an employer identification number, Form SS-4 must be included **with this application** for NCTE to file with the IRS. See IRS Requirements for Filing Annual Tax Forms or contact NCTE.

**3. Please include the officers with the roles listed below, FOR THE YEAR THE APPLICATION IS DUE.**

**Please check ONLY one person to be listed as the principal IRS Contact** (only one person in the unit can be the IRS Contact).

**Unit President Data as of July 1** \_\_\_\_\_ IRS Contact (only one per unit)

(If the president is the IRS Contact, no P.O. box allowed)

Name:

Address:

City:

State:

Zip:

Home Telephone: (        )

Office Telephone: (        )

E-mail:

**Unit Treasurer Data as of July 1** \_\_\_\_\_ IRS Contact (only one per unit)

(If the treasurer is the principal IRS Contact, no P.O. box allowed)

Name:

Address:

City:

State:

Zip:

Home Telephone: (        )

Office Telephone: (        )

E-mail:

**Unit Executive Secretary as of July 1** \_\_\_\_\_ IRS Contact (only one per unit)

(If the treasurer is the principal IRS Contact, no P.O. box allowed)

Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail:

**4. Please give a detailed description of the purpose(s) of your unit**—both described in your Constitution and Bylaws, and elsewhere. *Use the exact wording from your Constitution/By-laws.* Attach additional pages if necessary.

**5. Please give a detailed description of your unit's past (last three years), present and future activities.** Include the specific benefits, services, publications, and educational activities you have or will provide. (If your unit is just starting or being reorganized, explain what activities will be taken to make it operational.) Note: This description should be different from #4 above; attach additional pages if necessary.

**6.** To the best of your unit's knowledge and belief, is your unit organized and operated exclusively for charitable and educational purposes so that it qualifies as an organization described in the Internal Revenue Code 501(c) (3) **and is not a private foundation** as defined in Section 509(a) of the Internal Revenue Code? \_\_\_\_\_ YES \_\_\_\_\_ NO

**7. Has your organization amended its constitution** as described in **Instructions for Amending your Unit's Constitution/By-laws**, "Requirements to be exempt as an organization described in Section 501(c)(3) of the Internal Revenue Code"? \_\_\_\_\_ YES \_\_\_\_\_ NO

**8. Does your unit's accounting year run from July 1—June 30?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**9.** Has your unit ever applied for and/or obtained an exemption from federal income tax?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**Note: If you answered "yes" to question #9, please provide an explanation on a separate sheet of paper along with appropriate documentation (\*\*#9 of Requirements for Initial Inclusion in NCTE's Group Exemption Letter).**

**10.** By submitting this application, does your unit agree that it will continue to operate in accordance with your stated purposes, and will promptly notify NCTE if your stated purposes change?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**11.** By submitting this application, does your unit authorize NCTE to include your unit in NCTE's group exemption letter as a tax exempt organization described in Internal Revenue Code 501(c)(3)?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

12. On what date was your unit formed?

13. I have completed the financial reporting requirements and submitted the **Report on IRS Requirements for Filing Annual Tax Forms** and the **Financial Report** or a copy of my organization's completed tax forms that have been filed with the IRS.  YES  NO

14. I have included the required **\$30** fee and the **Fees Form** to process this form (if this is a first time application).  YES  NO

15. I hereby attest that to the best of my knowledge, information, and belief, the information set forth above and on the attached sheets is accurate and fairly states the answers and information sought.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this application and payment by check payable to:**

The National Council of Teachers of English  
Division Director of Communications and Affiliate Services  
1111 W. Kenyon Road  
Urbana, IL 61801-1096

If you have any questions, please call Millie Davis at (800) 369-6283, extension 3634, or e-mail [affsec@ncte.org](mailto:affsec@ncte.org).

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**For NCTE Headquarters Use Only:**

Date Received \_\_\_\_\_ Completed \_\_\_\_\_  
Fee Received \_\_\_\_\_ Data Keyed \_\_\_\_\_