

**Request for Miscellaneous
 Determination**
 Under Section 507, 509(a), 4940, 4942, 4945, and
 6033 of the Internal Revenue Code

Use the instructions to complete this form. **A User Fee must be attached to this form, if required.** For user fee information or additional help, visit our website at www.irs.gov/eo or call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. If the required information and documents are not submitted with payment of the appropriate user fee, the form may be returned to you.

Part I Identification of Organization

1a Full Name of Organization

International Costumers' Guild

b Address (number, street and room/suite) If a P.O. Box, see instructions.

86 Inyo Place

c City

Redwood City

d State

CA

e Zip Code + 4

94061-4122

2 Employer Identification Number

52-1656188

3 Month Tax Year Ends (MM)

12

4 Person to Contact if More Information is Needed

Philip Gust

5 Contact Telephone Number

650 367-7652

6 Fax Number (optional)

7 User Fee Submitted

\$1000

Part II Type of Request

8 Please select the item(s) below that best describe your request. Using an attachment, provide a detailed explanation of your request. Be sure to include the organization's name and EIN on each additional sheet.

- a** Advance approval of certain set-asides described in section 4942(g)(2)
- b** Advance approval of voter registration activities described in section 4945(f)
- c** Advance approval of scholarship procedures described in section 4945(g)
- d** Exemption from Form 990 filing requirements
- e** Advance approval that a potential grant or contribution constitutes an "unusual grant"
- f** Change in Type (or initial determination of Type) of a section 509(a)(3) organization
- g** Reclassification of foundation status, including a voluntary request from a public charity for private foundation status
- h** Termination of private foundation status under section 507(b)(1)(B)—advance ruling request
- i** Termination of private foundation status under section 507(b)(1)(B)—60-month period ended

Under penalties of perjury, I declare that I have examined this application, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

Please
 Sign
 Here


 (Signature of Officer, Director, Trustee or other authorized official.)

March 7, 2014
 (Date)

Philip Gust
 (Type or print name of signer)

President
 (Type or print title or authority of signer)