

Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

OMB No. 1545-1836

For tax years beginning _____, and ending _____, 20

Print or type. See Specific Instructions.	Name of organization		Employer identification number
	Number and street (or P.O. box number if mail is not delivered to street address)		Telephone number
	Room/Suite	()	
	City or town, state, and ZIP + 4		E-mail address _____ Fax number ()

- Note:**
- Get **Schedule A (Form 990 or 990-EZ)**, *Organization Exempt Under Section 501(c)(3)*, and its separate Instructions before you complete this form.
 - If you did not receive any support for a given year, show financial data for the 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.
 - Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

Calendar year (or fiscal year beginning in) ▶	(a) Year 5	(b) Year 4	(c) Year 3	(d) Year 2	(e) Year 1 (See Note above.)	(f) Total of Years 1 through 5
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 related 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) from businesses acquired by the organization after June 30, 1975						
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 a 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 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines **12a** through **12f**. (Sections 509(a)(1) and 170(b)(1)(A)(vi)). **If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.**

a	Enter 2% of amount in column (f), line 10	▶	12a	
b	Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts	▶	12b	
c	Total support for section 509(a)(1) test: Enter line 10, column (f)	▶	12c	
d	Add: Amounts from column (f) for lines: 4 _____ 5 _____ 8 _____ 12b _____	▶	12d	
e	Public support (line 12c minus line 12d total)	▶	12e	
f	Public support percentage (line 12e (numerator) divided by line 12c (denominator))	▶	12f	%

13 If you are an organization that normally receives: **(1) more than 33 1/3%** of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and **(2) no more than 33 1/3%** of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines **13a** through **13h**. (Section 509(a)(2)). **If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.**

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 11 for the year or **(2)** \$5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:
(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 1) _____

c	Add: Amounts from column (f) for lines: 1 _____ 2 _____ 3 _____ 6 _____ 7 _____	▶	13c	
d	Add: Line 13a total _____ and line 13b total _____	▶	13d	
e	Public support (line 13c total minus line 13d total)	▶	13e	
f	Total support for section 509(a)(2) test: Enter amount from line 9, column (f). ▶	13f		
g	Public support percentage (line 13e (numerator) divided by line 13f (denominator))	▶	13g	%
h	Investment income percentage (line 4, column (f) (numerator) divided by line 13f (denominator)) ▶		13h	%

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not include these grants in line 1.**

List the amount of unusual grants excluded for each year below.

(Year 5) _____ (Year 4) _____ (Year 3) _____ (Year 2) _____ (Year 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, attach a properly completed **Form 2848**, Power of Attorney.

Name: _____
Type or print name and title.

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

Please Sign Here

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete.

▶ _____ Date _____
Signature of officer, director, or trustee

▶ _____
Type or print name and title or authority of signer

