

ASPA Affiliates IRS Form 1023 Information

Instructions

This information collection system is for use by ASPA Affiliated sections and chapters to supply the necessary data to complete the IRS Form 1023 "Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code". Please note the following:

1. This entire instrument must be completed in a single sitting. Please gather all necessary information per instructions from the ASPA National Office in Washington, DC before completing the instrument.
2. Even if answers to some of the questions below are "not applicable" or "unavailable" or "\$0" please complete all of the questions to ensure compliance with the IRS requirements for the Form 1023 filing.
3. Some answers to questions will cause the instrument to skip over other questions or even entire sections of the instrument. Please do not be concerned with such skips as they are designed to save you time in completing the instrument.
4. There is a checklist of additional materials that must be supplied separately to complete the IRS Form 1023. Further action on the application will not occur until all of the additional materials are supplied per those instructions. The checklist is found at the end of this instrument, and should be printed for future reference.
5. The deadline for submitting information using this process, including all additional materials, is November 16, 2012. This will allow the necessary time required to generate the Form 1023 filing and return it to your organization to mail to the IRS before the end of this calendar year.

Additional questions about this process should be referred to Matt Rankin, Deputy Director of ASPA, at mrankin@spanet.org or 202-585-4312. To begin, please use the button below to move to the next page.

Sample of online instrument to assist with gathering all necessary materials.

Please do not attempt to enter any information into this PDF!

Access the online instrument here:

https://www.surveymonkey.com/s/ASPA_IRS_Form1023

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Part I: Identification of Applicant

The items in this part provide identification and contact information to the IRS. Please be as accurate and complete as possible in the responses provided.

***1. Full name of organization (exactly as it appears in your organizing document)**

***2. c/o Name (IRS may attempt to contact this person)**

***3. Organization's Physical Street Address - No PO Boxes!**

Number and Street

Suite or Room (if applicable)

City/Town, State and Zip+4

Phone Number:

***4. Employer Identification Number (EIN) - Nine digits, please omit any spaces or dashes**

***5. Month the fiscal year/accounting period ends (select one)**

- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

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*6. Primary contact (officer, director, trustee or authorized representative)

Name:

Title (e.g, treasurer):

Phone:

Fax (optional)

Phone Number:

*7. Additional Contact Information (enter NA if unavailable - do not enter personal information for email address)

Organization's Website:

Organization's Email:

*8. Date incorporated if a corporation, or date formed, if other than a corporation. If not a corporation and unsure, enter the date granted an Employer Identification Number.

Date: MM / DD / YYYY

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Part II: Organizational Structure

The question on this page asked you to confirm whether the organization is separately incorporated in its home state (independent of the ASPA national organization) or if it is an unincorporated association.

***9. Please select the structure of the organization.**

- An unincorporated association. Most ASPA affiliated organizations are in this category so please be absolutely certain if **not** selecting this option.
- A separate corporation - meaning that Articles of Incorporation are filed with the home state, and the organization files regular (annual or biennial) corporate reports with the state.

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Part III: Required Provisions in Your Organizing Document

The IRS requires that the constitution or bylaws of a nonprofit contain a description of purposes that qualifies for tax exemption, and a clause specifying that the organization's assets would transmit to another nonprofit should the organization cease operations. Please review the constitution or bylaws and verify the following statements.

*** 10. The IRS requires that the organizing document state specific tax exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Does the organizing document (constitution or bylaws) currently meet this requirement in language specifically stating this? If you answer NO, then the document immediately must be amended before the Form 1023 may be filed.**

- Yes
- No

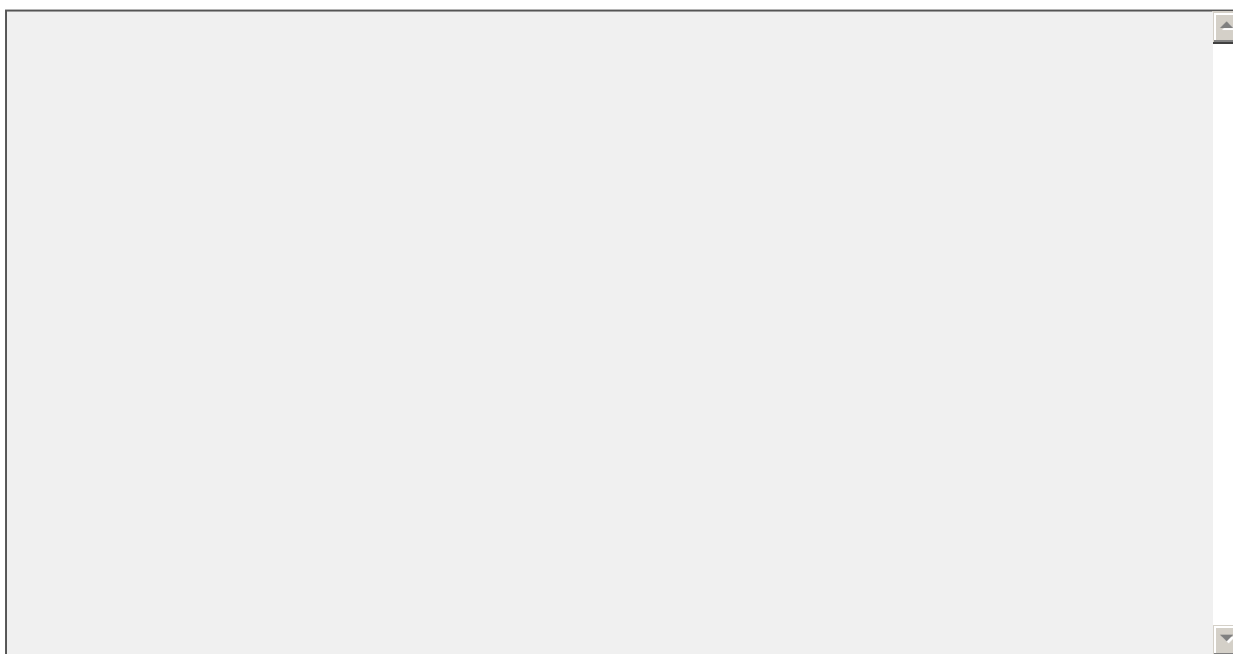
*** 11. The IRS requires that upon dissolution of the organization, any remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. This generally is accomplished by designating a specific nonprofit or a category of nonprofits to receive any assets. Many ASPA affiliates designate ASPA in this eventuality. The organizing document (constitution or bylaws) must have a specific clause addressing this, with either language designating a recipient of assets, or language stating that dissolution will follow the dissolution provision in the laws of the state in which the organization is located. Please indicate below the status of this language in the organizing document. If there is no such language, then the organizing document immediately must be amended before the Form 1023 may be filed.**

- The organizing document definitely specifies a nonprofit or a category of nonprofits to receive any assets upon dissolution
- The organizing document states that dissolution will follow applicable state law
- The organizing document does NOT contain any language pertaining to dissolution

Part IV: Narrative Description of Activities

Using the question below, describe the organization's past, present, and planned activities in a narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Per the checklist at the end of this instrument, please also separately provide representative copies of newsletters, brochures, or similar documents for supporting details to this narrative.

*** 12. Narrative Description of Activities Past, Present, and Planned: Please copy/paste in a description in the box below. Please prepare the text to have no special characters such as extended dashes or "smart quotes" as these often become illegible when submitted online.**



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Part V: Compensation and Other Financial Arrangements With Your Officers

Please confirm the statements below regarding whether the ASPA affiliate provides any compensation to its officers and other related parties.

*** 13. Does the organization offer paid compensation to any officers or directors for their time spent on organizational duties?**

- No
- Yes

*** 14. Does the organization pay any employees more than \$50,000 per year?**

- No
- Yes

*** 15. Does the organization pay any independent contractors more than \$50,000 per year?**

- No
- Yes

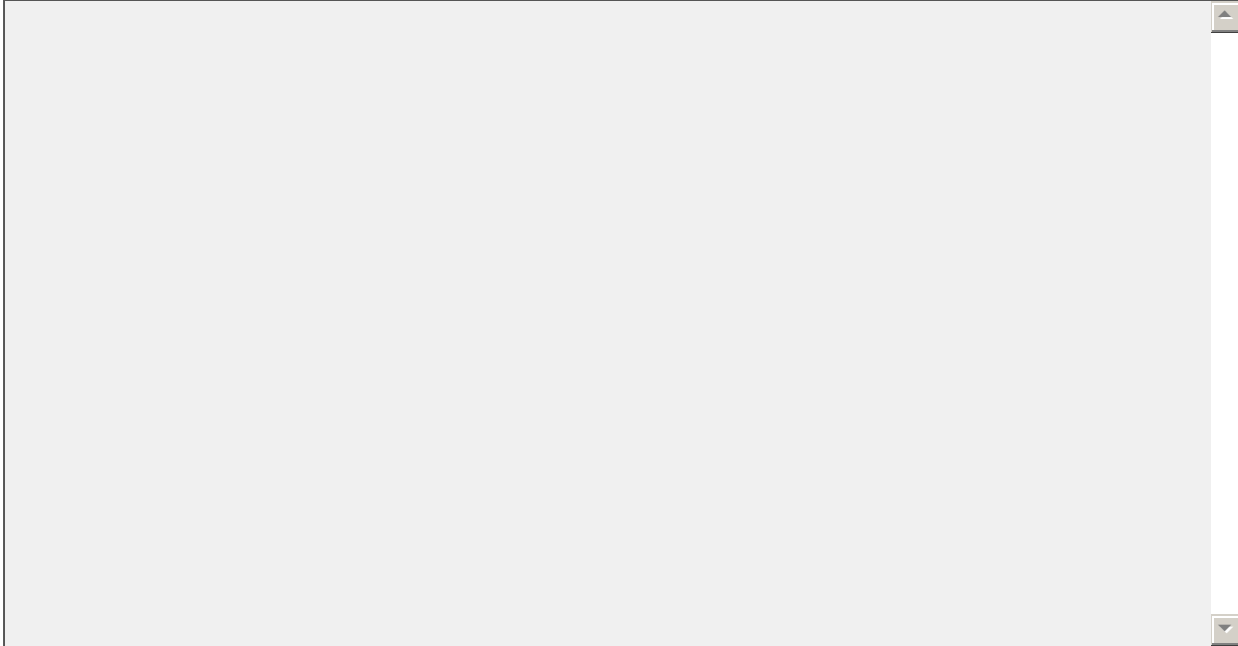
*** 16. Has the organization adopted a conflict of interest policy regarding possible compensation of officers, directors, employees and independent contractors that is consistent with IRS guidelines (click [here to see IRS guidelines](#))?**

- Yes
- No

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Part V: Compensation and Other Financial Arrangements With Your Officers, c...

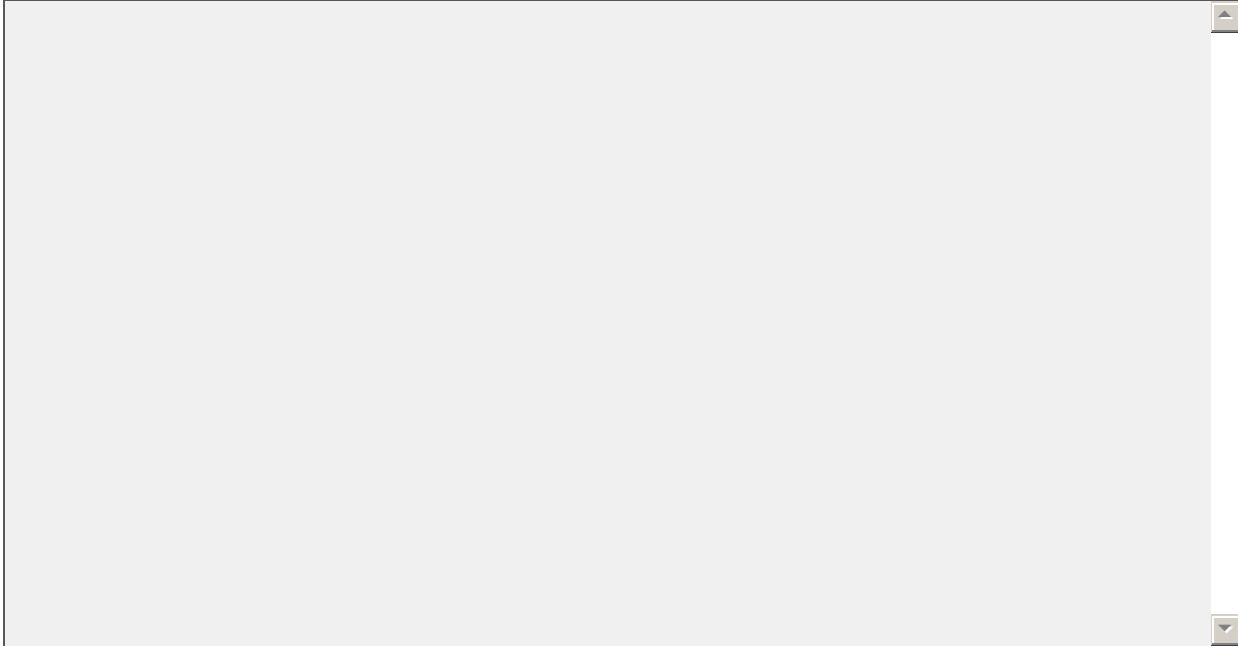
***17. Text of Conflict of Interest Policy: If the text of the conflict of interest policy is included in the constitution or bylaws, please enter, "See organizing document" in the box below. Otherwise, please copy/paste the text of the policy and include when and how it was adopted by the organization.**



Answer this question only if the answer to Q16 above is "Yes."

Part V: Compensation and Other Financial Arrangements With Your Officers, c...

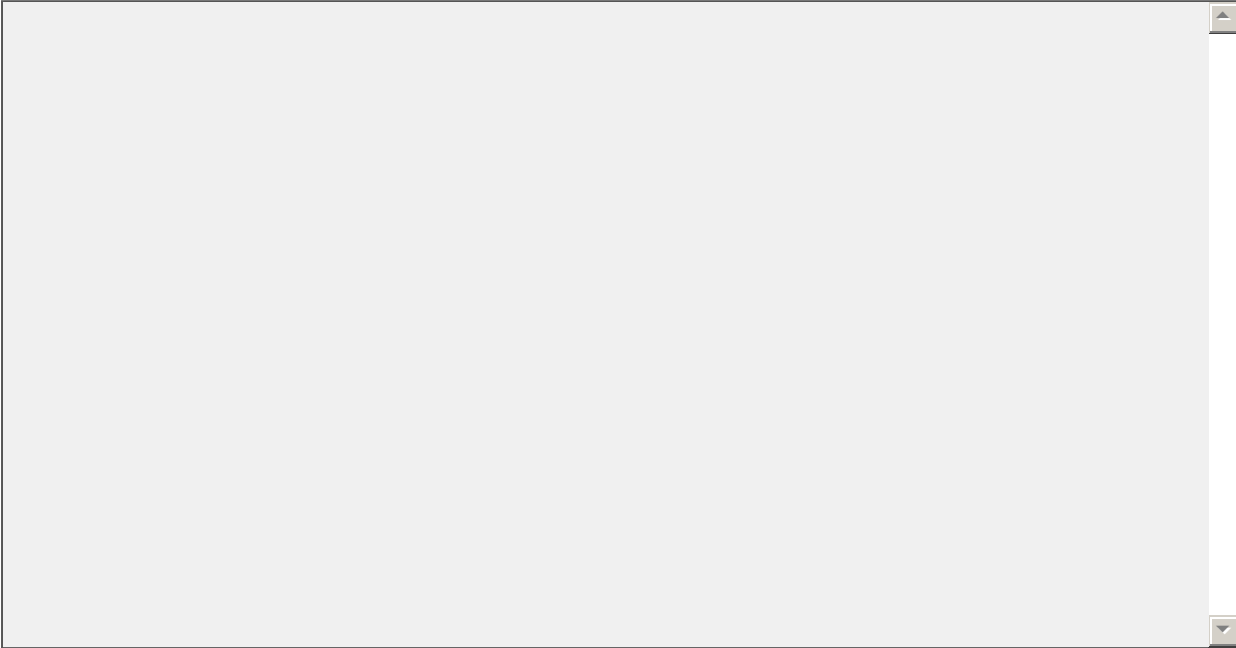
***18. In the absence of a conflict of interest policy, copy/paste a brief explanation of what procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation? Please try to avoid special characters in the text.**



Answer this question only if the answer to Q16 above is "No."

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***19. In the absence of a conflict of interest policy, copy/paste and explanation of procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves? Please try to avoid special characters in the text.**



Answer this question only if the answer to Q16 above is "No".

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Part VI: Benefits for Individuals and Organizations

The IRS requests information on activities conducted by the organization that offer benefits to individuals and other organizations. Benefits are broadly construed so most likely it will be necessary to supply a narrative with additional information.

***20. Referring to past, present, and planned activities, does the organization in carrying out its exempt purposes provide goods, services, or funds to INDIVIDUALS?**

Yes

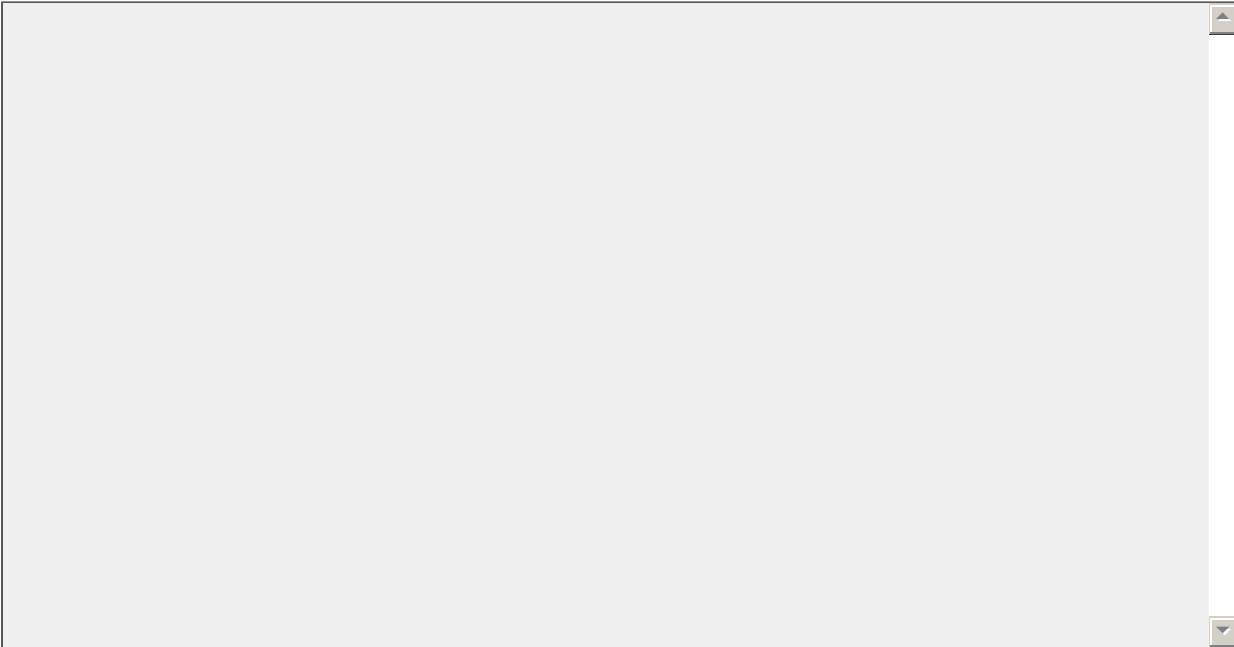
No

Answer Q21 and Q22 only if the answer to Q20 is "Yes".

Part VI: Benefits for Individuals and Organizations, continued

This page continues questions related to the benefits provided by the organization.

***21. Narrative Description of Benefits Provided to Individuals: Please cut/paste into the box a brief narrative description of how each program or activity of the organization provides goods, services or funds to individuals. Again, please avoid special formatting characters in the text.**



***22. Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only your members, for a particular individual, individuals who work for a particular employer, or graduates of a particular school.**

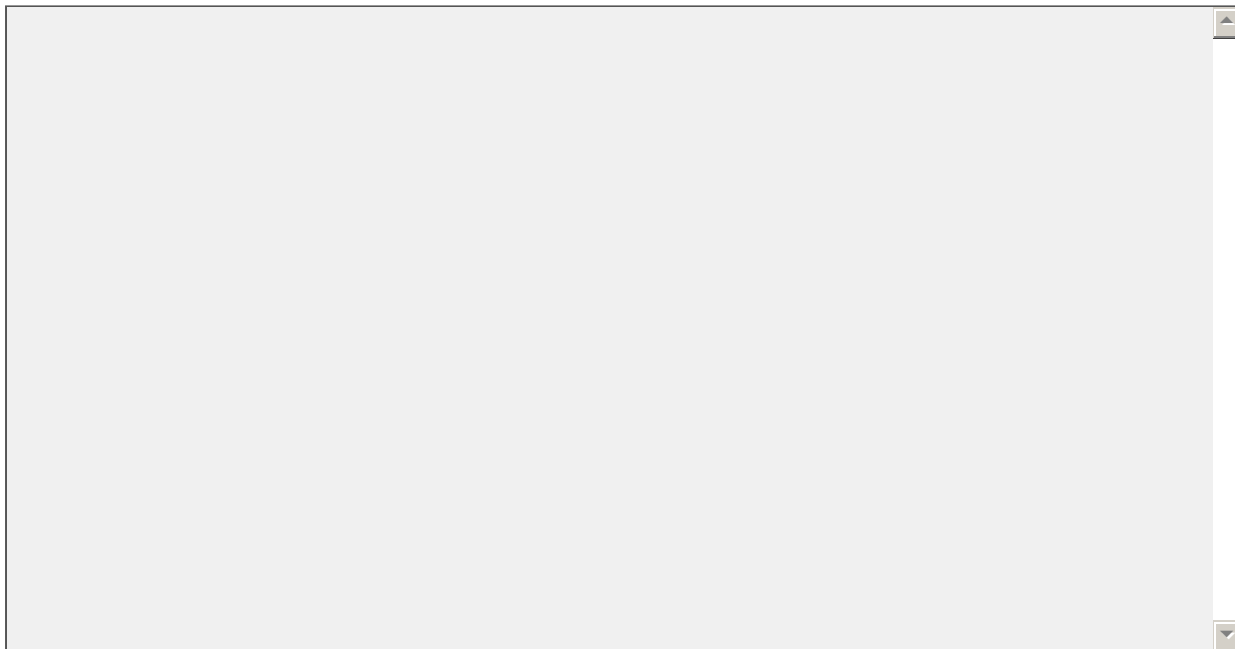
- Yes
- No

Answer Q23 only if the answer to Q22 is "Yes".

Part VI: Benefits for Individuals and Organizations, continued

This page continues questions related to the benefits provided by the organization.

***23. Narrative Description of Limits or Restrictions on Benefits to Individuals: Please cut/paste into the box a brief narrative description of how the organization limits or restricts benefits to specific individuals or categories of individuals (e.g., the members of the organization). Again, please avoid special formatting characters in the text.**



Part VI: Benefits for Individuals and Organizations, continued

This page continues questions related to the benefits provided by the organization.

***24. Referring to past, present, and planned activities, does the organization in carrying out its exempt purposes provide goods, services, or funds to ORGANIZATIONS?**

Yes

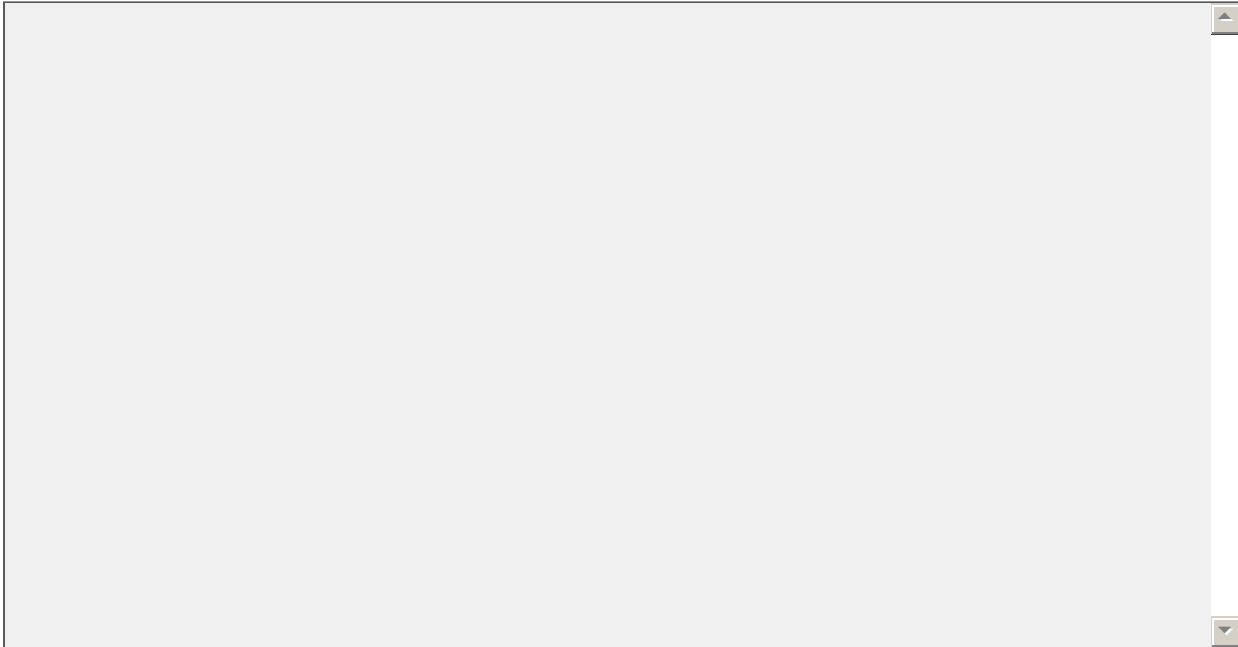
No

Answer Q25 only if the answer to Q24 is "Yes"

Part VI: Benefits for Individuals and Organizations, continued

This page continues questions related to the benefits provided by the organization.

***25. Narrative Description of Benefits Provided to Organizations: Please cut/paste into the box a brief narrative description of how each program or activity of the organization provides goods, services or funds to organizations. Again, please avoid special formatting characters in the text.**



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Part VIII: Your Specific Activities

Please answer all the questions below and prepare requested narratives per the checklist at the end of this instrument.

***26. Fundraising: Please indicate if the organization engages in any of the following fundraising activities.**

	Yes	No
mail solicitations	<input type="radio"/>	<input type="radio"/>
email solicitations	<input type="radio"/>	<input type="radio"/>
personal solicitations	<input type="radio"/>	<input type="radio"/>
vehicle, boat, plane, or similar donations	<input type="radio"/>	<input type="radio"/>
foundation grant solicitations	<input type="radio"/>	<input type="radio"/>
phone solicitations	<input type="radio"/>	<input type="radio"/>
accept donations on your website	<input type="radio"/>	<input type="radio"/>
receive donations from another organization's website	<input type="radio"/>	<input type="radio"/>
government grant solicitations	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

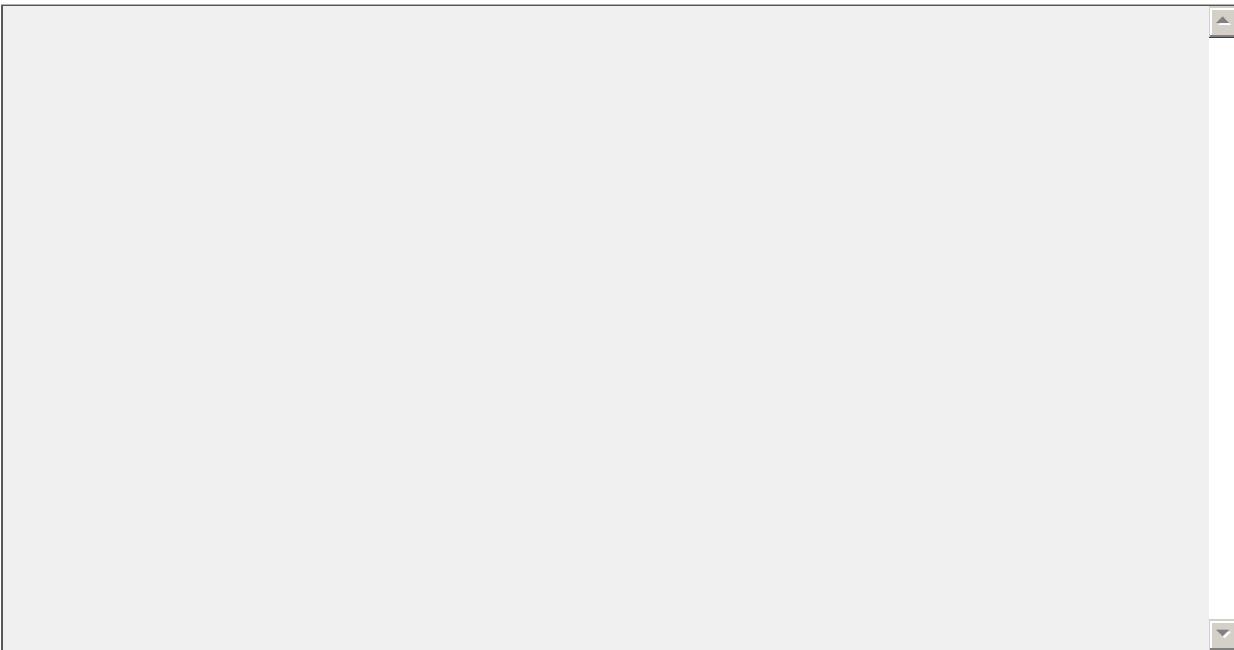
***27. Additional aspects of fundraising.**

	Yes	No
Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you?	<input type="radio"/>	<input type="radio"/>
Do you or will you engage in fundraising activities for other organizations?	<input type="radio"/>	<input type="radio"/>

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***28. Narrative of Fundraising Activities: Copy/paste into the box below a brief narrative describing all past, present or planned fundraising activities in accordance with the selections above. The narrative should describe any arrangements to have an outside agency raise funds for you, arrangements for you to raise funds for another organization, and list all states and jurisdictions in which fundraising occurs. In the geographic list, specify whether you are fundraising for your organization, for another organization, or another agency is fundraising in that location for you.**

If you do not conduct fundraising, then please enter "NA" below. An answer must be entered regardless. Again, please try to avoid special characters in the text.



***29. Donor Restricted Funds: Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds (a.k.a., a restricted gift)? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account.**

Yes

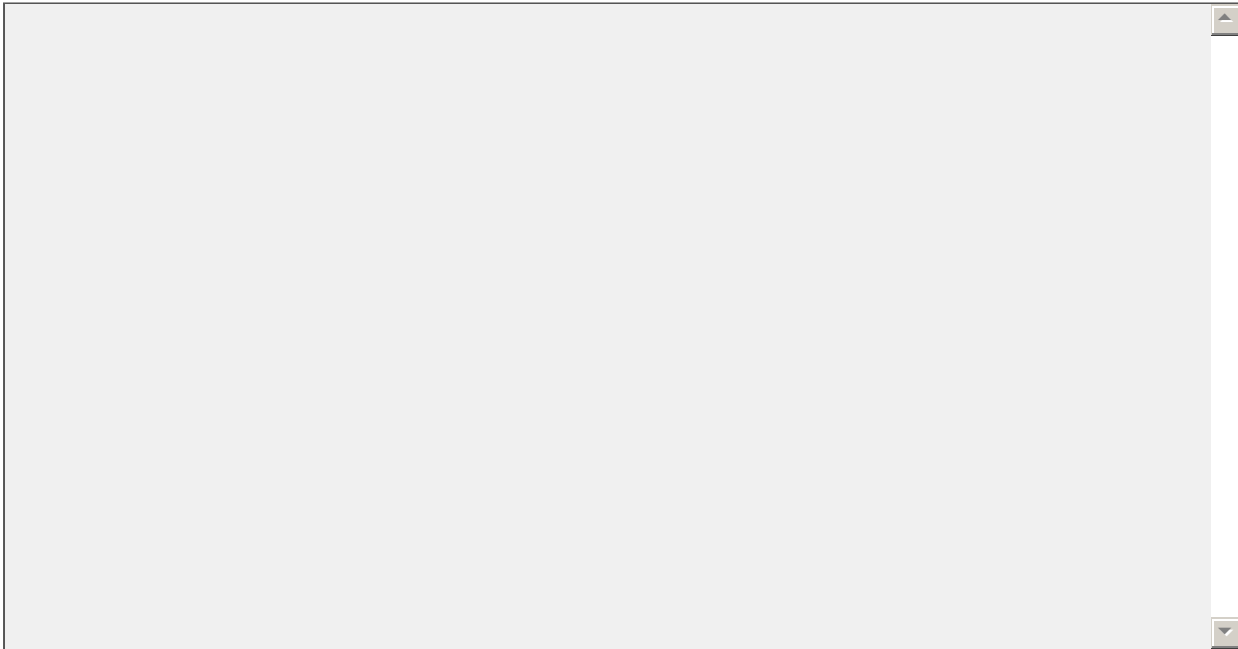
No

Answer Q30 only if the answer to Q29 is "Yes"

Part VIII: Your Specific Activities, continued

The question below asks for additional information regarding donor restricted funds.

*** 30. Narrative Description of Donor Restricted Funds: Please cut/paste into the box a brief narrative description of how you operate any donor restricted funds. Describe this program, including the type of advice that may be provided to donors and a sample of written instructions provided to donors. Again, please avoid special formatting characters in the text.**



Part VIII: Your Specific Activities, continued

*** 31. Grants or Loans Made to Other Organizations: Does or will the organization make grants, loans, or other distributions to organization(s)?**

- Yes
- No

Answer Q32, Q33 and Q34 only if the answer to Q31 is "Yes"

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Part VIII: Your Specific Activities, continued

The questions below apply only if the organization makes grants or loans to other organizations.

*** 32. Cut/paste into the box below a description of how your grants, loans, or other distributions to organizations further your exempt purposes. The narrative should include the following: (a) the identification of each recipient organization and its relationship to you; (b) description of the records kept regarding each grant, loan or distribution; (c) description of your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources. Again, please avoid special characters in the text.**

*** 33. Process for making grants or loans to other organizations:**

	Yes	No
Do you have written contracts with each of these organizations?	<input type="radio"/>	<input type="radio"/>
For the selection process, do you require an application form?	<input type="radio"/>	<input type="radio"/>

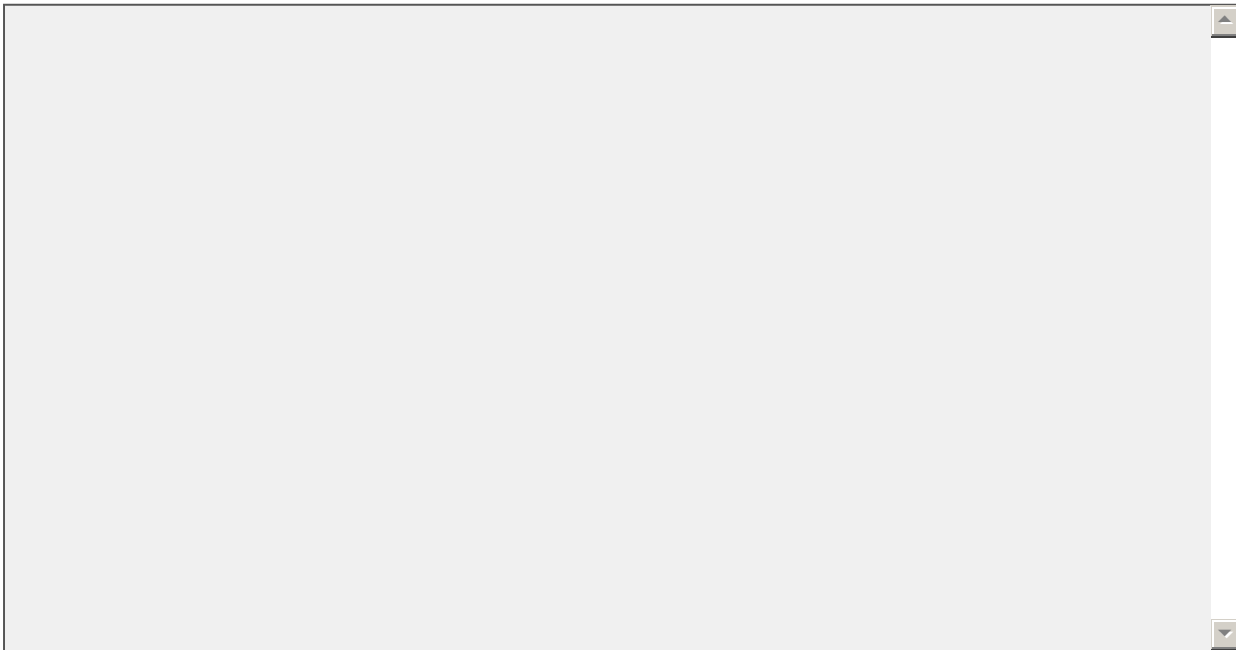
34. Grant Application: For the selection process to determine recipients, do you require a grant proposal?

- Yes
- No

Answer Q35 only if the answer to Q34 is "Yes".

Part VIII: Your Specific Activities, continued

*** 35. Cut/paste into the box below an explanation of whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Again, please avoid special characters in the text.**



Part VIII: Your Specific Activities, continued

*** 36. Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes?**

Yes

No

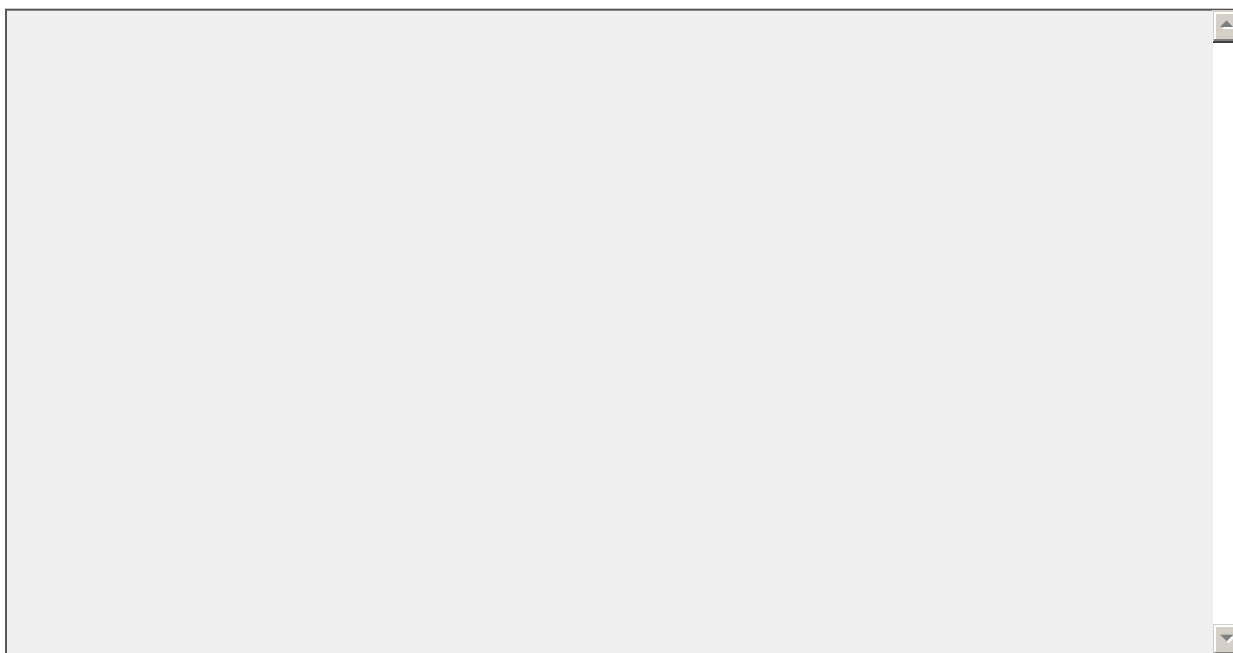
Answer Q37, Q38, Q39, Q40 and Q41 only if the answer to Q36 is "Yes".

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Schedule H: Organizations Providing Scholarships, Fellowships, Loans or Oth...

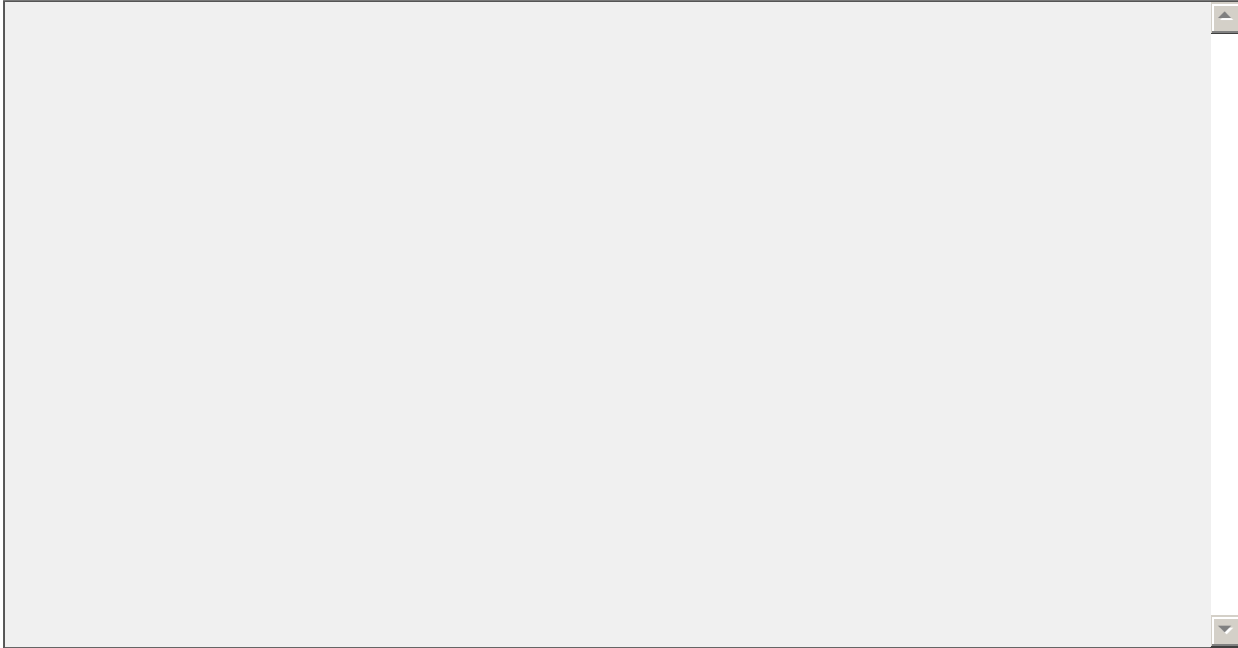
The questions on this page ask for information that will be included in Schedule H attached to the Form 1023 application. All of this information consists of narratives describing how scholarships or fellowships are offered by your organization to individual recipients.

*** 37. Description of Programs: Copy/paste a brief narrative describing (a) the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc; (b) the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award; (c) if you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.); (d) how your program is publicized. Additional supporting documents will be required per the checklist at the end of this instrument.**



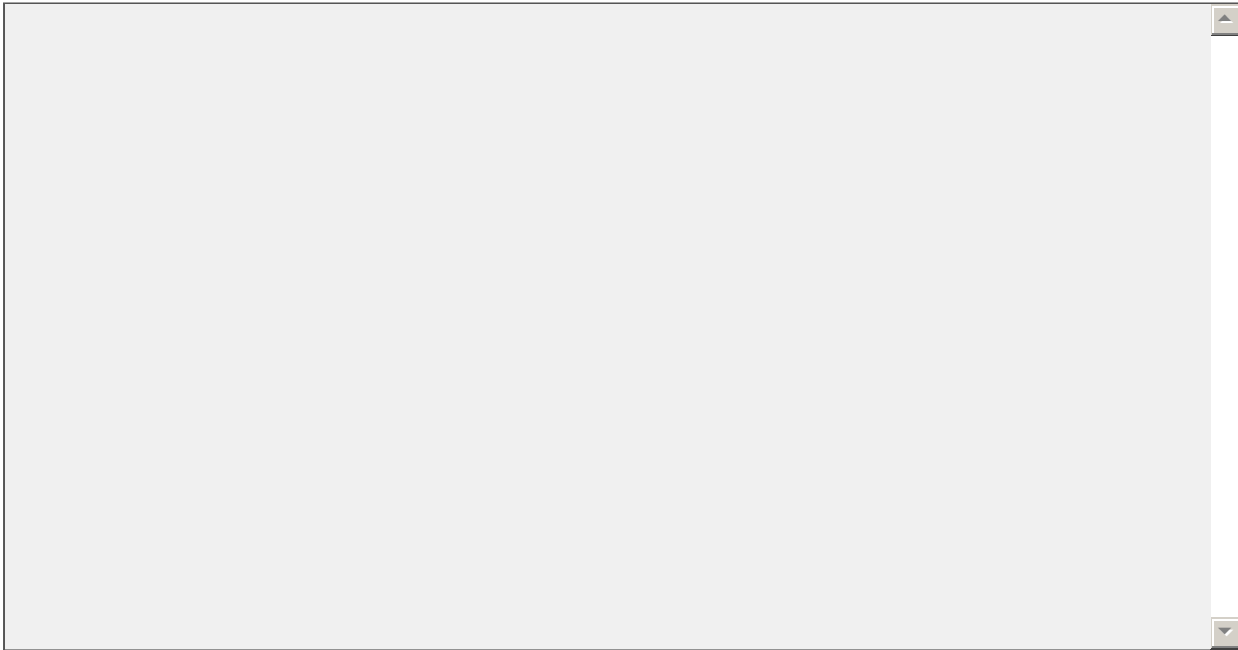
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***38. Eligibility Criteria: Copy/paste a brief narrative describing the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.).**



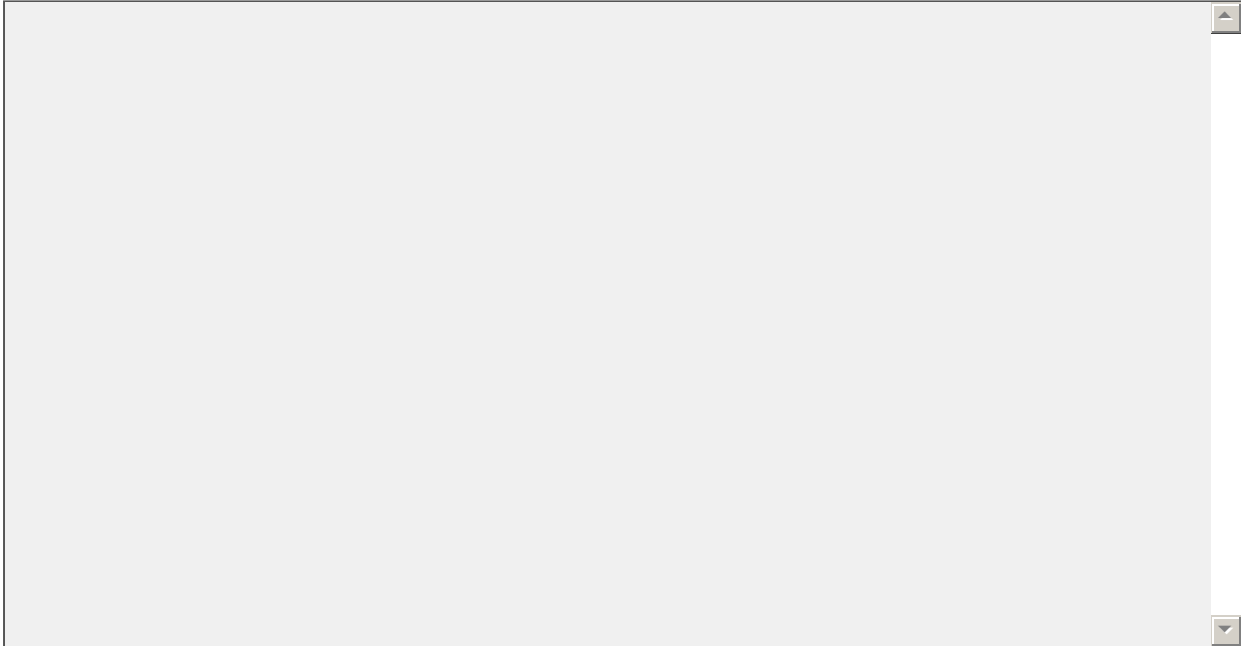
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*** 39. Selection Criteria: Copy/paste a brief narrative describing (a) the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.); (b) how you determine the number of grants that will be made annually; (c) how you determine the amount of each of your grants; (d) any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.).**



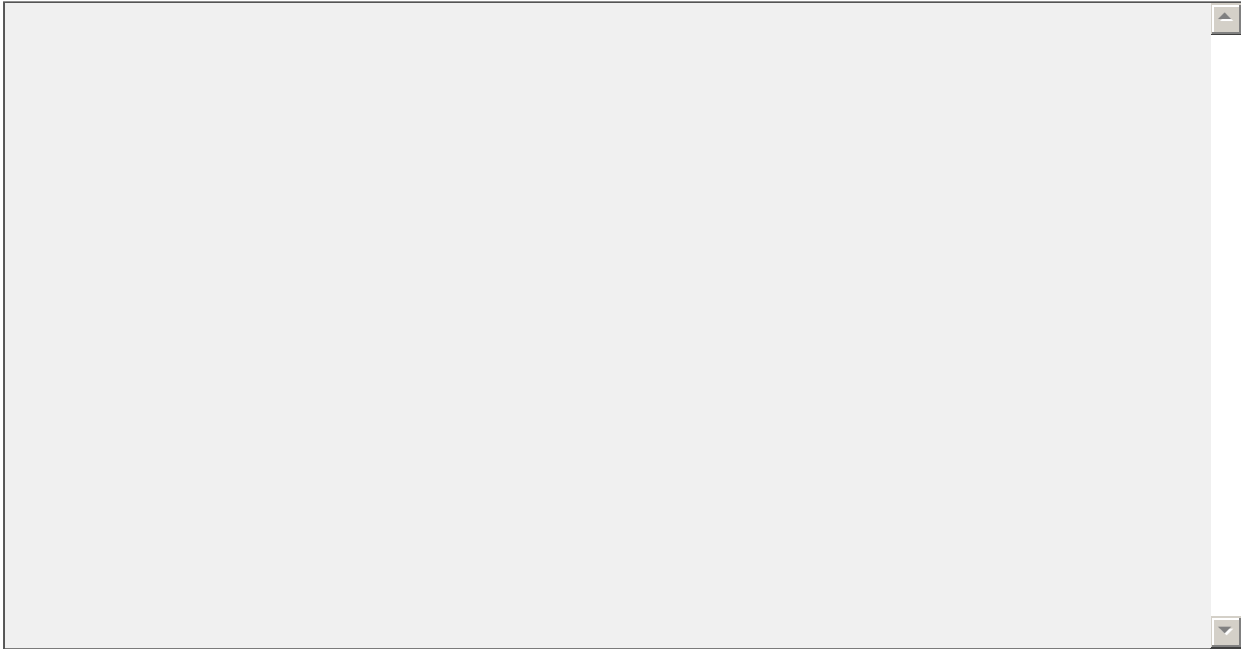
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***40. Supervision and accountability: Copy/paste a brief narrative describing your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.**



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***41. Selection Committee: Copy/paste a brief narrative describing who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members.**



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Part IX: Financial Data.

The IRS requires financial data for the past four completed tax years. The next four pages of this instrument ask for that data for each year, working in reverse order from most recent backward. For each year, please enter "0" for any item that is not applicable. You must complete every requested item. Please do not enter dollar signs -- use whole numbers and round to the nearest dollar.

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Part IX: Financial Data, continued

*42. Start and End Date of Most Recently Completed Tax Year. Enter the date the tax year (fiscal year) started and ended.

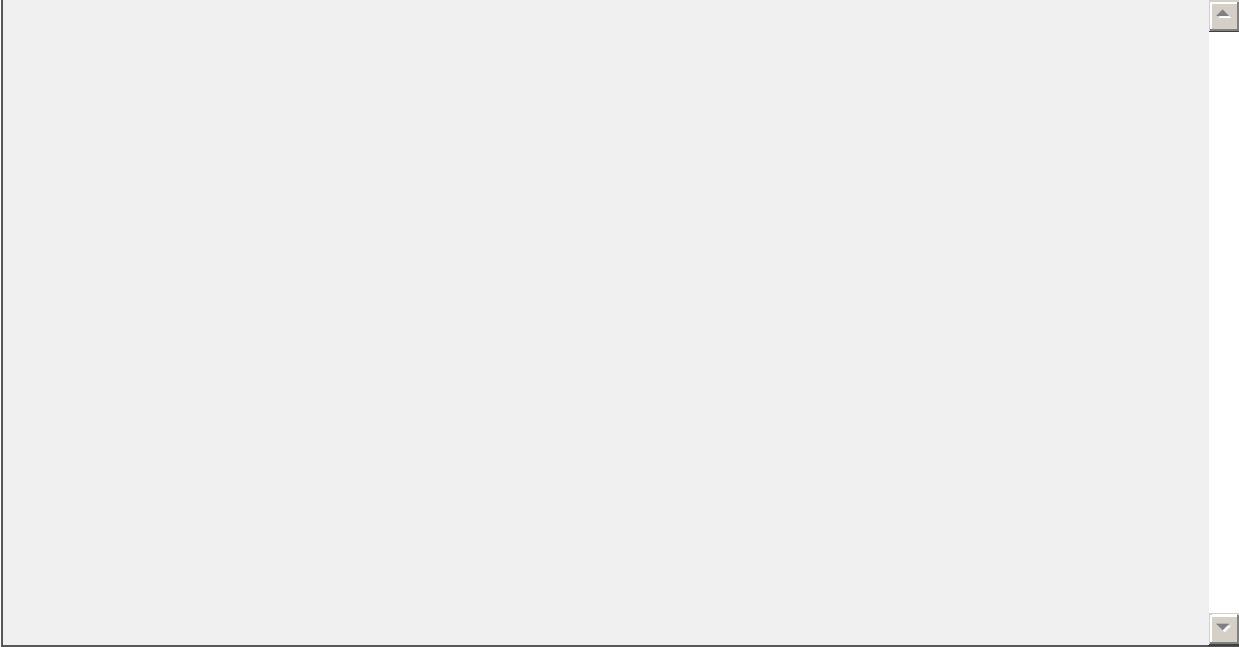
	MM	DD	YYYY
Date Year Started:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Year Ended:	<input type="text"/>	<input type="text"/>	<input type="text"/>

*43. Financial Data from Most Recent Completed Tax Year

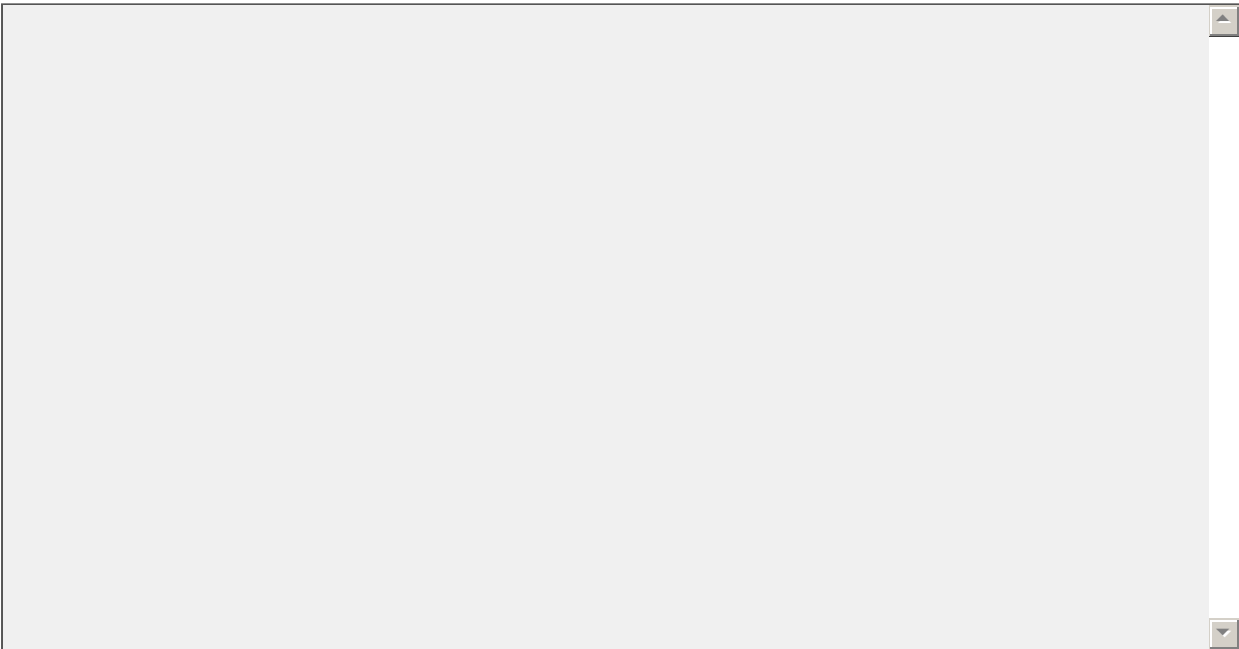
Income: Gifts, grants, and contributions received (do not include unusual grants, e.g., one time only)	<input type="text"/>
Income: Membership fees received	<input type="text"/>
Income: Gross investment income	<input type="text"/>
Income: Net unrelated business income (e.g., income from selling advertising, net of related expenses)	<input type="text"/>
Income: Taxes levied for your benefit	<input type="text"/>
Income: Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	<input type="text"/>
Income: Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes	<input type="text"/>
Income: Net gain or loss on sale of capital assets	<input type="text"/>
Income: Unusual grants (e.g., one time only)	<input type="text"/>
Income: Any revenue not otherwise provided above	<input type="text"/>
Expense: Fundraising expenses	<input type="text"/>
Expense: Contributions, gifts, grants, and similar amounts paid out	<input type="text"/>
Expense: Disbursements to or for the benefit of members	<input type="text"/>
Expense: Compensation of officers, directors, and trustees	<input type="text"/>
Expense: Other salaries and wages	<input type="text"/>
Expense: Interest paid	<input type="text"/>
Expense: Occupancy (rent, utilities, etc.)	<input type="text"/>
Expense: Depreciation and depletion	<input type="text"/>
Expense: Professional fees	<input type="text"/>
Expense: Any expense not otherwise classified, such as program services or payments to outside fundraising agents	<input type="text"/>

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***44. Itemizations of Income:** If appropriate, please use the space below to itemize the following about income during the year reported above: (a) gross receipts from admissions, merchandise or services; (b) net gain or loss on sale of capital assets; (c) other revenue not specifically described above. If no such income, please enter, "NA".



***45. Itemizations of Expenses:** If appropriate, please use the space below to itemize the following about expenses during the year reported above: (a) contributions, gifts or grants made to others; (b) disbursements to or for the benefits of members. If no such expenses, please enter, "NA".



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Part IX: Financial Data, continued

*46. Start and End Date of Completed Tax Year One Year Prior. Enter the date the tax year (fiscal year) started and ended.

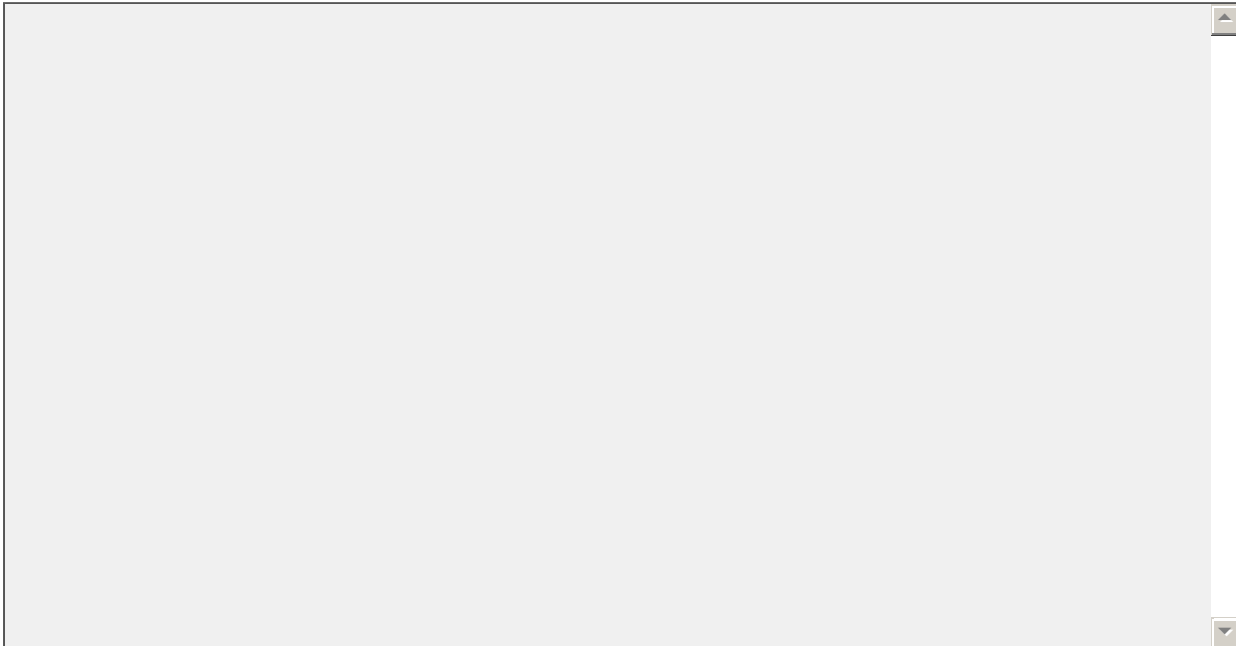
	MM	DD	YYYY
Date Year Started:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Year Ended:	<input type="text"/>	<input type="text"/>	<input type="text"/>

*47. One Year Prior to the Most Recent Tax Year

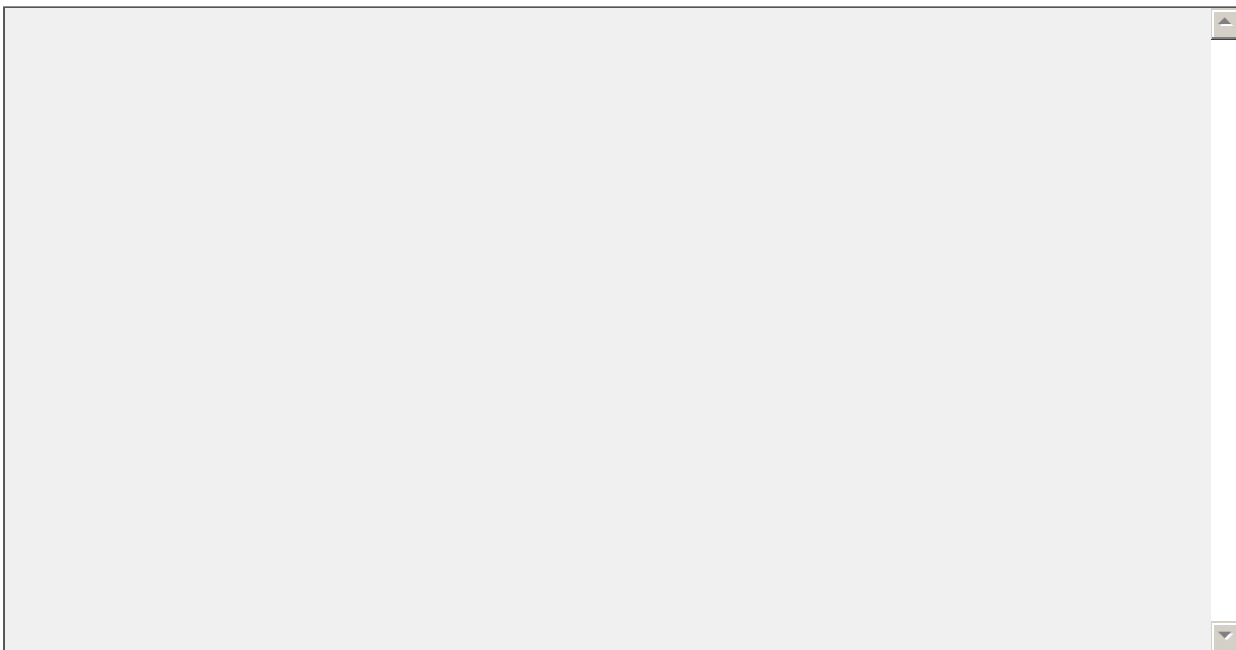
Income: Gifts, grants, and contributions received (do not include unusual grants, e.g., one time only)	<input type="text"/>
Income: Membership fees received	<input type="text"/>
Income: Gross investment income	<input type="text"/>
Income: Net unrelated business income (e.g., income from selling advertising, net of related expenses)	<input type="text"/>
Income: Taxes levied for your benefit	<input type="text"/>
Income: Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	<input type="text"/>
Income: Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes	<input type="text"/>
Income: Net gain or loss on sale of capital assets	<input type="text"/>
Income: Unusual grants (e.g., one time only)	<input type="text"/>
Income: Any revenue not otherwise provided above	<input type="text"/>
Expense: Fundraising expenses	<input type="text"/>
Expense: Contributions, gifts, grants, and similar amounts paid out	<input type="text"/>
Expense: Disbursements to or for the benefit of members	<input type="text"/>
Expense: Compensation of officers, directors, and trustees	<input type="text"/>
Expense: Other salaries and wages	<input type="text"/>
Expense: Interest paid	<input type="text"/>
Expense: Occupancy (rent, utilities, etc.)	<input type="text"/>
Expense: Depreciation and depletion	<input type="text"/>
Expense: Professional fees	<input type="text"/>
Expense: Any expense not otherwise classified, such as program services or payments to outside fundraising agents	<input type="text"/>

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***48. Itemizations of Income:** If appropriate, please use the space below to itemize the following about income during the year reported above: (a) gross receipts from admissions, merchandise or services; (b) net gain or loss on sale of capital assets; (c) other revenue not specifically described above. If no such income, please enter, "NA".



***49. Itemizations of Expenses:** If appropriate, please use the space below to itemize the following about expenses during the year reported above: (a) contributions, gifts or grants made to others; (b) disbursements to or for the benefits of members. If no such expenses, please enter, "NA".



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Part IX: Financial Data, continued

*50. Start and End Date of Completed Tax Year Two Years Prior. Enter the date the tax year (fiscal year) started and ended.

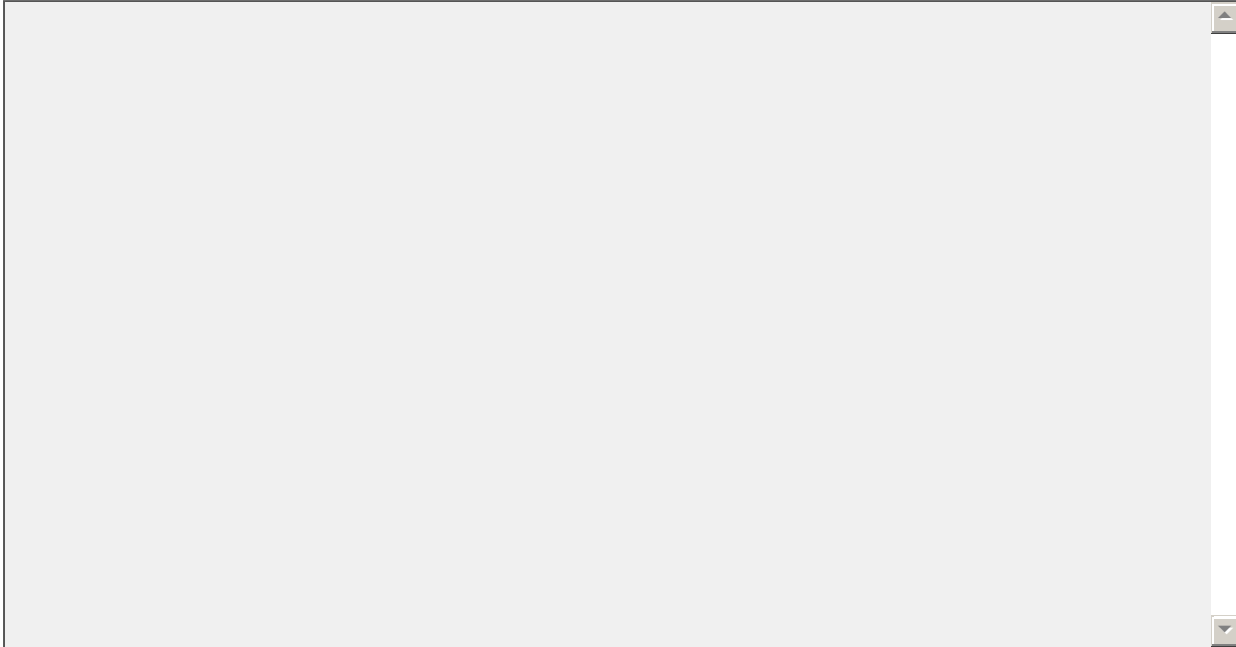
	MM	DD	YYYY
Date Year Started:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Year Ended:	<input type="text"/>	<input type="text"/>	<input type="text"/>

*51. Two Years Prior to the Most Recent Tax Year

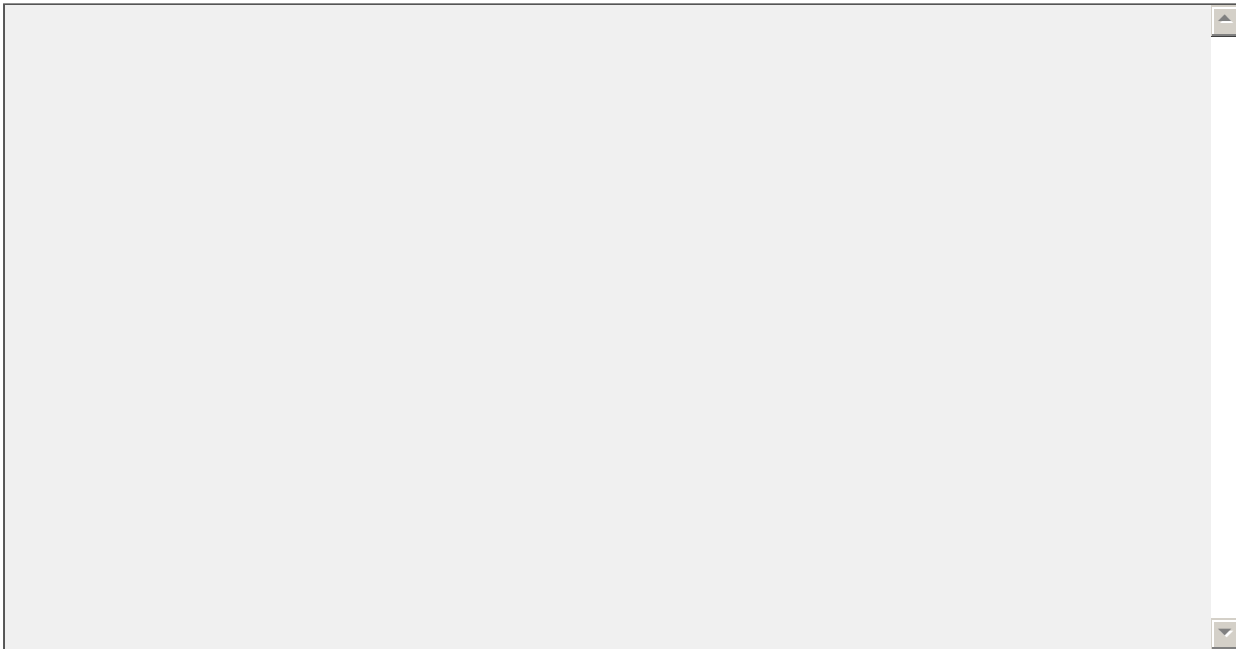
Income: Gifts, grants, and contributions received (do not include unusual grants, e.g., one time only)	<input type="text"/>
Income: Membership fees received	<input type="text"/>
Income: Gross investment income	<input type="text"/>
Income: Net unrelated business income (e.g., income from selling advertising, net of related expenses)	<input type="text"/>
Income: Taxes levied for your benefit	<input type="text"/>
Income: Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	<input type="text"/>
Income: Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes	<input type="text"/>
Income: Net gain or loss on sale of capital assets	<input type="text"/>
Income: Unusual grants (e.g., one time only)	<input type="text"/>
Income: Any revenue not otherwise provided above	<input type="text"/>
Expense: Fundraising expenses	<input type="text"/>
Expense: Contributions, gifts, grants, and similar amounts paid out	<input type="text"/>
Expense: Disbursements to or for the benefit of members	<input type="text"/>
Expense: Compensation of officers, directors, and trustees	<input type="text"/>
Expense: Other salaries and wages	<input type="text"/>
Expense: Interest paid	<input type="text"/>
Expense: Occupancy (rent, utilities, etc.)	<input type="text"/>
Expense: Depreciation and depletion	<input type="text"/>
Expense: Professional fees	<input type="text"/>
Expense: Any expense not otherwise classified, such as program services or payments to outside fundraising agents	<input type="text"/>

ASPA Affiliates IRS Form 1023 Information

***52. Itemizations of Income:** If appropriate, please use the space below to itemize the following about income during the year reported above: (a) gross receipts from admissions, merchandise or services; (b) net gain or loss on sale of capital assets; (c) other revenue not specifically described above. If no such income, please enter, "NA".



***53. Itemizations of Expenses:** If appropriate, please use the space below to itemize the following about expenses during the year reported above: (a) contributions, gifts or grants made to others; (b) disbursements to or for the benefits of members. If no such expenses, please enter, "NA".



ASPA Affiliates IRS Form 1023 Information

Part IX: Financial Data, continued

*54. Start and End Date of Completed Tax Year Three Years Prior. Enter the date the tax year (fiscal year) started and ended.

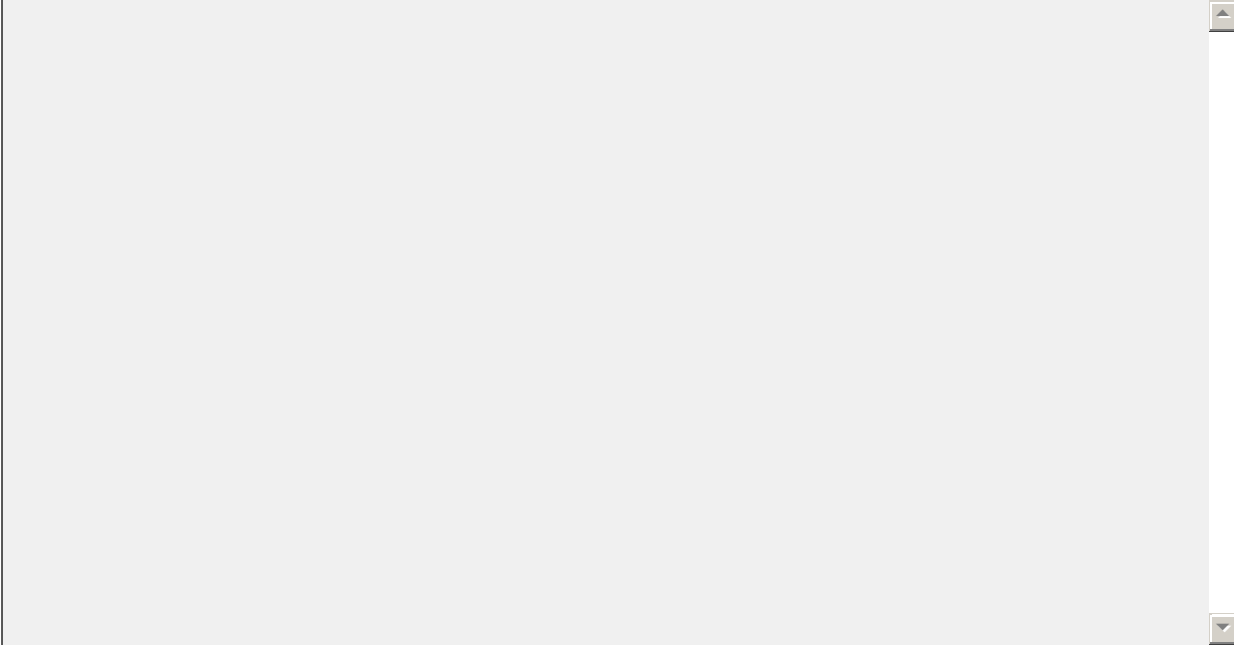
	MM	DD	YYYY
Date Year Started:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Year Ended:	<input type="text"/>	<input type="text"/>	<input type="text"/>

*55. Three Years Prior to the Most Recent Tax Year

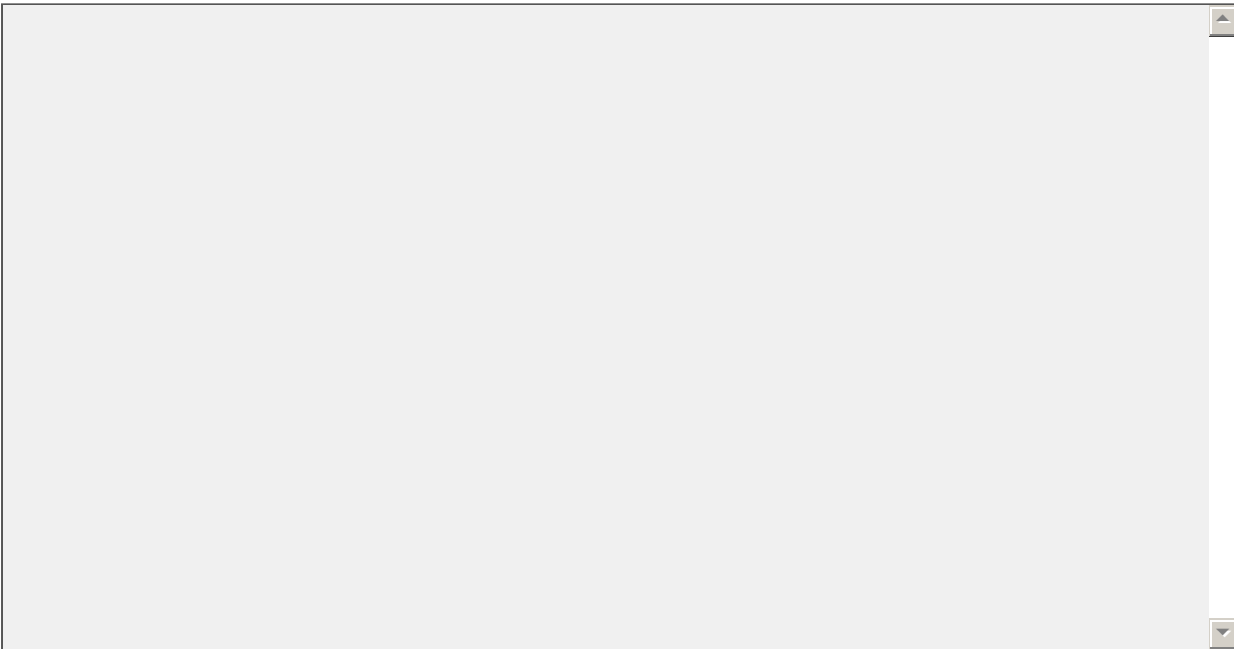
Income: Gifts, grants, and contributions received (do not include unusual grants, e.g., one time only)	<input type="text"/>
Income: Membership fees received	<input type="text"/>
Income: Gross investment income	<input type="text"/>
Income: Net unrelated business income (e.g., income from selling advertising, net of related expenses)	<input type="text"/>
Income: Taxes levied for your benefit	<input type="text"/>
Income: Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	<input type="text"/>
Income: Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes	<input type="text"/>
Income: Net gain or loss on sale of capital assets	<input type="text"/>
Income: Unusual grants (e.g., one time only)	<input type="text"/>
Income: Any revenue not otherwise provided above	<input type="text"/>
Expense: Fundraising expenses	<input type="text"/>
Expense: Contributions, gifts, grants, and similar amounts paid out	<input type="text"/>
Expense: Disbursements to or for the benefit of members	<input type="text"/>
Expense: Compensation of officers, directors, and trustees	<input type="text"/>
Expense: Other salaries and wages	<input type="text"/>
Expense: Interest paid	<input type="text"/>
Expense: Occupancy (rent, utilities, etc.)	<input type="text"/>
Expense: Depreciation and depletion	<input type="text"/>
Expense: Professional fees	<input type="text"/>
Expense: Any expense not otherwise classified, such as program services or payments to outside fundraising agents	<input type="text"/>

ASPA Affiliates IRS Form 1023 Information

***56. Itemizations of Income:** If appropriate, please use the space below to itemize the following about income during the year reported above: (a) gross receipts from admissions, merchandise or services; (b) net gain or loss on sale of capital assets; (c) other revenue not specifically described above. If no such income, please enter, "NA".



***57. Itemizations of Expenses:** If appropriate, please use the space below to itemize the following about expenses during the year reported above: (a) contributions, gifts or grants made to others; (b) disbursements to or for the benefits of members. If no such expenses, please enter, "NA".



ASPA Affiliates IRS Form 1023 Information

Part IX: Financial Data, continued

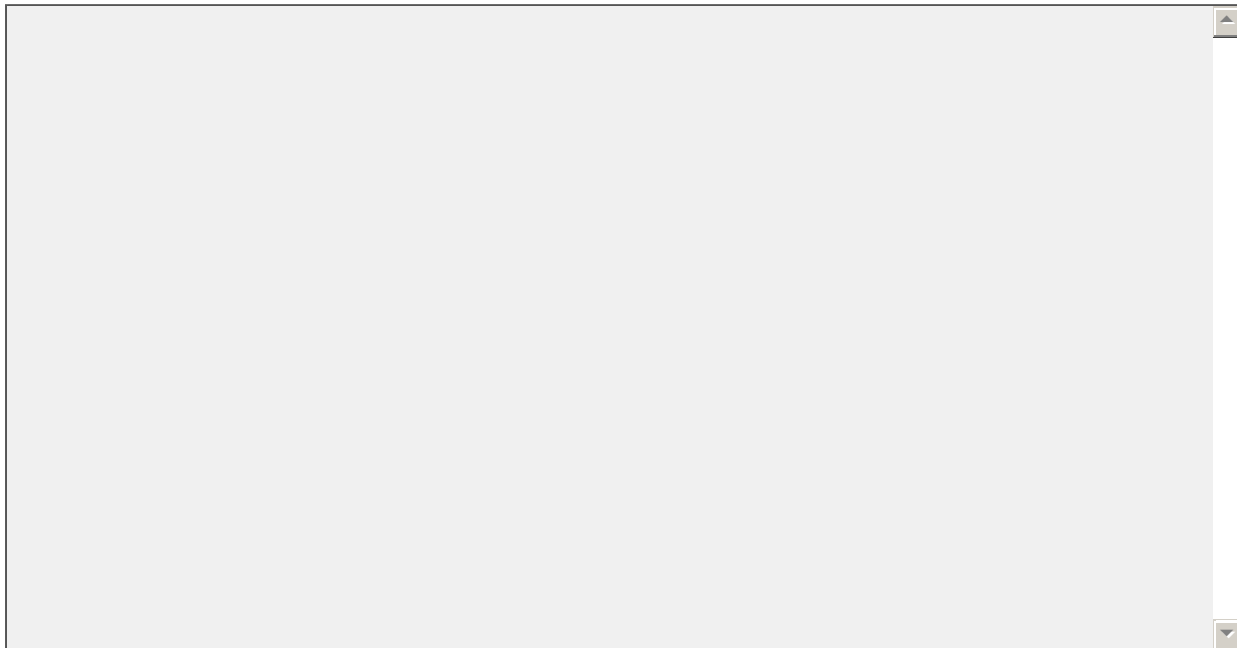
This page asks for balance sheet information (assets such as cash and liabilities such as accounts payable) only for the most recent tax year.

***58. Balance Sheet for the Most Recently Completed Tax Year. For most ASPA affiliates many of these entries will be "0" (e.g., inventory, land, mortgages). Enter whole numbers only and omit dollar signs.**

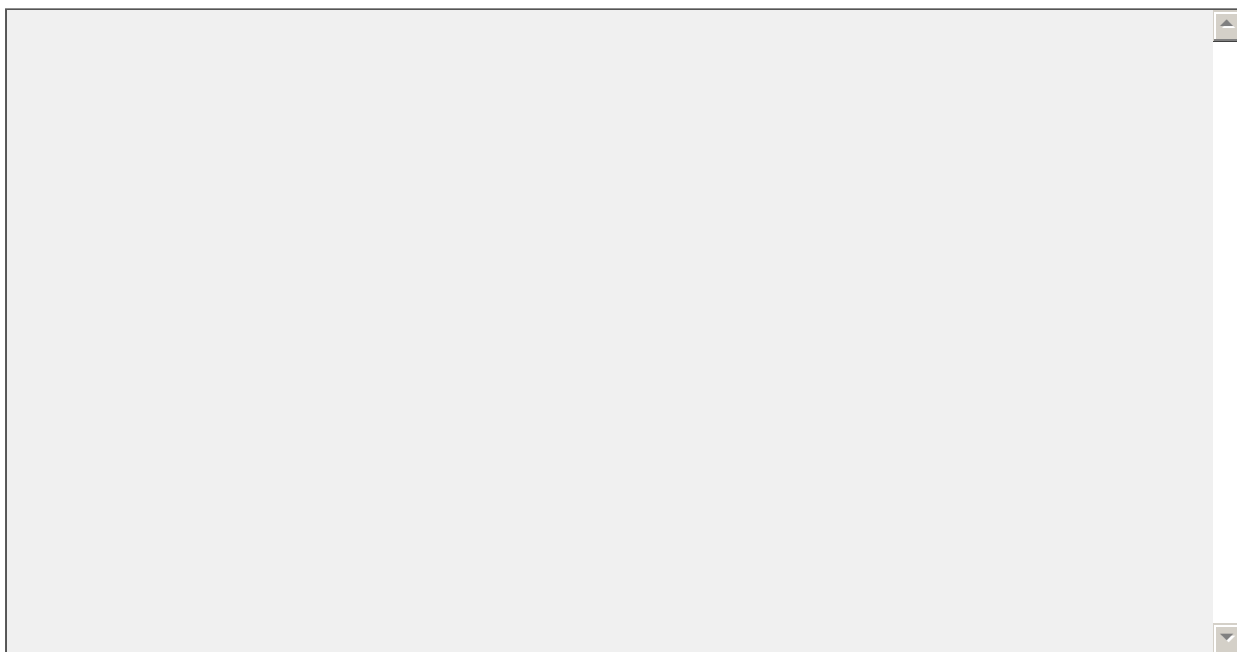
Asset: Cash	<input type="text"/>
Asset: Accounts receivable, net	<input type="text"/>
Asset: Inventories	<input type="text"/>
Asset: Bonds and notes receivable	<input type="text"/>
Asset: Corporate stocks	<input type="text"/>
Asset: Loans receivable	<input type="text"/>
Asset: Other investments	<input type="text"/>
Asset: Depreciable and depletable assets	<input type="text"/>
Asset: Land	<input type="text"/>
Asset: Other assets	<input type="text"/>
Liability: Accounts payable	<input type="text"/>
Liability: Contributions, gifts, grants, etc. payable to others	<input type="text"/>
Liability: Mortgages and notes payable	<input type="text"/>
Liability: Other liabilities	<input type="text"/>

ASPA Affiliates IRS Form 1023 Information

***59. Itemizations of Assets:** If appropriate, please use the space below to itemize the following about assets reported above for the most recent tax year: (a) any bonds or notes receivable; (b) any corporate stocks held; (c) any loans receivable; (d) other investments. If no such assets, please enter, "NA".



***60. Itemizations of Liabilities:** If appropriate, please use the space below to itemize the following about liabilities reported above for the most recent tax year: (a) depreciable or depletable assets; (b) mortgages and notes payable; (c) other liabilities. If no such liabilities, please enter, "NA".



ASPA Affiliates IRS Form 1023 Information

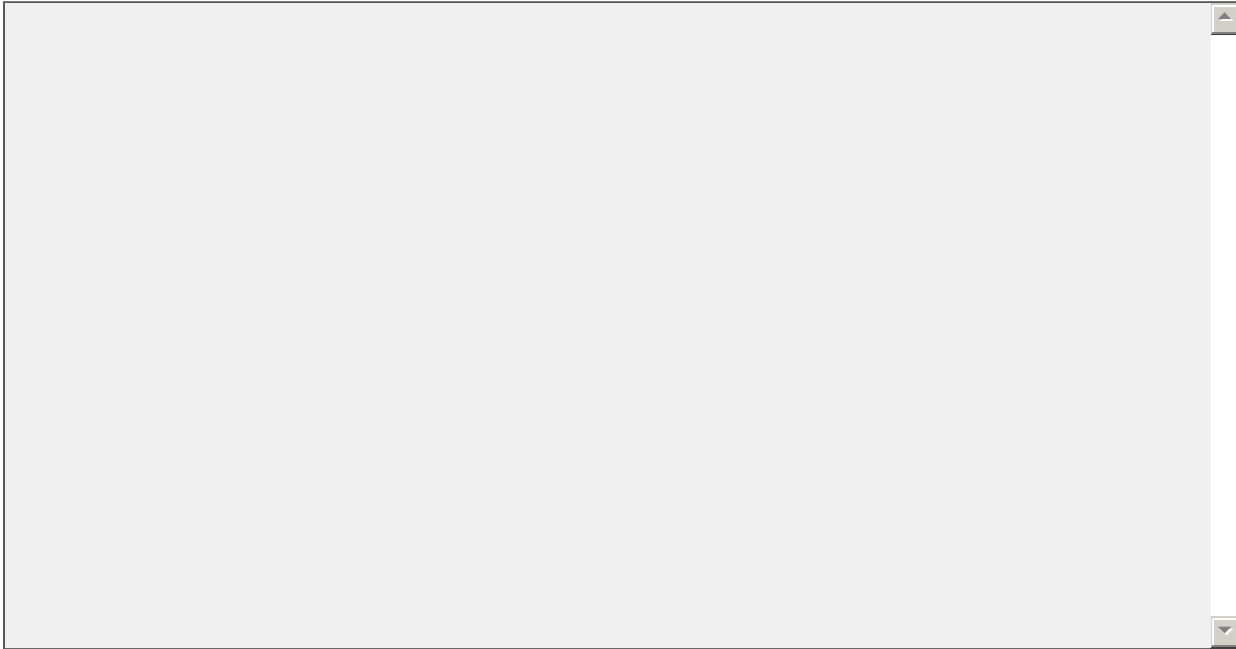
***61. Have there been any substantial changes in your assets or liabilities since the end of the most recent tax year (in the information provided above?)**

- Yes
- No

Answer Q62 only if the answer to Q61 is, "Yes".

Part IX: Financial Data, continued

***62. Changes in assets or liabilities since most recent tax year: Please copy/paste into the box a brief explanation of substantial changes to any assets or liabilities since the close of the most recent tax year.**

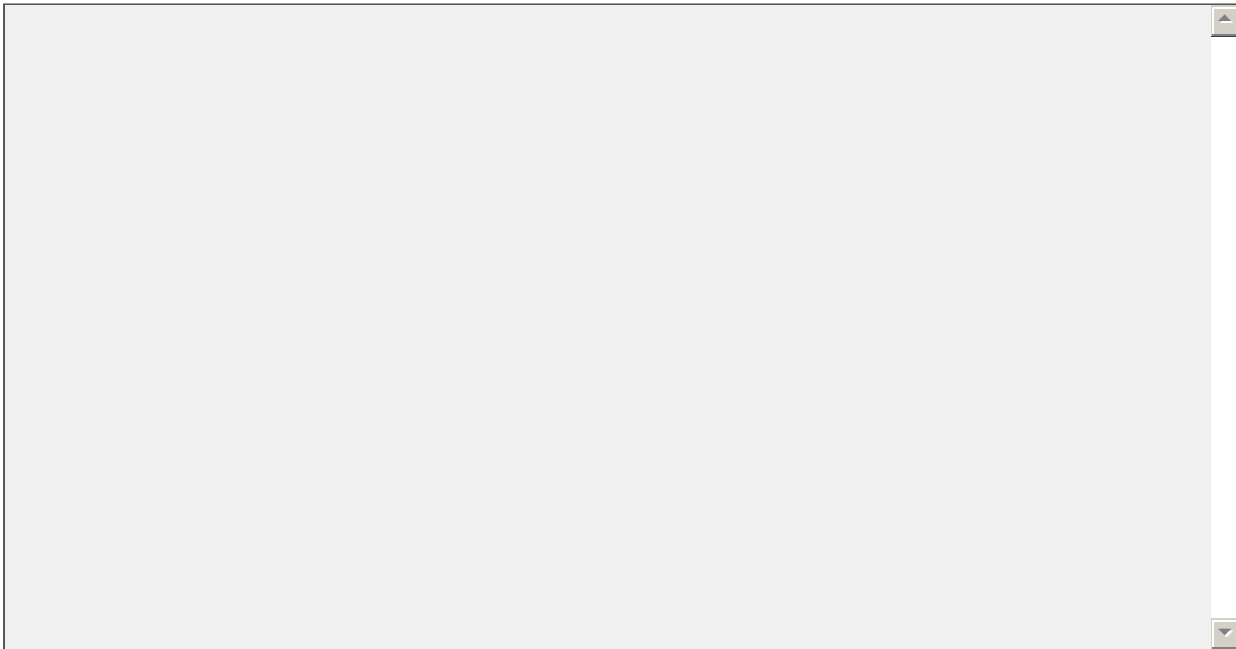


ASPA Affiliates IRS Form 1023 Information

Part X: Public Charity Status

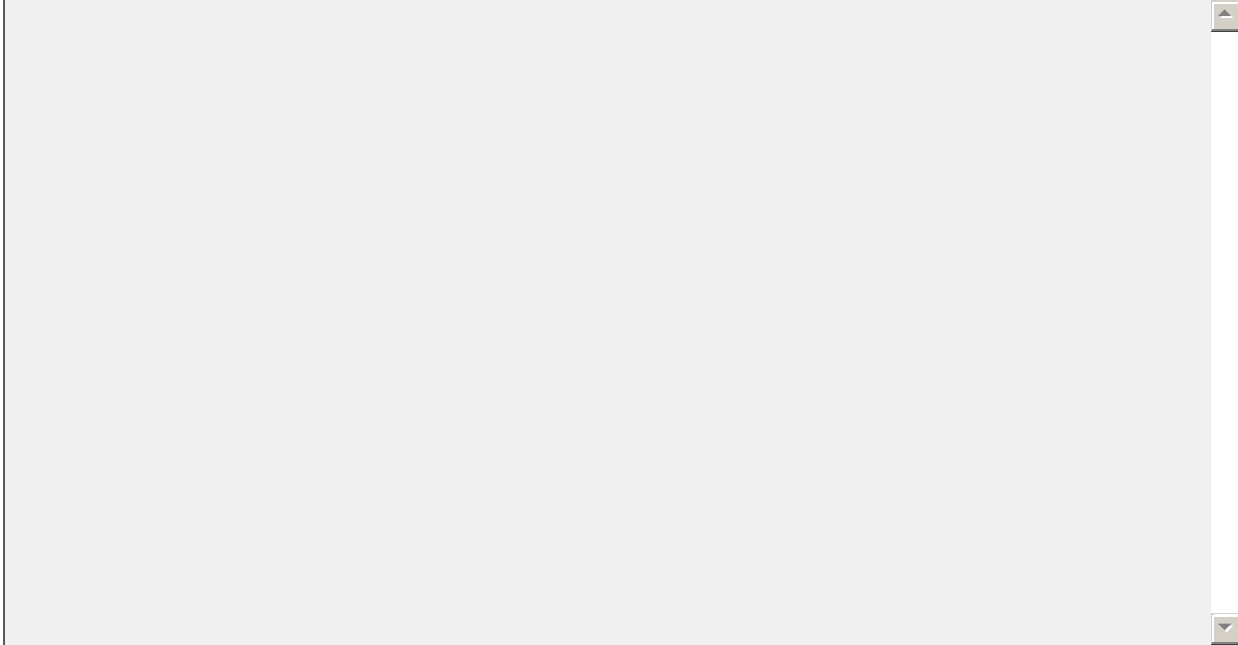
This page asks for additional financial information required by the IRS to issue a definitive (permanent) ruling on the request to restore 501(c)(3) status for the organization.

***63. In the box below, list any persons or organizations whose gifts/donations to the organization accounted individually for more than 2% of your total income for the past four complete tax years. The list should include the specific amount of gift/donation received from each. If none, please enter, "None."**



ASPA Affiliates IRS Form 1023 Information

***64. In the box below, copy/paste an explanation of any unusual grants received during the past four completed tax years, including (a) name of the grant contributor; (b) the date and amount of the grant; (c) a brief description of the grant; (d) description of why it was unusual. If none, please enter, "None."**



ASPA Affiliates IRS Form 1023 Information

Checklist of Additional Materials for the Form 1023 Application

To complete the application some or all of the following materials must be supplied to 501c3 Tuneup, Inc., the company assisting the ASPA National Office, with this process. Please carefully prepare the applicable materials, and then email them as attachments *in a single message* to contact@501c3tuneup.com.

- If a corporation, the Articles of Incorporation showing certification of filing with the state. If an unincorporated association, a copy of the articles of association, constitution, bylaws or other similar organizing document that is dated and includes at least two signatures, and signed and dated copies of amendments.
- A copy of the constitution or bylaws (if different than the organizing document); NOTE: this document must include a statement of the qualified purpose of the organization AND an appropriate dissolution clause to be accepted by the IRS - contact Matt Rankin at ASPA if you have concerns
- Samples of newsletters, brochures or other related documents to support the narrative description of activities.
- Directory of the names, organizational titles, and personal mailing addresses (physical locations only) of all officers, directors or trustees.
- If appropriate, copies of any applications the organization made to foundations or governments for grant funding of its activities
- If appropriate, copies of any contracts or agreements with organizations that raise funds for you
- If appropriate, the application form you use when other organizations apply to you for grants, and any contracts or agreements you have with such organizations
- If appropriate, copies of solicitations or announcements of your grants/fellowship programs offered to individuals and a sample of the application form.

Please be sure to click "Submit Responses" below before exiting this instrument, or your responses will not be recorded.