

**Political Organization  
Notice of Section 527 Status**

**Part I General Information**

**1 Name of organization** **Employer identification number**  
GOP YOUTH SCHOLARSHIP FUND 26 - 1302550

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
PO BOX 19312

**City or town, state, and ZIP code**  
KALAMAZOO, MI 49019

**3 Check applicable box:**  Initial notice  Amended notice  Final notice

**4a Date established** **4b Date of material change**  
09/13/2007

**5 E-mail address of organization**  
no@email

**6a Name of custodian of records** **6b Custodian's address**  
MATT HALL PO BOX 19312  
KALAMAZOO, MI 49019

**7a Name of contact person** **7b Contact person's address**  
MATT HALL PO BOX 19312  
KALAMAZOO, MI 49019

**8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
PO BOX 19312

**City or town, state, and ZIP code**  
KALAMAZOO, MI 49019

**9a Election authority** **9b Election authority identification number**  
NONE

**Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)**

**10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes  No**

**10b If 'Yes,' list the state where the organization files reports:**

**11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes  No**

**Part III Purpose**

**12 Describe the purpose of the organization**

THE PURPOSE OF THE ORGANIZATION IS TO RAISE MONEY TO PROVIDE MONEY TO STUDENTS AND YOUNG PEOPLE TO ALLOW THEM TO LEARN AND PARTICIPATE IN THE POLITICAL PROCESS.

**Part IV List of All Related Entities** (see instructions)

13 Check if the organization has no related entities.....✓

14a Name of related entity	14b Relationship	14c Address
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**Part V List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

15a Name	15b Title	15c Address
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MATT HALL	TREASURER	PO BOX 19312 KALAMAZOO, MI 49019
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

MATT HALL

10/25/2007

**Sign Here**



\_\_\_\_\_  
Name of authorized official



\_\_\_\_\_  
Date