

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) Altrusa International, Inc. of Richardson, Texas Foundation		2 Employer identification number (If none, see instructions.) None Form SS-4 attached
1b c/o Name (if applicable) Margaret Brinkman	3 Name and telephone number of person to be contacted if additional information is needed Julianne Lovelace (214) 238-4000	
1c Address (number and street) 507 Vernet		
1d City or town, state, and ZIP code Richardson, TX 75080	4 Month the annual accounting period ends May	
5 Date incorporated or formed July 13, 1992	6 Activity codes (See instructions.) 408 602 040	7 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)
8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form number(s), years filed, and Internal Revenue office where filed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

- 10** Check the box for your type of organization. BE SURE TO ATTACH A COMPLETE COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING.
- a Corporation— Attach a copy of your Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate state official; also include a copy of your bylaws.
 - b Trust— Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.
 - c Association— Attach a copy of your Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your bylaws.

If you are a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here *Margaret Brinkman* President 8/17/92
(Signature) (Title or authority of signer) (Date)

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Complete the Procedural Checklist (page 7 of the instructions) prior to filing.

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in your organizational document.** Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

The Corporation's purpose is to raise funds for distribution to various local and international charitable projects. The primary fund raising activity will be a style show/auction/meal event to be held in February. Items to be auctioned will be collected from local donors by members of Altrusa International, Inc. of Richardson, Texas. If one large donation can be obtained, it will be used as a raffle prize.

Profits raised by this event will be totally distributed by the organization. Recipients will include: Richardson Adult Literacy Center, Network of Community Ministries, Neighborhood Youth Services, Operation LIFT, A Laubach Literacy school in India, the Harriette Chambers Memorial Scholarship, YWCA, and various other social service agencies.

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- 2 What are or will be the organization's sources of financial support? List in order of size.

Financial support will be derived from the auction of doantions to the general public at the style show/meal event. Raffle tickets will also be sold to the general public as well as tickets to attend the annual event.

-
- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc.) Attach representative copies of solicitations for financial support.

Invitations will be mailed to members of the community and members of Altrusa International, Inc. of Richardson, Texas will be asked to sell tickets.

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.	b Annual Compensation
Margaret Brinkman, President, 507 Vernet, Richardson, TX 76080	0
Margo Vargas, Vice President, 1601 Amesbury, Richardson, TX 75082	0
Susan Hackett, Secretary, 533 Sage Valley, Richardson, TX 75081	0
Gail Hes, Treasurer, 505 Vernet, Richardson, TX 75080	0

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
 If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See the Specific Instructions for line 4d.) Yes No
 If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
 Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? Yes No
 If either of these questions is answered "Yes," explain.

The officers of Altrusa International, Inc. of Richardson, Texas will also serve as officers of Altrusa International, Inc. of Richardson, Texas Foundation. The organization will make grants to further the projects of Altrusa International, Inc. of Richardson, Texas..

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
 If "Yes," explain fully and identify the other organization(s) involved.

7 Is the organization financially accountable to any other organization? Yes No
 If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed? Yes No
If you answer "Yes," do not answer questions 2 through 6.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

(a) Is a church, interchurch organization, local unit of a church, a convention or association of churches, or an integrated auxiliary of a church;

(b) Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or,

(c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If you do not meet any of the exceptions in question 2, do you wish to request relief from the 15-month filing requirement? Yes No

4 If you answer "Yes" to question 3, please give your reasons for not filing this application within 15 months from the end of the month in which your organization was created or formed.

5 If you answer "No" to both questions 1 and 3 and do not meet any of the exceptions in question 2, your qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date you were formed? Yes No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date you were formed and ending with the date your Form 1023 application was received (the effective date of your section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

- 7 Is the organization a private foundation?
 Yes (Answer question 8.)
 No (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, do you claim to be a private operating foundation?
 Yes (Complete Schedule E)
 No

After answering this question, go to Part IV.

- 9 If you answer "No" to question 7, indicate the public charity classification you are requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | |
|---|---|
| (a) <input type="checkbox"/> As a church or a convention or association of churches
(MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1)
and 170(b)(1)(A)(i) |
| (b) <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B). | Sections 509(a)(1)
and 170(b)(1)(A)(ii) |
| (c) <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a
medical research organization operated in conjunction with a hospital
(MUST COMPLETE SCHEDULE C). | Sections 509(a)(1)
and 170(b)(1)(A)(iii) |
| (d) <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1)
and 170(b)(1)(A)(v) |
| (e) <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one
or more of the organizations described in (a) through (d), (g), (h), or (i)
(MUST COMPLETE SCHEDULE D). | Section 509(a)(3) |
| (f) <input type="checkbox"/> As being organized and operated exclusively for testing for public
safety. | Section 509(a)(4) |
| (g) <input type="checkbox"/> As being operated for the benefit of a college or university that is
owned or operated by a governmental unit. | Sections 509(a)(1)
and 170(b)(1)(A)(iv) |
| (h) <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of
contributions from publicly supported organizations, from a
governmental unit, or from the general public. | Sections 509(a)(1)
and 170(b)(1)(A)(vi) |
| (i) <input type="checkbox"/> As normally receiving not more than one-third of its support from
gross investment income and more than one-third of its support from
contributions, membership fees, and gross receipts from activities
related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| (j) <input type="checkbox"/> We are a publicly supported organization but are not sure whether we
meet the public support test of block (h) or block (i). We would like the
Internal Revenue Service to decide the proper classification. | Sections 509(a)(1)
and 170(b)(1)(A)(vi)
or
Section 509(a)(2) |

If you checked one of the boxes (a) through (f) in question 9, go to question 14.
 If you checked box (g) in question 9, go to questions 11 and 12.
 If you checked box (h), (i), or (j), go to question 10.

Part III Technical Requirements (Continued)

- 10** If you checked box (h), (i), or (j) in question 9, have you completed a tax year of at least 8 months?
 No—You must request an advance ruling by completing and signing 2 Forms 872-C and attaching them to your application.
 Yes—Indicate whether you are requesting:
 A definitive ruling (Answer question 11 through and including question 14.)
 An advance ruling (Answer questions 11 and 14 and attach 2 Forms 872-C completed and signed.)

11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of each such grant.

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:

- a Enter 2% of line 8, column (e) of Part IV-A _____
- b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount you entered on line 12a above.

13 If you are requesting a definitive ruling under section 509(a)(2), check here and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each person who is a "disqualified person."
- b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following, and if so, complete the required schedule. (Submit only those schedules, if any, that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization an operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?	X		H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		XX	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A.—Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 7/13/92 to 5/31/93	(b) 1993-94	(c) 1994-95	(d) 19	
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see instructions) . . .					
2 Membership fees received . . .					
3 Gross investment income (see instructions for definition) . . .					
4 Net income from organization's unrelated business activities not included on line 3					
5 Tax revenues levied for and either paid to or spent on behalf of the organization					
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
7 Other income (not including gain or loss from sale of capital assets) (attach schedule) . . .	11,000	12,000	13,000		36,000
8 Total of lines 1 through 7. . . .	11,000	12,000	13,000		36,000
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513					
10 Total of lines 8 and 9	11,000	12,000	13,000		36,000
11 Gain or loss from sale of capital assets (attach schedule) . . .					
12 Unusual grants					
13 Total revenue (add lines 10 through 12)	11,000	12,000	13,000		36,000
Expenses					
14 Fundraising expenses	5,000	5,000	5,000		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule) . . .		6,000	7,000		
16 Disbursements to or for benefit of members (attach schedule) . . .					
17 Compensation of officers, directors, and trustees (attach schedule)					
18 Other salaries and wages					
19 Interest					
20 Occupancy (rent, utilities, etc.) . . .					
21 Depreciation and depletion					
22 Other (attach schedule)					
23 Total expenses	5,000	11,000	12,000		
24 Excess of revenue over expenses (line 13 minus line 23)	6,000	1,000	1,000		

Part IV Financial Data (Continued)

B.—Balance Sheet (at the end of the period shown)

Current tax year
Date MAY 31 1993

Assets		
1	Cash	0
2	Accounts receivable, net	0
3	Inventories	0
4	Bonds and notes receivable (attach schedule)	0
5	Corporate stocks (attach schedule)	0
6	Mortgage loans (attach schedule)	0
7	Other investments (attach schedule)	0
8	Depreciable and depletable assets (attach schedule)	0
9	Land	0
10	Other assets (attach schedule)	0
11	Total assets	0
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc., payable	0
14	Mortgages and notes payable (attach schedule)	0
15	Other liabilities (attach schedule)	0
16	Total liabilities	0
Fund Balances or Net Assets		0
17	Total fund balances or net assets	0
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	0

If there has been any substantial change in any aspect of your financial activities since the end of the period shown above, check the box and attach a detailed explanation

Altrusa International, Inc. of Richardson, Texas Foundation
PO Box 835936
Richardson, TX 75083-5936

Form 1023

Part IV Financial Data

A.

(a) The current tax year is from the date of incorporation on July 13, 1992 till the end of the fiscal year May 31, 1993. This will include the time period of the Style Show/Auction in February 1993. The revenue after expenses will constitute the service budget for the 1993-94 year. The process will be repeated each year and the profit from the 1993-94 fundraising event will provide the service budget for 1994-95.

(b) The profit from 1992-93 will be spent approximately as follows during 1993-94:

Boys and Girls Club	400
Caring for Children	350
CHANCE	200
D-FY-IT	300
Leadership Richardson	200
Neighborhood Youth Services	300
Network	500
YWCA	200
Vocational Scholarship	800
Heifer project	300
Textbook Project	300
Model UN	200
Altrusa International Foundation	200
Laubach Literacy Center	550
Richardson Adult Literacy Center	1000
Kurdish project	200

Total	\$6,000

(c) The same procedure will take place in 1994-95 with 1993-94 profits used to fund 1994-95 projects.

B.

As of now the Corporation has no assets and will not acquire any until February 1993.

Form **872-C**

(Rev. 12-89)

Department of the Treasury—Internal Revenue Service

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

(See instructions on reverse side.)

OMB No. 1545-0056

To be used with Form 1023. Submit in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Altrusa International, Inc. of Richardson, Texas Foundation

(Exact legal name of organization as shown in organizing document)

P.O. Box 835936 Richardson, TX 75083-5936

(Number, street, city or town, state, and ZIP code)

and the

District Director of Internal Revenue, or Assistant Commissioner (Employee Plans and Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year: May 31, 1993
(Month, day, and year)

Name of organization (as shown in organizing document)
Altrusa International, Inc. of Richardson, Texas Foundation

Date
8/17/92

Officer or trustee having authority to sign

Signature ▶ Margaret Brinkman

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

By ▶

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN
 OMB No. 1545-0003
 Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) Altrusa International Inc., of Richardson, Texas Foundation	
	2 Trade name of business, if different from name in line 1 Not applicable	3 Executor, trustee, "care of" name Not applicable
	4a Mailing address (street address) (room, apt., or suite no.) P.O. Box 835936	5a Address of business (See instructions.) 507 Vernet
	4b City, state, and ZIP code Richardson, TX 75083-5936	5b City, state, and ZIP code Richardson, TX 75080
	6 County and state where principal business is located Dallas Texas	
	7 Name of principal officer, grantor, or general partner (See instructions.) Margaret Brinkman	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other nonprofit organization (specify) <u>Charitable</u>	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify)		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State Texas
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input type="checkbox"/> Created a trust (specify)
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)
July 13, 1992

11 Enter closing month of accounting year. (See instructions.)
May

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)**
Do not anticipate

13 Enter highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter "0."**

Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.)
Charitable-various community projects

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

Yes No

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c.

Yes No

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name Trade name

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)
Margaret Brinkman, President

Telephone number (include area code)
(214)644-6141

Signature Margaret Brinkman, President Date 8/17/92

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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**User Fee for Exempt Organization
 Determination Letter Request**
 ▶ Attach this form to determination letter application.
 (Form 8718 is NOT a determination letter application)

For IRS Use Only
 Control number _____
 Amount paid _____
 User fee screener _____

1 Name of organization
 Altrusa International, Inc. of Richardson, Texas Foundation

- 2 Type of request (check only one box and include a check or money order made payable to Internal Revenue Service for the amount of the indicated fee):
- a Initial request for an exempt organization determination letter (do NOT use for a pension plan determination letter) by an organization whose annual gross receipts have not exceeded (or are not expected to exceed) \$10,000, averaged over the preceding four taxable years, or new organizations which anticipate annual gross receipts averaging not more than \$10,000 during their first four years. If you check this box you must complete the income certification below. **\$ 150**

Certification

I hereby certify that the annual gross receipts of Altrusa International, Inc. of Richardson, Texas Foundation,
 (enter name of organization) exceeded (or are not expected to exceed) \$10,000, averaged over the preceding four (or the first four) years of operation.

Signature ▶ Margaret Binkman Title President

- b Initial request for an exempt organization determination letter (do NOT use for a pension plan determination letter) by an organization whose annual gross receipts have exceeded (or are expected to exceed) \$10,000, averaged over the preceding four taxable years, or a new organization which anticipates annual gross receipts averaging more than \$10,000 during their first four years **\$ 375**
- c Private foundation which has completed a section 507 termination and which seeks a determination letter that it is now a public charity **\$ 200**
- d Group exemption letters **\$ 500**

Instructions

The Omnibus Budget Reconciliation Act of 1990 requires payment of a user fee for determination letter requests submitted to the Internal Revenue Service. The fee must accompany each request submitted to a key district office.

The fee for each type of request for an exempt organization determination letter is listed in item 2 of this form. Check the block that describes the type of request you are submitting, and attach this form to the front of your request form along with a check or money order for the amount indicated. Make the check or money order payable to the Internal Revenue Service.

Determination letter requests received with no payment or with an insufficient payment will be returned to the applicant for submission of the proper fee. To avoid delays in receiving a determination letter,

be sure that your application is sent to the applicable address shown below. These addresses supersede the addresses listed in Publication 557 and all application forms.

If entity is in this IRS District	Send fee and request for determination letter to this address
Albany, Augusta, Boston, Brooklyn, Buffalo, Burlington, Hartford, Manhattan, Portsmouth, Providence	Internal Revenue Service EP/EO Division P. O. Box 1680, GPO Brooklyn, NY 11202
Baltimore, District of Columbia, Pittsburgh, Richmond, Newark, Philadelphia, Wilmington, any U.S. possession or foreign country	Internal Revenue Service EP/EO Division P. O. Box 17010 Baltimore, MD 21203
Cincinnati, Cleveland, Detroit, Indianapolis, Louisville, Parkersburg	Internal Revenue Service EP/EO Division P. O. Box 3159 Cincinnati, OH 45201

Albuquerque, Austin, Cheyenne, Dallas, Denver, Houston, Oklahoma City, Phoenix, Salt Lake City, Wichita	Internal Revenue Service EP/EO Division Mail Code 4950 DAL 1100 Commerce Street Dallas, TX 75242
Atlanta, Birmingham, Columbia, Ft. Lauderdale, Greensboro, Jackson, Jacksonville, Little Rock, Nashville, New Orleans	Internal Revenue Service EP/EO Division P.O. Box 941 Atlanta, GA 30370
Anchorage, Boise, Las Vegas, Los Angeles, Honolulu, Portland, Laguna Niguel, San Jose, Seattle	Internal Revenue Service EO Application Receiving Room 5127, P. O. Box 486 Los Angeles, CA 90053-0486
Sacramento, San Francisco	Internal Revenue Service EO Application Receiving Stop SF 4446 P. O. Box 36001 San Francisco, CA 94102
Aberdeen, Chicago, Des Moines, Fargo, Helena, Milwaukee, Omaha, St. Louis, St. Paul, Springfield	Internal Revenue Service EP/EO Division 230 S. Dearborn DPN 20-5 Chicago, IL 60604

Attach Check or Money Order Here

Schedule H.—Organizations Providing Scholarship Benefits, Student Aid, etc., to Individuals

1a Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift, or a loan, and the amount, and how the availability of the scholarship is publicized. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study, or other similar purposes are required to obtain advance approval of scholarship procedures. See Regulations sections 53.4945-4(c) and (d)).

A grant of \$400 to \$800 is awarded to a graduating senior of a high school in the Richardson Independent School District who is currently enrolled in a vocational program. The student should have an acceptable scholarship record and demonstrate good character and citizenship.

b If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here

c If you checked the box in 1b above, indicate the section(s) that you wish to be considered.

- 4945(g)(1)
- 4945(g)(2)
- 4945(g)(3)

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race and whether there are, or will be, restrictions or limitations in selection procedures based on the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

The recipient may not receive a full scholarship from another source.

3 Indicate the number of grants you anticipate making annually 1

4 If you base your selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

relationship

5 Describe any procedures you have for supervising grants (such as obtaining reports or transcripts) that you award, and any procedures you have for taking action if the terms of the grant are violated.

The money is deposited with the college of the student's choice to be used as a draw toward tuition and fees.

ALTRUSA INTERNATIONAL, INC. OF RICHARDSON, TEXAS FOUNDATION
PO Box 835936
Richardson, Tx 75083-5936

OCCUPATIONAL SCHOLARSHIP AWARD
Application for \$500.00 Scholarship

NAME IN FULL _____

MOTHER'S NAME _____ Living/Deceased _____

FATHER'S NAME _____ Living/Deceased _____

LIVING WITH _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ TELEPHONE _____

SCHOOL _____ VOCATIONAL PROGRAM _____

.....
BASICS REQUIREMENTS: Graduating senior of a high school in the Richardson Independent School District who is currently enrolled in a vocational program. Student should have an acceptable scholarship record and demonstrate good character and citizenship. Person who accepts a full scholarship from another source shall not receive an Altrusa Club of Richardson, Texas, Inc. Scholarship
.....

SEX _____ AGE _____ DATE OF BIRTH _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NAMES OF BROTHERS AND SISTERS (Give age, school and grade classification of each)

HONORS OR AWARDS RECEIVED DURING YOUR HIGH SCHOOL CAREER: _____

EXTRA CURRICULAR ACTIVITIES: _____

