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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Annual Certification of Racial Nondiscrimination for a Private School Exempt From Federal Income Tax

(For use by organizations that do not file Form 990 or Form 990-EZ)

**Open to Public
Inspection**

For IRS use ONLY ▶

For the period beginning _____, _____ and ending _____, _____

| | |
|--|---|
| <p>1a Name of organization that operates, supervises, and/or controls school(s).</p> <p>_____</p> <p>Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____</p> <p>City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____</p> | <p>1b Employer identification number</p> <p>_____</p> |
| <p>2a Name of central organization holding group exemption letter covering the school(s). (If same as 1a above, write "Same" and complete 2c.) If the organization in 1a above holds an individual exemption letter, write "Not Applicable."</p> <p>_____</p> <p>Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____</p> <p>City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____</p> | <p>2b Employer identification number</p> <p>_____</p> <p>2c Group exemption number (see instructions under Definitions)</p> <p>_____</p> |
| <p>3a Name of school. (If more than one school, write "See Attached," and attach a list of the names, complete addresses, including postal codes, and employer identification numbers of the schools.) If same as 1a above, write "Same."</p> <p>_____</p> <p>Address (number and street or P.O. box no., if mail is not delivered to street address) _____ Room/suite _____</p> <p>City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) _____</p> | <p>3b Employer identification number, if any</p> <p>_____</p> |

Under penalties of perjury, I hereby certify that I am authorized to take official action on behalf of the above school(s) and that to the best of my knowledge and belief the school(s) has (have) satisfied the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, for the period covered by this certification.

----- (Signature) ----- (Type or print name and title.) ----- (Date) -----