

**Annual Group Exemption Checklist
for Units Included in NCTE's 501 (c)(3) Tax-Exempt Group**

Members of NCTE's 501(c)(3) Tax-Exempt Group must fill out and submit this checklist annually by the January 30 deadline.

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.

- NCTE Unit name (please spell out):
- Employer Identification Number for Unit:
- Have there been any changes in the purpose, character, or method of operation of the unit during the last year? YES _____ NO _____
If yes, please provide a detailed explanation of these changes on an attached sheet.
- Has your unit changed officers and/or its principal IRS contact mailing address (see next item) during the last year? YES _____ NO _____

Please include the officers with the roles listed below, FOR THE YEAR THIS CHECKLIST 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:

- Has your unit in any manner dissolved and/or amended its Constitution and/or Bylaws in the last 12 months? YES _____ NO _____

If yes, please provide an explanation and copy of applicable documents on attached sheets.

- Has your unit disaffiliated itself from NCTE or otherwise removed itself from the policy requirements of NCTE? YES _____ NO _____

If yes, please provide an explanation on an attached sheet.

- Does your unit want to be included in the NCTE group exemption for the next fiscal year? YES _____ NO _____

- Has your unit completed "IRS Requirements for Filing Annual Tax Forms" and the "Annual Financial Report" (or included a copy of a completed Form 990 or 990-EZ that was filed with the IRS by November 15)? YES _____ NO _____

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.

- I have included the Fees Form, with the \$10 annual fee for membership in the NCTE tax-exempt group. YES _____ NO _____

Signature _____

Printed Name _____

Position _____

Date _____

For NCTE Headquarters Use Only:

Date Received _____ Completed _____

Fee Received _____ Data Keyed _____