

FORM **1023**
Rev. Apr. 1955

U. S. TREASURY DEPARTMENT—INTERNAL REVENUE SERVICE

EXEMPTION APPLICATIONTo be filed with
the District
Director for
your District.

(To be made only by a principal officer of the organization claiming exemption)

For use of organizations applying for exemption under section 501 (a) and described in section 501 (c) (3) of the Internal Revenue Code of 1954, which are organized and operated exclusively for one of the following purposes (check purpose(s)):

- Religious Charitable Scientific Testing for Public Safety
 Educational For the prevention of cruelty to children or animals Literary

If the space provided for the insertion of information or data under any of the questions below is inadequate for the purposes, additional sheets may be used which should be properly identified and securely attached hereto.

1. FULL NAME OF ORGANIZATION <u>Iowa State Teachers College Foundation</u>		2. DATE OF APPLICATION <u>December 30, 1960</u>
3. COMPLETE ADDRESS (Number and street, post office box, etc.) <u>Iowa State Teachers College, Cedar Falls, Iowa</u>		
4a. IS THE ORGANIZATION INCORPORATED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. IF INCORPORATED, UNDER LAWS OF WHAT STATE? <u>Iowa</u>	4c. DATE OF INCORPORATION <u>January 15, 1959</u>
4d. IF NOT INCORPORATED, STATE THE MANNER OF ORGANIZATION		4e. DATE OF ORGANIZATION

5a. IS THE ORGANIZATION THE OUTGROWTH OR CONTINUATION OF ANY FORM OF PREDECESSOR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b. IF SO, STATE NAME OF PREDECESSOR
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5c. PERIOD DURING WHICH IT WAS IN EXISTENCE	5d. SUBMIT COPIES OF ALL PAPERS BY WHICH THE TRANSFER OF ASSETS, IF ANY, WAS EFFECTED
6a. HAS ORGANIZATION FILED FEDERAL INCOME TAX RETURNS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b. IF SO, STATE RETURN FORM NUMBER 6c. YEAR OR YEARS FILED

7. STATE BRIEFLY THE SPECIFIC PURPOSES FOR WHICH THE ORGANIZATION WAS FORMED (Do not quote from, or make reference to, the articles of incorporation or bylaws for this purpose.) The organization was established to serve as a Fund Raising organization for ISTC for funds other than tax support. Funds will be used for educational purposes for which tax monies are not apt to be forthcoming.

8a. IS CAPITAL STOCK ISSUED AND OUTSTANDING? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b. IF SO, STATE (A) CLASS OR CLASSES OF SUCH STOCK, (B) THE NUMBER AND PAR VALUE OF THE SHARES, (C) THE CONSIDERATION FOR WHICH ISSUED, AND (D) WHETHER OR NOT ANY DIVIDENDS OR INTEREST HAS BEEN OR MAY BE PAID ON ANY CLASS OF SUCH STOCK.
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9a. HAS ANY DISTRIBUTION OF CORPORATE PROPERTY EVER BEEN MADE TO SHAREHOLDERS OR MEMBERS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9b. IF SO, ATTACH HERETO A SEPARATE STATEMENT CONTAINING FULL DETAILS THEREOF, INCLUDING (1) AMOUNTS OR VALUE, (2) SOURCE OF FUNDS OR PROPERTY DISTRIBUTED, AND (3) BASIS OF AND AUTHORITY FOR DISTRIBUTION
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10. STATE ALL SOURCES FROM WHICH THE ORGANIZATION'S INCOME IS DERIVED
Fu Gifts, grants, bequests, income from investments

11a. DOES ANY PART OF THE RECEIPTS REPRESENT PAYMENT FOR SERVICES OF ANY CHARACTER RENDERED BY THE ORGANIZATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. IF SO, EXPLAIN IN DETAIL
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12. STATE ALL THE ACTIVITIES IN WHICH THE ORGANIZATION IS PRESENTLY ENGAGED
Fund raising for educational projects, scholarship program, encouraging research, providing special equipment for College.

13. EXPLAIN IN DETAIL EACH FUND-RAISING ACTIVITY AND EACH BUSINESS ENTERPRISE ENGAGED IN, ACCOMPANIED BY COPIES OF ALL AGREEMENTS, IF ANY, WITH OTHER PARTIES FOR THE CONDUCT OF THAT BUSINESS
Annual mail solicitation of Alumni in support of Foundation Projects. Fund raising conducted by secretary and alumni, no agreements with other organizations.

14. WHAT, IF ANY, SPECIFIC ACTIVITIES OF THE ORGANIZATION HAVE BEEN DISCONTINUED? (Explain fully, giving dates of commencement and termination and the reason for discontinuance.)

none

15a. IS THE ORGANIZATION NOW, OR HAS IT EVER BEEN, ENGAGED IN CARRYING ON PROPAGANDA, OR OTHERWISE EITHER ADVOCATING OR OPPOSING PENDING OR PROPOSED LEGISLATION?
 Yes No

15b. IF SO, FURNISH A DETAILED EXPLANATION OF SUCH ACTIVITIES, AND FURNISH COPIES OF LITERATURE, IF ANY, DISTRIBUTED BY THE ORGANIZATION

16a. DOES THE ORGANIZATION PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE?
 Yes No

16b. IF SO, FURNISH A DETAILED EXPLANATION AND COPIES OF LITERATURE DISTRIBUTED

17. FOR WHAT PURPOSES, OTHER THAN IN PAYMENT FOR SERVICES RENDERED OR SUPPLIES FURNISHED, ARE THE ORGANIZATION'S FUNDS EXPENDED? IF CONTRIBUTIONS, GIFTS, ETC., WERE MADE TO OTHER ORGANIZATIONS, ATTACH LIST.
 Purchase of equipment for ISTC, Scholarships, Research activities.

18a. ARE ANY PAYMENTS MADE TO MEMBERS OR SHAREHOLDERS FOR SERVICES RENDERED THE ORGANIZATION?
 Yes No

18b. IF SO, ATTACH DETAILED EXPLANATION SHOWING AMOUNT SO PAID AND THE CHARACTER OF THE SERVICES RENDERED

19. DOES ANY PART OF THE NET INCOME OF THE ORGANIZATION INURE TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR INDIVIDUAL?
 Yes No (unless scholarships would be considered such)

20a. IF THE ORGANIZATION IS A HOSPITAL, STATE WHETHER IT ACCEPTS PATIENTS IN NEED OF HOSPITAL CARE WHO CANNOT PAY FOR SUCH SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No	20b. FOR THE LAST COMPLETE YEAR OF OPERATION, STATE NUMBER OF PATIENT DAYS OF TREATMENT OF	(1) FULL PAY PATIENTS	(2) PART PAY PATIENTS	(3) CHARITY PATIENTS (admitted as such)

21. IN THE EVENT OF THE DISSOLUTION OF THE ORGANIZATION, WHAT DISPOSITION WOULD BE MADE OF ITS PROPERTY? After payment of all obligations, assets shall become the property of State of Iowa for the perpetual use of Iowa State Teachers College.

22. AFTER JULY 1, 1950, DID THE CREATOR OF YOUR ORGANIZATION, OR A CONTRIBUTOR TO YOUR ORGANIZATION, OR A BROTHER OR SISTER (WHOLE OR HALF BLOOD), SPOUSE, ANCESTOR, OR LINEAL DESCENDANT OF SUCH CREATOR OR CONTRIBUTOR, OR A CORPORATION OWNED (50 PERCENT OR MORE OF VOTING STOCK OR 50 PERCENT OR MORE OF VALUE OF ALL STOCK) DIRECTLY OR INDIRECTLY BY SUCH CREATOR OR CONTRIBUTOR—If answer to any of the following is "Yes," attach detailed statement.

	Yes	No		Yes	No		Yes	No
A. Borrow any part of your income or corpus?		<input checked="" type="checkbox"/>	C. Have any part of your services made available to him?		<input checked="" type="checkbox"/>	E. Sell any securities or other property to you?		
B. Receive any compensation for personal services from you?		<input checked="" type="checkbox"/>	D. Purchase any securities or other property from you?		<input checked="" type="checkbox"/>	F. Have any part of your income or corpus diverted to him by any transaction?		

23. ATTACH TO THIS APPLICATION
- A. A classified statement of receipts and expenditures during the last complete year of operation.
 - B. A complete statement of assets and liabilities as of the end of the last complete year of operation.
 - C. If incorporated, a copy of your articles of incorporation, or if not incorporated, a copy of your constitution, articles of association, declaration of trust, or other document setting forth your aims and purposes (conformed copies should be furnished).
 - D. A copy of your bylaws or other similar code of regulations.
 - E. A copy of each lease, if any, in which you are the lessee or lessor of property (real, personal, gas, oil, or mineral) or in which you own an interest under such lease, together with copies of all agreements with other parties for development of the property.

24. If exemption is claimed as an exclusively educational organization and a regular curriculum and faculty are not normally maintained and a regularly organized body of pupils or students is not normally in attendance at the place where the educational activities are regularly carried on, there should be attached specimen copies of any books, pamphlets, leaflets, or other printed matter issued or distributed during the latest complete year of operations.

SIGNATURE AND VERIFICATION

I, the undersigned, president, vice president, treasurer, assistant treasurer, chief accounting officer (or other duly authorized officer) of the organization for which this application is made, declare under the penalties of perjury that this application (including any accompanying statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete application, made in good faith pursuant to the Internal Revenue Code and the regulations thereunder.

(Date) _____ (Signature of officer) _____ (Title) _____

IMPORTANT

A mere claim or contention by an organization that it is exempt from income tax under section 501 (a) of the Internal Revenue Code of 1954 and the corresponding provisions of prior revenue acts will not relieve the organization from filing income tax returns and paying the tax. Unless the Commissioner has determined that an organization is exempt, it must prepare and file a complete income tax return for each taxable year of its existence. Accordingly, every organization that claims to be exempt should furnish the information and data specified herein, together with any other facts deemed material to the question, with the least possible delay, in order that the Commissioner can determine whether or not it is exempt. As soon as practicable after the information and data are received, the organization will be advised of the Commissioner's determination, and, the annual returns which will be required.