Department of the Treasury Internal Revenue Service

## **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

1999

This Form is Open to Public Inspection

| A              | For the 1999 calendar year, OR tax year beginning 1 January 1999 , 1999, and ending 31 Dece   | ember 1999               |  |  |  |
|----------------|---|--------------------------|--|--|--|
| В              | Check if: ** 5-DIGIT 90028 D Employe  | er identification number |  |  |  |
| Ē              |   | 95 461 5525              |  |  |  |
| ᅮ              | CULT AWARENESS NETWORK  | elephone number          |  |  |  |
| -              |   | +6 <b>8</b> -0567        |  |  |  |
| <u> </u>       |   | if exemption             |  |  |  |
| _              |   | ion is pending           |  |  |  |
|                | ntata mandina)  | ur-digit group exemption |  |  |  |
| G              | Accounting method: ⟨□ Cash □ Accrual □ Other (specify) ▶ number   |                          |  |  |  |
| ř              | Type of organization— ► \(\tilde{\Delta}\) Exempt under section 501(c)(\(\frac{3}{3}\)) \(\left(\text{(insert number)}\) OR \(\bigcup \square\) section 4947(a)(1) no | <u> </u>                 |  |  |  |
| •              | Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a comple   |                          |  |  |  |
| _              |   |                          |  |  |  |
| J              | Check ► ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the                                  |                          |  |  |  |
| _              | received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete                                 | 40365                    |  |  |  |
| K              | Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9)   | 40363                    |  |  |  |
| T              | Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Inst   | tructions on page 32 )   |  |  |  |
| L              |   | 10070                    |  |  |  |
| ⊋              | 1 Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)  |                          |  |  |  |
| <b>)</b>       | 2 Program service revenue including government fees and contracts   | <b>2</b> 0               |  |  |  |
| <u> </u>       | 3 Membership dues and assessments   | <del></del>              |  |  |  |
| <b>.</b>       | 4 Investment income   | <b>4</b> 92              |  |  |  |
| 2              | 5a Gross amount from sale of assets other than inventory  |                          |  |  |  |
|                | b Less: cost or other basis and sales expenses  | <b>5c</b> i 0            |  |  |  |
| 2              | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)  | 5c U                     |  |  |  |
| Revenue        | 6 Special events and activities (attach schedule):  |                          |  |  |  |
| Š              | a Gross revenue (not including \$ of contributions  |                          |  |  |  |
| Œ              | 7-7-1   |                          |  |  |  |
|                | b Less: direct expenses other than fundraising expenses   | 6c 0                     |  |  |  |
|                | c Net income or (loss) from special events and activities (line 6a less line 6b)  | 6c U                     |  |  |  |
|                | 7a Gross sales of inventory, less returns and allowances  |                          |  |  |  |
|                | 2 2003: 000: 0: goodo cola ;  | 7 <b>c</b> 0             |  |  |  |
|                | c Gross profit or (loss) from sales of inventory (line 7a less line 7b)   | 8                        |  |  |  |
|                | 8 Other revenue (describe ►) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)  | <b>9</b> 40365           |  |  |  |
| _              |   | 10                       |  |  |  |
|                | 10 Grants and similar amounts paid (attach schedule)  | 11                       |  |  |  |
|                | 11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 RECEIVED.  | 12                       |  |  |  |
| ensea          | (V)   | 13 8355                  |  |  |  |
| ĕ              | 13 Professional fees and other payments to independent contractors  | 14 7509                  |  |  |  |
| EXP            | 14 Occupancy, rent, utilities, and maintenance  | 15 4041                  |  |  |  |
|                | 14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping 16 Other expenses (describe >                                       | 16 14305                 |  |  |  |
|                | 17 Total expenses (add lines 10 through 16)   | 17 34210                 |  |  |  |
| _              | 10 Total expenses (ded intes to directly to the day)  | 18 6155                  |  |  |  |
| Net Assets     | 18 Excess or (deficit) for the year (line 9 less line 17)   |                          |  |  |  |
| lss.           | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with   | <b>19</b> 49             |  |  |  |
| <del>_</del> = | end-of-year figure reported on prior year's return)   | 20                       |  |  |  |
| ž              | 21 Net assets or fund balances at end of year (combine lines 18 through 20)   | 21 6204                  |  |  |  |
| E              | Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.  |                          |  |  |  |
|                | (See Specific Instructions on page 36.)  (A) Beginning of you   | <del></del>              |  |  |  |
| 2              |   | <b>22</b> 3469           |  |  |  |
| 2              |   | 23 0                     |  |  |  |
| 2              |   | <b>24</b> 3032           |  |  |  |
| 2              | ·   | <b>25</b> 6501           |  |  |  |
| 2              | 6 Total liabilities (describe ▶)  | 26 (297)                 |  |  |  |
| 2              |   | <b>27</b> 6204           |  |  |  |

| Form 990-EZ (1   | 999)  |   |                            |                                     |                         | Page 2  |  |
|--|---|---|----------------------------|-------------------------------------|-------------------------|---|--|
| Part III   | Statement of Program Service Accom  | plishments (See Specific                  | instructions on            | page 36.)                           |                         | Expenses  |  |
| What is the organization's primary exempt purpose? PROMOTING RELIGIOUS TOLERANCE.                    |   |   |                            |                                     | (Required for 501(c)(3) |   |  |
|  | Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,   |   |                            |                                     |                         | and (4) organizations<br>and 4947(a)(1) trusts; |  |
| describe the   | describe the services provided, the number of persons benefited, or other relevant information for each program title.  |   |                            |                                     |                         | onal for others.)                               |  |
|  | A CONTROL T   |   | ·                          |                                     |                         | -   |  |
| مريد والمريد   | B STATEMENT 1   |   |                            |                                     |                         |   |  |
|  | (A . A  |   |                            |                                     |                         | 24270   |  |
|  | (Grants \$  |   |                            | 28a                                 | 34210                   |   |  |
|  |   |   |                            |                                     |                         | -   |  |
|  | •••••••••••••••••••••••••••••••••••••••   |   |                            |                                     |                         | ,   |  |
|  |   | - (0                                      | Grants \$                  | )                                   | 29a                     | -   |  |
| 30   |   |   |                            |                                     |                         |   |  |
| *********  |   |   |                            |                                     | i l                     |   |  |
|  | ·   |   | Grants \$                  | }                                   | 30a                     |   |  |
| 31 Other pro   | ogram services (attach schedule)  | <u> (</u> 0                               | Grants \$                  | )                                   | 31a                     |   |  |
| 32 Total pro   | ogram service expenses (add lines 28a th  | rough 31a)                                |                            | ▶                                   | 32                      |   |  |
| Part IV  | List of Officers, Directors, Trustees, and Key  | Employees (List each one eve              | n if not compensate        | d. See Specifi                      | c Instr                 | uctions on page 36.                             |  |
|  | (A) Name and address  | (B) Title and average                     | (C) Compensation           | (D) Contributio                     |                         | (E) Expense                                     |  |
|  | (A) Name and address  | hours per week devoted to position        | (If not paid,<br>enter -0) | employee benefit<br>deferred comper | pians &<br>isation      | account and other allowances                    |  |
|  | ORGE ROBERTSON  | CHAIRMAN OF THE                           |                            | 1                                   |                         |   |  |
|  | VINE, STE 415, LOS ANGELES  | BOARD/AS NEEDED                           | <u>-</u> .,0 -             | - 0 -                               | -                       | - 0 -   |  |
| STAN KO  | DEHLER  | BOARD MEMBER                              |                            | i                                   |                         |   |  |
|  | VINE, STE 415, LOS ANGELES  | /AS NEEDED                                | -0-                        | l - 0 -                             | _                       | - 0 -   |  |
| MARK LI  | IRTE  | 1   |                            | <del></del>                         |                         |   |  |
|  | VINE, STE 415, LOS ANGELES  | BOARD MEMBER                              | - 0 -                      | -0-                                 | _                       | - 0 -   |  |
| 2000 11.   | VILLE 417, 100 ANGELES  | /AS NEEDED                                | _                          |                                     |                         |   |  |
|  |   |   |                            |                                     |                         |   |  |
| Part V   | Other Information (Con Consider Instr   | untions on nors 27)                       | <u></u>                    | <u> </u>                            |                         | Vec Ne  |  |
|  | Other Information (See Specific Instr   |   | •                          |                                     |                         | Yes No  |  |
|  | organization engage in any activity not previously r  | •   |                            |                                     | -                       | • •   |  |
| 34 Were any  | changes made to the organizing or governing docum   | ents but not reported to the IRS? I       | lf "Yes," attach a conf    | ormed copy of ti                    | ie char                 | iges.   |  |
| 35 If the or   | ganization had income from business activitie   | s, such as those reported or              | lines 2, 6, and 7 (        | among others                        | ), but                  | NOT   |  |
| reported   | d on Form 990-T, attach a statement explaini  | ng your reason for not repon              | ting the income on         | Form 990-T.                         |                         | anta?   |  |
| a Did the  | organization have unrelated business gross incon  | ne of \$1,000 or more or 6033(e)          | notice, reporting, an      | d proxy tax req                     | uireme                  | ents? X   |  |
| b If "Yes,   | " has it filed a tax return on Form 990-T f   | or this year?                             |                            |                                     |                         |   |  |
|  | ere a liquidation, dissolution, termination, or s   |   |                            | s," attach a st                     | ateme                   | ent.) X   |  |
|  | mount of political expenditures, direct or in-  |   |                            |                                     |                         |   |  |
|  | organization file Form 1120-POL for this  |   |                            |                                     |                         |   |  |
|  | organization borrow from, or make any lo  | -   |                            | molovee OR                          | were                    | any   |  |
|  | pans made in a prior year and still unpaid a  |   |                            |                                     | WOIC                    | ally [  |  |
|  | " attach the schedule specified in the line 38  |   |                            | 38b                                 | • •                     | • • ///////////////////////////////////         |  |
|  | 7) organizations. Enter: a Initiation fees and  |   |                            | 39a                                 |                         | <i>\\\\\\\\\\\</i>                              |  |
|  |   |   |                            | 39b                                 |                         | <del></del> \/////////////////////////////////  |  |
|  | receipts, included on line 9, for public use  |   |                            |                                     |                         | <del>-</del> \///////////////////////////////// |  |
|  | organizations. Enter: Amount of tax imposed o   |   |                            | _                                   | Λ                       |   |  |
|  | 4911 ▶; section 49  |   | ; section 4955             |                                     | Ų.                      | <u>-                                    </u>    |  |
| <b>b</b> 501(c)(3)   | ) and (4) organizations. Did the organization eng   | age in any section 4958 exces             | ss benefit transactio      | n during the ye                     | ear or                  | did it   1                                      |  |
|  | aware of an excess benefit transaction from a   |   |                            |                                     | ^                       | LL.X  |  |
|  | of tax imposed on organization managers or dis  |   | ar under 4912, 4955        | , and 4958 ► .                      | <u> </u>                | <u> </u>  |  |
|  | Amount of tax on line 40c, above, reimburs  |   |                            | ▶.                                  | <u> </u>                |   |  |
|  | states with which a copy of this return is file   |   | ALIFORNIA                  |                                     |                         |   |  |
| <b>42</b> The bo   |   |   |                            |                                     |                         |   |  |
| Locate   |   | 415, LOS ANGELES, CA ZIP + 4 ▶ 90028-8823 |                            |                                     |                         |   |  |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here |   |   |                            |                                     |                         |   |  |
| and enter the amount of tax-exempt interest received or accrued during the tax year ▶   43           |   |   |                            |                                     |                         |   |  |
| Please   | Under penalties (perjury, 1 declare that I have exar<br>and belief, it strue, correct the complete. Declare<br>(Important See General Instruction U. page 4.) | nined this return, including accomp       | panying schedules and      | statements, and                     | to the                  | best of my knowledge                            |  |
| Sign   | (Important, See General Instruction U. page 14.)  | morror to the than once                   | 1) 13 Desect on the line   |                                     | picpai                  | er has any knowledge.                           |  |
| Here   | My Mul  | 1111200                                   | GE0264                     | KOBER                               | 7150                    | or CHIND  |  |
|  | Signature of office   | Date                                      | Type or print nam          |                                     | ,                       |   |  |
| Paid   | Preparer's  | Date                                      |                            | Check if self-                      | Prepa                   | rer's SSN or PTIN                               |  |
| Preparer's   | signature   |   |                            | employed >                          | <u></u> .               |   |  |
| Use Only   | Firm's name (or yours if self-employed)   |   | E                          | IN ►                                |                         |   |  |
| Use Only   | and address   |   |                            | 1P+4 ►                              |                         |   |  |

5 7 1

Sponsoring an information hotline: 5 volunteers from diverse religions helped over 3,000 callers to our 800 hotline; helping relatives, friends, and business associates amicably resolve significant differences in belief.

Collect and Maintain a Professional Referral List: The Foundation has expanded its list of qualified experts on religion and religious liberty to over 200 scholars, attorneys, mediators and many others. The Foundation makes these experts available to media, students, educators, and concerned family members.

Hosting Web Pages: The Foundation continues to maintain two websites (www.cultawarenessnetwork.org and www.forf.org). During 1999, the Foundation upgraded these sites to include objective information on many religious groups and links to many other religious tolerance sites, increasing the weekly hits on our sites from 2,000 to over 10,000.

| FOUNDATION | FOR | RELIGIOUS  | FREEDOM                                 |
|------------|-----|------------|---|
| TOTION     | 101 | THITTOTOOD | 111111111111111111111111111111111111111 |

95-4615525

FORM 990

## OTHER EXPENSES DETAIL:

| 5110  | Telephone            | 6,092  |
|-------|----------------------|--------|
| 5120  | Office & Admin       | 3,785  |
| 5170  | Dissemination        | 384    |
| 5240  | Travel               | 3,570  |
| 5286  | Licenses             | 340    |
| 5290  | Bank charges         | 694    |
| 5450  | Depreciation expense | 240    |
| 5462  | State Franchise tax  | (800)  |
|       |                      |        |
| Tota: | l Other Expenses     | 14,305 |

Desard Member Addresses?

TB By Org/Yr/Acct

2)

11\_7

Printed: Monday, November 13, 2000, at 2:04 PM

- 85e

Form **2758** 

Application for Extension of Time To File

| -  | Cenain Excise, income, information, and Other Returns  |  |   | OMB No. 1545-0148               |  |  |
|--|--|--|---|---------------------------------|--|--|
| Department of the Treasury Prismal Revenue Service > File a separate application   |  |  | i for each return.                            |                                 |  |  |
| Please type  | or Nam   |  | P.  | imployer identification number  |  |  |
| print. File the  | FO   | NDATION FOR RELIGIOUS FREEDO  Fr. street, and room of suite no. (or PO, box no. If meal is not deli  |   | 95-4615525                      |  |  |
| copy by the  |  |  |   |                                 |  |  |
| date for filling   | 2  |  |   |                                 |  |  |
| your return.   |  |  |   |                                 |  |  |
| m 1840 mprosess  | +iq.   |  |   |                                 |  |  |
| LOS ANGELES, CA 90028  Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Pertnerships. REMICs, and to |  |  |   |                                 |  |  |
|  |  | e tex return ners must use mornt 7004 to request<br>8736 to request an extension of time to file Form  |   | anips, Remics, and trusts       |  |  |
|  |  |  |   |                                 |  |  |
|  | request an extension of time until NOVEMBER 15 , 2000 , to file (check only one):  Form 708-G8(D) Form 930-1 (sec. 491(a) of 498(a) feet) Form 1120-ND (sec. 4951 taxes)   |  |   |                                 |  |  |
| =  | om 706-GS(1  |  | Form 3520-A                                   | Form 8813                       |  |  |
| X F  | orm 990 or 99  | EZ Form 1041 (estate) (see Instructions)   | Form 4720                                     | Form 8725                       |  |  |
| <u></u>  | Om 990-BL  | Form 1041-A  | Form 5227                                     | Form 8804                       |  |  |
|  | om 990-PF  | Form 1042  | Form 6069                                     | Form 8831                       |  |  |
|  |  | does not have an office or place of business in ti   |   |                                 |  |  |
| 2a For c   | alendar yea  | 99 , or other tax year beginning   | snd ending                                    |                                 |  |  |
|  |  | or less than 12 months, check reason: Initia   |   |                                 |  |  |
|  |  | of time to file been previously granted for this tax   | year?   | XYes No                         |  |  |
| 4 State  | IN GENERAL WI<br>CMCTTTT   | you need the extension TIME IS NEEDED TO OBTAIN T  | HE MECESSARY INFORM                           | TION TO FILE                    |  |  |
|  |  | AND ACCURATE TAX RETURN.   | MECCODART THEOTER                             | 111011 10 11111                 |  |  |
|  |  | 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (e   | utelo) 1042 1120-ND 4720 6060 8812            | <del></del>                     |  |  |
|  |  | 8831, enter the tentitive tax, less any nonrefundable credi  |   |                                 |  |  |
| b If this  | s form is for  | orm 990-PF, 990-T, 1041 (estate), 1042, or 8804  | , enter any refundable credits and            |                                 |  |  |
| estim  | nated tax pa   | ments made. Include any prior year overpayment   | allowed to a product                          | \$                              |  |  |
| c Sala   | nce due. Si  | tract line 5b from line 6a. Include your payment   | with this ledy, or depositivity.              |                                 |  |  |
| coup   | on if require  | . See instructions   | ALIO SE                                       |                                 |  |  |
| Linder nanairi   | les of nethury 1:  | tract line 5b from line 6a. Include your payment in See Instructions.  Signature and Verectare that I have examined this form, including accompanying state on authorized to prepare this form.  Title > CAA | INICATIONAL and externoons and office test of | Anouledge and peliet it is true |  |  |
| correct, and c   | complete; and the  | I am authorized to prepare this form.  | OGD   | 3/                              |  |  |
| _  | . <i>Ds</i> .  | C V. a cea   | EN 12 18                                      |                                 |  |  |
| Signature 📂  | Jug 12   | al. Correction (TA)  | 101 4   | Dance 1 /1/190                  |  |  |
| FILE ORIG  | GINAL AND  | INE COPY. The IRS will show below whether or not   | your application is approved and will         | return the copy.                |  |  |
| Notice to  | Applican   | - To Be Completed by the IRS   |   |                                 |  |  |
|  | • •  | ed your application. Please attach this form to yo   | ır rəhim                                      |                                 |  |  |
| =:   |  | proved your application. However, we have gran   |   | later of the data about         |  |  |
|  |  | late of your return (including any prior extensions  |   |                                 |  |  |
|  |  | otherwise required to be made on a timely return   |   |                                 |  |  |
| ☐ We l   | HAVE NOT   | proved your application. After considering the re  | ssons stated in item 4, we cannot a           | grant your request for an       |  |  |
| extension of time to file. We are not granting the 10-day grace period.  |  |  |   |                                 |  |  |
| ☐ We d   | We cannot consider your application because it was filled after the due date of the return Epplyhold an expension because it was filled after the due date of the return Epplyhold an expension because it was filled after the due date of the return Epplyhold an expension because it was filled after the due date of the return Epplyhold an expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the due date of the return Epplyhold and Expension because it was filled after the expension because it was filled |  |   |                                 |  |  |
| Other:   |  |  |   |                                 |  |  |
|  |  |  |   |                                 |  |  |
|  | ·<br>  | By:  | AUG   | 2 4 2000                        |  |  |
|  | <u></u>  | ctor   |   | Oute                            |  |  |
|  | 1919: University Digitaling Control  |  |   |                                 |  |  |
| If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent      |  |  |   |                                 |  |  |
|  | Mame   | TAN BAD DELIGIADA DODDEAS A  | /O NADA                                       | · 110 SEASONA APINETS           |  |  |
| Please   |  | ION FOR RELIGIOUS FREEDOM C. and room or suite no. (of P.O. box no. if mail is not delivered to  |   |                                 |  |  |
| Type   |  | LSHIRE BLVD., 4TH FLOOR  | 3new 900(623)                                 |                                 |  |  |
| Print  |  | DSTITE BLVD., 417 FLOOR ost office, state, and ZIP code. For a foreign address, accounting   | tions.  |                                 |  |  |
|  |  | HILLS, CA 90212  | · <del>-</del>                                |                                 |  |  |

For Paperwork Reduction Act Notice, see back of form. ISA STF FE04883F

Form 2758 (Hev. 8-92)

| Form 🚄 🗸<br>(Raw. June 19  |  | Certain Excise, Income, Information, and Other Returns  | OMB No. 1545-0148  |
|--|--|---|--|
| Department of the Tractury internal Revenue Survice  |  |   | ONG (40. 1543-0146   |
| Please type<br>print, File th  | or Name  | File a separate application for each return.  Foundation for Religious Freedom  | Employer identification number 95-4615525  |
| original and   | done Numb  | kr, street, and room or suite no. (or P.O. box no. if mult is not delivered to street address)  | The state of the s |
| date for film<br>your return.  | kg   | 1680 N. Vine Ave. #415  |  |
| instructions<br>back   |  | own or post office, state, and ZIP code. For a foreign address, see instructions.   | ·  |
|  |  | Los Angeles, CA 90028   |  |
| เรษร   | ನಿನ ಗಾಲಿನಿಕೆ ಬಿತಿಕ   | ne tax return illers must use Form 7004 to sacuast an extension of time to file. Pai<br>Form 8736 to requast an axtension of time to the Form 1035-1098, or 1941.   | tnerskips, REMICs, and   |
| F F If the Cas For Cas | form 706-GS(E<br>form 705-GS(T<br>form 990 or 98<br>form 990-BL<br>form 990-PF<br>a organization<br>calendar yea<br>is tax year is<br>an extension<br>e in detail wi | Form 990-T (trust other than above)   | Form 8613 Form 8725 Form 8804 Form 8831 In accounting period Yes No  |
| b if thi<br>estin<br>c Bala<br>coup  | i, 8612, 8613,<br>is form is for<br>nated tax pa<br>ance due. Su<br>son if require   | Form 706-GS(D), 705-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720 B725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and yments made, include any prior year overpayment allowed as a credit btract line 5b from line 5a, include your payment with this form, or deposit with FTI d. See instructions  Signature and Verification  declare that I have examined this form, including accompanying schoolules and statements, and to the both | \$<br>\$<br>> \$   |
| t is true co   | rrect, and comp  | eter, and that I am authorized to prepare this ferm.  | St Of My Washands and re-  |
| Signature >  |  | Certified Public Accountant   | 15 May 00<br>Date ⊁  |
|  |  | ONE COPY. The IRS will show below whether or not your application is approved a   | nd will return the copy.   |
| We   We   We   Show exter  | HAVE approved the HAVE NOT a win below or ension of time HAVE NOT a  | t—To Be Completed by the IRS red your application. Please attach this form to your return. upproved your application. However, we have grented a 10-day grace period from the due date of your return (including any prior extensions). This grace period is confor elections otherwise required to be made on a timely return. Please attach this upproved your application. After considering the reasons stated in item 4, we cannot to file. We are not granting the 10-day grace period.   | nsidered to be a valid<br>form to your return.   |
| requ   | ested.   | der your application because it was filed after the due date of the return for which  | an extension was   |
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| If you want  | t a copy of this<br>Name   | form to be returned to an address other than that shown above, please enter the address to which  | the copy should be sent.   |
| Pieasa<br>Type   |  | t, and room of suite no. (or P.C. box no. if mail is not delivered to street address)   | ······································   |
| or<br>Print  | City town or   | orest office, state, and ZIP code. For a foreign address, see instructions.   |  |

City, town or post office, state, and ZIP code. For a foreign address, see instructions.