

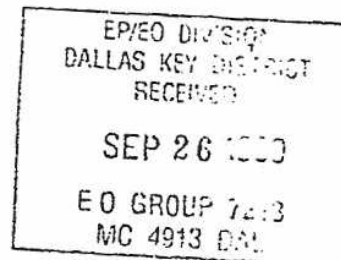
# Bootstraps to Share

ETS  
9/25

PEOPLE HELPING PEOPLE TO HELP THEMSELVES

September 20, 1990

Ms. Margery Clark  
Internal Revenue Service  
EP/EO Division - MC 4913 DAL  
1100 Commerce Street  
Dallas, TX. 75243



Dear Ms. Clark:

As requested in your letter of August 22, please find the following documents regarding our Articles of Amendment enclosed herewith:

1. Articles of Amendment including "Exhibit A", which contains the exact wording requested in your letter which was filed by the Arizona Corporation Commission on September 19;
2. Letter from the Arizona Corporation Commission acknowledging that they have processed the Amendments;
3. Copy of receipt from Territorial Publishers for typesetting so that they can publish the Amendments. As soon as we receive the Affidavit of Publication as required by the Arizona Corporation Commission, we will forward a copy to you.

I have also enclosed a signed Form 872-C and the Agreement to classification under 509(a)(1).

The men (and hopefully in the future women and families) that participate in Bootstraps are first screened and referred by churches and local social service agencies. We also interview them and require them to fill out an application (copy enclosed) and check the references.

The homeowners are also referred by churches and/or social service agencies. We also required some proof that they are in fact the homeowners such as a Deed or mortgage payment or tax forms and some kind of proof of income such as the prior year's IRS 1040 or check stubs.

So far our "bike shop" is not in operation. What we hope to do is develop bike trailers to be manufactured by homeless individuals from recycled scrap metals and sold to pay the men's

- TUCSON, AZ - 85716

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wages and costs. We have the design for the trailers which was created by a local biker smith. He is now working out the details such as finding tools and a regular supply of scrap metal. He has volunteered his time for us and will also be the person to train the men once everything is ready to start building the trailers. He would also like to train men to repair donated bicycles for other people in the homeless community. But so far nothing has actually been accomplished as far as the bike shop goes.

We do not have a formal training program. We have found that many of the people living on the streets have skills especially in the area of construction. When we have homeless people working at people's houses we have a supervisor working with them. These supervisors are also volunteers who come with a variety of backgrounds, but all of them believe in this program and the people we are trying to help. Our hope is to help people get back on their feet by giving them a place to live and a job. Once people are back on their feet we encourage them to start looking for other full-time employment. We do not anticipate employing people for long periods of time.

I hope this answers all of your questions. As I indicated above I will forward a copy of the Affidavit of Publication as soon as I receive it. If I can be of any further assistance, please don't hesitate to contact me.

Sincerely,



Kathe B. Padilla  
Phone [REDACTED]

kp  
Encl.

STATEMENT OF AGREEMENT TO  
CLASSIFICATION UNDER 509 (a)(1)

As a Member of the Board of Directors and Treasurer, I agree to the classification of Bootstraps to Share of Tucson, Inc., under Sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Dated this 11th day of September, 1990.



Katha B. Padilla,

Treasurer

14. DO YOU HAVE A BANK ACCOUNT.

CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_

15. HAVE YOU EVER BEEN IN A REHAB PROGRAM. NAME \_\_\_\_\_  
WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

16. GIVE NAMES OF TWO PERSONS. NOT A RELATIVE, WHO WE CAN CONTACT AS REFERENCE.

A, \_\_\_\_\_  
B, \_\_\_\_\_

NAME ADDRESS PHONE  
C, BRING A LETTER OF REFERENCE FROM EACH OF THE ABOVE PERSONS.

17. HAVE YOU EVER BEEN IN A BOOTSTRAPS PROGRAM BEFORE? \_\_\_\_\_

18. DO YOU HAVE ANY RELATIVES IN BOOTSTRAPS? RELATION \_\_\_\_\_

NAME ADDRESS PHONE

19. NAME OF PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY.

NAME ADDRESS PHONE

20. BEFORE ENTERING THE PROGRAM WE WILL RUN A SECURITY CHECK ON YOU.

I agree that all the information given in this application is true and correct. I understand that any false information given will automatically invalidate this application and remove me from consideration for this program.

OFFICE USE ONLY  
Recieve application: date \_\_\_\_\_ Signed \_\_\_\_\_  
Interview Applicant: date \_\_\_\_\_ Signed \_\_\_\_\_  
Screening committee: date \_\_\_\_\_ Signed \_\_\_\_\_  
Notify Applicant: date \_\_\_\_\_ Signed \_\_\_\_\_