



**CITY OF NEWPORT NEWS
OFFICE OF THE COMMISSIONER OF THE REVENUE
Business Classification Information (BCI) – Supplement for Non-Profit
Organizations**

*Please complete a separate form for each business location in Newport News
Attach additional pages if space is not sufficient
For Assistance call 757-926-8651*

Organization Name: _____

PART I. TO BE COMPLETED BY ALL NON-PROFIT ORGANIZATIONS

1. IS THE ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) §501? IF YES, PROVIDE A COPY OF THE IRS LETTER OF DETERMINATION THAT STATES THE TAXABLE STATUS OF THE ORGANIZATION. **IF NO, STOP HERE!!** YOU ARE NOT EXEMPT FOR BPOL TAX, PLEASE FILE BCI. Yes No

2. DOES YOUR ORGANIZATION HAVE GROSS RECEIPTS FROM SOURCES OTHER THAN GIFTS, CONTRIBUTIONS AND MEMBERSHIP DUES? IF YES, PLEASE EXPLAIN: _____ Yes No

PART II. TO BE COMPLETED BY ORGANIZATION DESCRIBED IN ITS 501(C)(3) ONLY (EDUCATIONAL INSTITUTIONS SHALL BE LIMITED TO SCHOOLS, COLLEGES & OTHER SIMILAR INSTITUTIONS OF LEARNING)

3. ARE CONTRIBUTIONS TO THE ORGANIZATION DEDUCTIBLE BY THE CONTRIBUTOR UNDER IRS CODE§170? Yes No

4. DOES THE ORGANIZATION HAVE ACTIVITIES THAT PRODUCE UNRELATED BUSINESS TAXABLE INCOME (UBTI) PER IRC §511? IF YES, PLEASE DESCRIBE NATURE OF TAXABLE INCOME: _____ Yes No

5. IF UBTI FROM RETAIL ACTIVITY, HOW IS THE INVENTORY ACQUIRED (PURCHASED OR DONATED)? _____

PART III. TO BE COMPLETED BY CHURCHES ONLY

6. PROVIDE NAME(S) OF TRUSTEE(S): _____

PART IV PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:

7. APPLICATION FOR EXEMPTION SUBMITTED TO THE IRS (FORM 1023, 1024 OR LETTER TO THE DISTRICT DIRECTOR) Attached NA

8. BYLAWS OR OTHER GOVERNING DOCUMENTS WHICH EXPLAIN THE PURPOSE(S) OF THE ORGANIZATION.

9. THE MOST RECENT IRS FORM 990 OR 990EZ (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) FILED BY THE ORGANIZATION.

10. THE MOST RECENT IRS FROM 990T (EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN) FILED BY THE ORGANIZATION.

11. IRS WRITTEN RULINGS OR DETERMINATION REGARDING UNRELATED BUSINESS INCOME.

This information is true and correct to the best of my knowledge and belief.

NAME OF AUTHORIZED AGENT (PRINT): _____ TITLE: _____

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____

Please notify this office immediately in the event of any changes in this information

OFFICE USE ONLY – PHONE INQUIRY:

CONTACT PERSON _____ DATE _____ COR STAFF _____

COMMENTS: _____