

# Nonprofit Information Form

Organization name and/or address has changed

Organization Current Name			Organization Previous Name (must match the name on the attached letter)		
Current Address			Previous Address		
City	State	ZIP Code	City	State	ZIP Code
Contact Name			Phone		
Federal Employer Identification Number			Minnesota Tax Identification Number		

**If you don't have a seven-digit Minnesota Tax Identification Number, we'll assign you one, and send you a letter authorizing its use.**

**Place an "X" in the box in front of your organization type and provide all of the required information. If your organization is no longer active, check the "No" box for that question. You do not need to provide additional information.**

Organization Type/Required Information

**Homeschool**

- Is your organization still active?  Yes  No
- Is the parent or legal guardian the instructor?  Yes  No
- Send a copy of your current Minnesota teaching license, bachelor's degree, or the name and license of your supervising teacher (unless you are the parent or legal guardian).
- Name of your school district: \_\_\_\_\_

**Parent-Teacher Association or Parent-Teacher Organization**

- Is your organization still active?  Yes  No
- Send a current copy of your Articles of Incorporation.
- Send a letter from the school principal showing your organization's affiliation with the school.

**Booster Club**

- Is your organization still active?  Yes  No
- Send a letter from the school principal showing your organization's affiliation with the school.
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

**Youth Organization (such as Boy Scouts, Girl Scouts, YMCA, YWCA, and youth athletic and recreational programs)**

- Is your organization still active?  Yes  No
- Is your organization generally limited to ages 18 and under?  Yes  No
- Send a current copy of your Articles of Incorporation or Constitution and Bylaws. Scout troops may send a current copy of your Charter if you do not have Articles of Incorporation or a Constitution.

**Senior Citizen Group**

- Is your organization still active?  Yes  No
- Is your organization generally limited to ages 55 or older, or physically disabled?  Yes  No
- Is your organization organized and operated for housing purposes?  Yes  No
- Is your organization organized exclusively for pleasure, recreation, and other nonprofit purposes?  Yes  No
- Send a current copy of your federal 501(c) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

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Organization Type/Required Information, Continued

**Nursing Home or Boarding Care Home**

- Is your organization still active?  Yes  No
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

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- Send current proof that your facility is certified to participate in the medical assistance program under Title 19 of the Social Security Act.
  - Send a current copy of your facility's discharge policy.
  - Is your facility exempt from property tax?  Yes  No
  - Send a copy of your facility's most current property tax statement.

**Nonprofit Hospital, Nonprofit Hospital-Owned Clinic, Outpatient Surgical Center**

- Is your organization still active?  Yes  No
- Send a copy of your license.
- Send a copy of federal Form 990H filed for 2014.
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

**Critical Access Dental Provider**

- Is your organization still active?  Yes  No
- Send a copy of your license.
- What percentage of your patients was covered by private insurance in 2014? \_\_\_\_\_ %
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

**Charitable and Educational Organization**

- Is your organization still active?  Yes  No
- Is your organization a school?  Yes  No
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

**Religious Organization**

- Is your organization still active?  Yes  No
- Is your organization a church?  Yes  No
- Send a copy of your federal 501(c)(3) letter granting you exemption from income tax. If you do not have this exemption, briefly explain why.

Signature

Date

Sign Here

**Mail to:**  
Minnesota Department of Revenue  
Mail Station 6330  
600 North Robert Street  
St. Paul, MN 55146-6330

**Email:** nonprofit.exemptstatus@state.mn.us