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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2006, and ending For the 2006 calendar year, or tax year beginning 20 D Employer identification number C Name of organization B Check if applicable use IRS 95 4035696 Int'l Foundation for Human Rights & Tolerance Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite onnt or Name change type. 287 (323) 661 1196 4470 Sunset Blvd Initial return City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Final return instruc-☑ Other (specify) ► Modified Cash tions. os Angeles, CA 90027-6302 Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.humanrightsandtolerance.org H(c) Are all affiliates included? N/A ☐ Yes ☐ No J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? 🔲 Yes 🔽 No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses Group Exemption Number ▶ to file a return, be sure to file a complete return. M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 175051 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 102063 1b **b** Direct public support (not included on line 1a) 10002 1c c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) 112065 e Total (add lines 1a through 1d) (cash \$ 102063 noncash \$ 1e Program service revenue including government fees and contracts (from Part VII, line 93) 3 4 6 Interest on savings and temporary cash investments Dividends and interest from securities . . 6a 6a Gross rents 6b **b** Less rental expenses 6c -Net rental-income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe (B) Other 8a Gross amount from sales of assets other NO \thap igventery 8a 8b b Less: cost or other basis and sales expenses. 8c Gain or (loss) (attach schedule) . . . Net gain of floss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ 40375 contributions reported on line 1b) 9b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a Statement (10817 13696 10a Gross sales of inventory, less returns and allowances . . . 10629 10c 3067 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 11 Other revenue (from Part VII, line 103) 125955 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 80350 13 Program services (from line 44, column (B)) 7750 14 Management and general (from line 44, column (C)) 23654 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . Total expenses. Add lines 16 and 44, column (A) 111754 17 17 14199 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 22598 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). . Other changes in net assets or fund balances (attach explanation). 20 36797 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

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Form 990 (2006)

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Part	Functional Expenses organizations and s	st com ection 4	piete column (A). Col 1947(a)(1) nonexempt	umns (B), (C), and (D) charitable trusts but	are required for seconoptional for others. (5	tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	<u> </u>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$)					
	If this amount includes foreign grants, check here 🕨 🔲	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here 🕨 🗌	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			·	
25a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A (attach schedule)	25a			-	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a – 27	28				
29	Payroll taxes	29	<u></u>			
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	360		360	F07
33	Supplies	33	1776	888	355 623	533 934
34	Telephone	34	3114 4573	1557 2286	915	1372
35	Postage and shipping	35 36	13363	6681	2673	4009
36	Occupancy	37	108	0001	108	7003
37	Equipment rental and maintenance	38	1484	742	297	445
38 39	Printing and publications	39	9498	4749		2849
39 40	Travel	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach, schedule)	42	664	332	133	199
43	Other expenses not covered above (itemize):					
а	COMMISSIONS	43a	14448	 		10591
b	INSURANCE	43b	1035			
С	CLEANING	43c	129	 	129	ļ
d	DISSEMINATION	43d	58223			
е	LICENSES & FEES	<u>43e</u>	259		259	
f	BANK CHARGES	43f	2722		 	2722
g		43g		 	 	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	111754	80350	7750	23654
161-	nt Costs. Check ▶ ☐ if you are following SOF					· · · · · · · · · · · · · · · · · · ·
Are a	any joint costs from a combined educational campaigner, "enter (1) the aggregate amount of these joint costs."	n and f	rundraising solicitation (ii) the contraction (iii) the contractio	ne amount allocated	to Program service	► ☐ Yes ☑ N es \$
	he amount allocated to Management and general \$; and (iv) tl	ne amount allocated	to Fundraising \$	

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Pa	rt III Statement of Program Service Accomplishments (See the instructions.)	
part on i	m 990 is available for public inspection and, for some people, serves as the primary or sole source of inficular organization. How the public perceives an organization in such cases may be determined by the inforts return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, tograms and accomplishments.	mation presented
Wha	at is the organization's primary exempt purpose? > To promote human rights and tolerance.	Program Service
of c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
а	The Foundation for Human Rights and Tolerance conducts a world-wide educational program to teach individuals	
	about their human rights, specifically the United Nations Universal Declaration of Human Rights and inspire	
	advocates for tolerance and peace. Two areas to which the Foundation paid particular attention in 2006 were	
	human trafficking in the United States and the plight of refugees in some African countries.	
	Around the world the Foundation promoted human rights at schools, religious and community centers through	
	conferences, seminars, contests, meetings and press conferences.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	80358
b	The Foundation used the United Nations Human Rights Day 2006 as a focal point for organizing 40 educational	
	events around the globe. As a result millions of people now know their human rights and many are joining in the	
	Foundation's public education campaign.	
	A major achievement for the Foundation in 2006 was exemplifying each of the precepts of the Declaration of	
	Human Rights through a series of 30 Public Service Announcements. The international premiere of these PSAs	
	was part of a Human Rights Summit held at the United Nations Hadquarters in August 2006 attendd by over 100	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C	delegates from around the world. By the end of 2006, the PSAs had played on over 2,000 TV stations and	
	reached more than 80 million people.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	80358

Form **990** (2006)

Form 990 (2006) Page 4 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description (A) Beginning of year (B) End of year column should be for end-of-year amounts only. 15354 22752 45 Cash-non-interest-bearing 1305 8061 46 48 Savings and temporary cash investments . . . 47a 47a Accounts receivable 47b 47c b Less: allowance for doubtful accounts . 48a 48a Piedges receivable 48b 48c **b** Less: allowance for doubtful accounts . 49 50a Receivables from current and former officers, directors, trustees, and b Receivables from other disqualified persons (as defined under section 50b 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) **30** 51a Other notes and loans receivable (attach 51b 51c b Less: allowance for doubtful accounts . 4901 52 4273 Inventories for sale or use 53 53 Prepaid expenses and deferred charges ☐ Cost ☐ FMV 54a 54a Investments—publicly-traded securities . . 54b ► ☐ Cost ☐ FMV b investments—other securities (attach schedule) 55a Investments—land, buildings, equipment: basis b Less: accumulated depreciation (attach 55c 55b schedule) 56 Investments—other (attach schedule) . 10036 57a 57a Land, buildings, and equipment: basis . b Less: accumulated depreciation (attach schedule) Statement .3 . . 1214 57c 7359 2677 Other assets, including program-related investments 58 (describe ▶ Total assets (must equal line 74). Add lines 45 through 58 . . . 22774 59 37763 60 Accounts payable and accrued expenses , 61 61 62 Loans from officers, directors, trustees, and key employees (attach 63 64a 64a Tax-exempt bond liabilities (attach schedule) 64b b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe ► Sales Tax Payable) 176 65 966 Total liabilities. Add lines 60 through 65 . 176 966 66 Organizations that follow SFAS 117, check here ightharpoonup and complete lines 67 through 69 and lines 73 and 74. Balances 67 Unrestricted Temporarily restricted 68 69 Fund Organizations that do not follow SFAS 117, check here ightharpoonup and complete lines 70 through 74. 70 ò Capital stock, trust principal, or current funds. 71 Paid-in or capital surplus, or land, building, and equipment fund . 22598 72 36797 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines ğ 70 through 72. (Column (A) must equal line 19 and column (B) must 22598 73 36797 Total liabilities and net assets/fund balances. Add lines 66 and 73 22774 74 33763

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Pai	rt-IV-A-	Reconciliation of Revenue per Auditinstructions.)	ted Financial Statem	ents With Reve	enue per	Return (S	See the
а	Total rev	enue, gains, and other support per audite	d financial statements		1	a	
b		included on line a but not on Part I, line					
1		alized gains on investments		b1			
2		services and use of facilities		b2		·	
3	Recoveri	es of prior year grants		b3			
4	Other (sp	pecify):					
				b4			
		s b1 through b4				b	
С		line b from line a				С	
d		included on Part I, line 12, but not on lin		d1			
1		ent expenses not included on Part I, line 6		ui			
2	Other (sp	pecify):		d2			
	Add line	s d1 and d2				d	
е		venue (Part I, line 12). Add lines c and d				е	
Pa	rt IV-B	Reconciliation of Expenses per Auc	lited Financial Stater	nents With Exp	enses p	er Return	
— а	Total ex	penses and losses per audited financial s	tatements			a	
b		s included on line a but not on Part I, line					
1	Donated	services and use of facilities		b1		3	
2	Prior yea	ar adjustments reported on Part I, line 20		b2			
3	Losses r	reported on Part I, line 20		b3			
4	Other (s	pecify):					
				_b4			
		s b1 through b4				b c	
C							
d		s included on Part I, line 17, but not on lin		d1			
1 2		ent expenses not included on Part I, line (pecify):					
_	Other (S	респу.		d2			
	Add line	s d1 and d2				d	
е	Total ex	penses (Part I, line 17). Add lines c and	<u>d</u>		▶	е	
Pa	irt V-A	Current Officers, Directors, Trustees or key employee at any time during the year					, director, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contribution	ons to employee is & deferred ation plans	(E) Expense account and other allowances
Se	e Stateme	ent #4	Wook develor to position				-
				<u> </u>			
_						=	The state of the s
_				<u> </u>	 		
			•				
			-				

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Part-V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)		`	Yes No		
75a Enter the total number of officers, directors, and transcripts	ustees permitted to vo	te on organizatio	n business at board 5	i i			
b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id-	ghest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b	✓		
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for							
the definition of "related organization.". If "Yes," attach a statement that includes the info d Does the organization have a written conflict of i		the instructions.		75c 75d	1		
Part V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of com-	Key Employees That eceived compensation of	Received Comper	nsation or Other Bendescribed below) during	efits (if a	ar, list that		
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accoun	Expense at and other wances		
None							
	-						
	-			<u> </u>			
				<u> </u>			
				 			
				↓			
Part VI Other Information (See the instruction					Yes No		
76 Did the organization make a change in its activity detailed statement of each change	ties or methods of cor	nducting activities	s? If "Yes," attach a	76	1		
77 Were any changes made in the organizing or go If "Yes," attach a conformed copy of the change		ut not reported to	the IRS?	77	1		
78a Did the organization have unrelated business grathis return?	oss income of \$1,000	or more during	the year covered by	78a	1		
b If "Yes," has it filed a tax return on Form 990-T				78b	NA		
79 Was there a liquidation, dissolution, termination, a statement	or substantial contract	tion during the y	ear? If "Yes," attach	79	1		
80a Is the organization related (other than by associonmon membership, governing bodies, trus organization?		o any other exe			√		
b If "Yes," enter the name of the organization ▶		<u></u>	or nonexempt				
81a Enter direct and indirect political expenditures.	See line 81 instruction			91h			

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Par	t VI Other Information (continued)		Yes	No	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		-	,	
832	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	\		
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b			
05	gifts were not tax deductible?	85a		\vdash	
85	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b			
D	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	- , ,	-		
	received a waiver for proxy tax owed for the prior year.		,	1	
_	105-1 Mil	1 525		4, - 5	
	Dues, assessments, and similar amounts from members	⊣ '	3		
	dection toz(e) tobbying and pointed experiatores	, = .		1	
	Aggregate hondeductible amount of section 6035(e)(1)(A) dues notices	- :		` ' ` ;	
	Taxable amount of lobbying and political expenditures (line 65d less 65e)	85g	-	1	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		-	†	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85 to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	85h	- 4	V	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	⊣	-r,	1	
b	Gross receipts, included on line 12, for public use of club facilities	−i	,		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	" - } .		3.0	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	A .			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	-	1	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<u> </u>	1	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction				
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	رة برياً المار الم	, J	\$ 4.F	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .	- i - i - i - i - i - i - i - i - i - i	, "		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	r		4,	
	transaction?	. 89e		1	
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	-	2	1 .	
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holding	899			
00-	at any time during the year?				
			• • • • • •		
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	\	61 11	0	
	Located at Tromset dailer bray 1207, 2007,	0027			
t	At any time during the calendar year, did the organization have an interest in or a signature or other authorit	у _.	Ye	s No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	al 91 1		3 NO	
	account)?		+	+	
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k			
	and Financial Accounts.			_i	

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		Other Information (continued)						Yes	No
92	Sect	ny time during the calendar year, did the es," enter the name of the foreign countrion 4947(a)(1) nonexempt charitable trust enter the amount of tax-exempt interest	ry ► s filing Form 990	in lieu of Form	1041—Check	here			▶ □
Part		Analysis of Income-Producing Ac							
		r gross amounts unless otherwise		usiness income		ion 512, 513, or 514	_	(E)	
indicat		. G . 000 a 00 a00	(A)	(B)	(C)	(D)		elated npt fun	
93		gram service revenue:	Business code	Amount	Exclusion code	Amount	<u> </u>	income	
а	Spe	ecial Artist for Human Rights event	_					4	0375
b							-		
С				 					
d				 					
e									
f		dicare/Medicaid payments	_						
g 94		s and contracts from government agencies between the same and assessments	es	 					
95		rest on savings and temporary cash investmen	ts		14	6			
96		dends and interest from securities						-	
97		rental income or (loss) from real estate:	**************************************						- 3
а		ot-financed property		<u> </u>			ļ		
b	not	debt-financed property		<u> </u>					
98		rental income or (loss) from personal property					├		
99		er investment income	1				├		
100		or (loss) from sales of assets other than invento	ry	ļ	<u> </u>		├		
101		income or (loss) from special events .		 	 		-		3075
102		ess profit or (loss) from sales of inventory	1	 			 		
103 b	Otn	er revenue: a					 		
C									
d									
e									
104	Sut	ototal (add columns (B), (D), and (E)) .				6	<u> </u>		3450
105	Tot	tal (add line 104, columns (B), (D), and (E				-		4	13456
		105 plus line 1e, Part I, should equal th			6 0				
Part									
Line	No.	Explain how each activity for which income of the organization's exempt purposes (or				importantly to the	acco	ımpıısr	ıment
10		Sales of booklets for children to teach				eople of differ	ence	cultu	res.
43		These events increase human rights							
								-	
Part		Information Regarding Taxable Su		isregarded En	tities (See the	instructions.)		<u>N/</u>	A
	Nar	ne, address, and EIN of corporation,	(B) Percentage of	(C Nature of	;) 	(D) Total income	E	(E) nd-of-y	/ear
		partnership, or disregarded entity	ownership interest	Nature or	activities	Total income	 	asset	<u>s</u>
			%				+		
			<u>%</u> %				+-		
			%				 		
Part	X	Information Regarding Transfers As		rsonal Benefit C	Contracts (See	the instructions.)			
(a)		the organization, during the year, receive any funds	•					es 🛭	Z No
(a) (b)	Dic	if the organization, during the year, pay p	remiums, directiv	or indirectiv. or	n a personal be	enefit contract?			
	te: //	f "Yes" to (b), file Form 8870 and Form	4720 (see instruct	tions).	<u> </u>				

Form 9	990 (2006)							Р	age 💆
Par	t XI Information Regarding T is a controlling organization				tities. (Comple	te only if the o	rganiz	ation
106	Did the reporting organization matthe Code? If "Yes," complete the				efined ir	section	n 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C Descrip trans	tion of		Amount o		er
a	N/A								
b									
С									
	Totals								
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"						ection	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C Descrip trans	tion of		Amount o		fer
a	N/A								
b									
С									
	Totals				-	 			
108				August 17,	2006, c	overing	the interest,	Yes	No
Sigr	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known and true. Signature of officer Date Type or print name and title						f my kno any kno	wledge wledge.	
Paid Prepa	Preparer's signature			Date	Check if self- employed		Preparer's SSN or PTIN	(See Ger	n. inst. X)
Use (if self-employed),							

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2006

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

International Foundation for Human Rights & T	ernational Foundation for Human Rights & Tolerance						
Part I Compensation of the Five High	est Paid Employees O	ther Than Offic	ers, Directors	, and Trustees			
(See page 2 of the instructions. I	ist each one. If there ar	e none, enter "l					
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	& account and other			
None							
		Al months in the second		and the second s			
Total number of other employees paid over \$50,000 .	·						
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent (at each one (whether indiv	Contractors for iduals or firms). I	Professional : f there are none	Services e, enter "None.")			
(a) Name and address of each independent contractor			of service	(c) Compensation			
None							
Total number of others receiving over \$50,000 for professional services ▶							
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	med services other than	professional ser	Other Service vices, whether	s individuals or			
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation			
None							
		-					
Total number of other contractors receiving over \$50,000 for other services	•		والرفعان الميعادي الرادا				

Sched	lule A (Form 990 or 990-EZ) 2006		, P	age ∠
Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\$\frac{1}{2}\$} \$\	1		1
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		:	,
а	Sale, exchange, or leasing of property?	2a		1
b	Lending of money or other extension of credit?	2b	_	1
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?	2e	ļ <u>.</u>	1
За	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		1
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	<u> </u>	1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete			
b	lines 4f and 4g	4a 4b	 	1
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Page 3

Par	τl\	Reason for Non-Private	Foundation S	tatus (See pages 4 t	hrough 7 of	the instructi	ions.)			
l cer	certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)									
5	5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).									
6										
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).									
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶								
10	O An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)									
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13		An organization that is not control requirements of section 509(a)(3).	olled by any disq Check the box th	ualified persons (other that describes the type of	han foundation f supporting or	n managers) a rganization:	and otherwise meets the			
		☐ Type II ☐ Type II	☐Type I	II-Functionally Integrate	ed [Type III-Othe	er			
		Provide the following info	rmation about th	e supported organizati	ons. (See pag	e 7 of the inst	ructions.)			
(a) Name(s) of supported organization(s)			(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support			
					Yes	No				
_						-				
	al al									
Tot	di,	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	L			
14	14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)									

Schedule A (Form 990 or 990-EZ) 2006

Page 4

	EV-A Support Schedule (Complete only : You may use the worksheet in the instructions					accounting.	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15	Gifts, grants, and contributions received. (Do	(4) = 55	(4, 111)				
	not include unusual grants. See line 28.).	131722	119908	68290	210816	399014	
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2299	2114	3324	8437	13875	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	2	2	13	39	54	
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	·					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	424002	400004	74607	219292	412042	
23	Total of lines 15 through 22	134023	122024		=	412943	
24	Line 23 minus line 17	131724	119910			399068	
25	Enter 1% of line 23	1340	1220	716		7004	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24 .	▶ 26a	7981	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organization.	zation) whose tota	al gifts for 2002 th	hrough 2005 exce	eeded the		
	amount shown in line 26a. Do not file this list w					24922	
C	Total support for section 509(a)(1) test: Enter li				▶ 26c	374146	
d	Add: Amounts from column (e) for lines: 18	54	19			0.4070	
						24976	
е	Public support (line 26c minus line 26d total)					349170	
_ <u>f</u>	Public support percentage (line 26e (numero					93.32 %	
27 b	person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) (2004) (2003)						
	the difference between the amount received and amounts) for each year: (2005)	_					
С	Add: Amounts from column (e) for lines: 15 17 20		16		▶ 27c	i	
d	Add: Line 27a total	and line 27b tota	ı		27d		
е	Public support (line 27c total minus line 27d to	otal)					
f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e) .	. ▶ 271		as to see	
g	Public support percentage (line 27e (numer	ator) divided by	line 271 (denomi	inator))	> 27g	 	
<u>h</u>	Investment income percentage (line 18, col						
28	Unusual Grants: For an organization describe prepare a list for your records to show, for eadescription of the nature of the grant. Do not	ach vear, the nam	ne of the contribu	utor, the date an	d amount of the	grant, and a brief	

Page 5 Schedule A (Form 990 or 990-EZ) 2006 Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement.) _____ Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? . If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges? . 33b Admissions policies? . 33c Employment of faculty or administrative staff? . Scholarships or other financial assistance? . 33e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a 34a Does the organization receive any financial aid or assistance from a governmental agency? 34b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	t-VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				e instructions.	N/A		
Chec	k ▶ a ☐ if the organization belongs to an affilia	ted group. Chec	ck ▶ b ☐ if yo	ou checked "a" ar	nd "limited control"	provisions apply.		
	Limits on Lobbyin	•			(a) Affiliated group totals	(b) To be completed for all electing		
	(The term "expenditures" mear	is amounts paid	or incurred.)			organizations		
36	Total lobbying expenditures to influence public	opinion (grassroo	ots lobbying)			<u></u>		
37	Total lobbying expenditures to influence a legis	• •						
38	Total lobbying expenditures (add lines 36 and 3							
39	Other exempt purpose expenditures							
40	Total exempt purpose expenditures (add lines 3	•		40	7			
41	Lobbying nontaxable amount. Enter the amoun		_					
	If the amount on line 40 is— The lo	bbying nontaxal	ble amount is—					
	Not over \$500,000 20% c							
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,0			,0,000				
	Over \$1,500,000 but not over \$17,000,000 . \$225,0							
42								
42	Grassroots nontaxable amount (enter 25% of li Subtract line 42 from line 36. Enter -0- if line 4			• • •				
43 44	Subtract line 42 from line 38. Enter -0- if line 4			44				
~~	Subtract line 41 from line 50. Enter 40 if line 4	i is more than in						
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 472	20.				
	4-Year Averaging Period Under Section 501(h)							
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)							
		Lob	bying Expenditu	res During 4-Ye	ear Averaging Pe	eriod		
	Calendar year (or	(a)	(b)	(c)	(d)	(e)		
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total		
45_	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))	\$		<u>,</u>				
47	Total lobbying expenditures					ļ		
48	Grassroots nontaxable amount							
40	Glassioots nontaxable amount		* * * * * * * * * * * * * * * * * * * *					
49	Grassroots ceiling amount (150% of line 48(e))		1		: 			
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organization)	ations that did	nanties not complete F	Part VI-A) (See	page 13 of th	ne instructions.)		
	ng the year, did the organization attempt to influmpt to influmpt to influence public opinion on a legislative r				^{any} Yes No	Amount		
	Volunteers	nattor or rotorono	and an ought and		1			
b		ion in expenses r	eported on lines	through h.)				
c								
d								
e	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					 		
f	Grants to other organizations for lobbying purp							
g	Direct contact with legislators, their staffs, gov					<u> </u>		
h								
ì	Total lobbying expenditures (Add lines c through h.)							

	A (Form 990 or 990-EZ)				Page 7	
Part_V	Information Exempt Or	n Regarding Tr ganizations (See	ansfers To and Transace page 13 of the instruction	ctions and Relationships V ns.)	With Noncharitable	
				following with any other organization 527, relating to political organization		
			to a nonchantable exempt orga		Yes No	
			· · · · · · · · · · · · · · · ·		51a(i) ✓	
٠.	Other assets .				a(ii) ✓	
٠.	ner transactions:					
		es of assets with a	tion	b(i) ✓		
٠.				b(ii) ✓		
(iii)				b(iii) ✓		
(iv)	Reimbursement a	rrangements			b(iv) ✓	
(v)	Loans or loan gua	arantees			b(v) ✓	
(vi)	Performance of se	ervices or members	hip or fundraising solicitations		b(vi) ✓	
			sts, other assets, or paid emplo		C V	
go	ods, other assets, o	r services given by	the reporting organization. If the	. Column (b) should always show the organization received less than is, other assets, or services received:	fair market value in any	
	1	Tallyoment, snow in	······································	1	· ///E	
(a) Line no	(b) (c) Amount involved Name of noncharitable exempt organization		• •	(d) Description of transfers, transactions, and sharing arrangements		
					<u> </u>	
						
		 				
		· · · · · · · · · · · · · · · · · · ·				
	-				<u></u>	
	+					
	-					
				· · · · · · · · · · · · · · · · · · ·		
	 					
_						
d∈	•	i01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organization section 527?		
	(a)		(b)	(c)		
	Name of organi	zation	Type of organization	Description of relationship		
		·				
	 					
		<u> </u>				
				 		
				 		
				-		
		· · · · · · · · · · · · · · · · · · ·				
				 		
		, <u></u>		 		

INTL FOUNDATION FOR HUMAN RIGHTS & TOLERANCE STATEMENT 1

95-4035696

FORM 990 2006 PART 1 LINE 9A SPECIAL EVENTS AND ACTIVITIES

ARTISTS FOR HUMAN RIGHTS CONCERTS

GROSS REVENUE 40,375
DIRECT EXPENSES 29,558
NET INCOME FROM SPECIAL EVENTS 10,817

INT'L FOUNDATION FOR HUMAN RIGHTS & TOLERANCE STATEMENT 2

95-4035696

Form 990 2006 PART 1 LINE 10 C GROSS SALES OR LOSS FROM SALES OF INVENTORY

2006 PURCHASES FOR RESALE PER AUDIT

0 00

GROSS RECEIPTS -14,592 23
2005 SALES TAX PAID IN 2006 -176 00
LESS SALES TAX NETTED TO SALES 98 00
2006 SALES TAX PAID IN 2007 974 00

-13,696 23

10,629.38

Inventory 31 Dec 06 -4,273 20
Reverse Inventory 31 Dec 05 4,901 08
DONATIONS 10,001 50

sub-total

Grand total -3,066 85 Profit

95-4035696

INT'L FOUNDATION FOR HUMAN RIGHTS & TOLERANCE STATEMENT 3

990 PART II LINE 42 DEPRECIATION

YEAR		BASIS	METHOD	LIFE	PRIOR DEPREC	2006 DEPREC	ACCUMULATED DEPRECIATION
FURNITURE & EQUIPMENT							
Computer	1998	1,318 45	SL	5	1,318 45	0 00	1,318 45
Desk & Chairs	2000	476 25		5	476 25	0 00	
Phone equipment	2000	455 00		5	455 00	0 00	455 00
Table	2000	141.35		5	141 35	0 00	141.35
Compaq Presario	2000	1,800 00		5	1,800 00	0 00	1,800 00
Gateway monitor 17"	2001	170 64		5	153 58	17 06	
3 filing cabinets	2001	583 09		5	524 78	58 31	583 09
Donated MAC	2001	275 89		5	248.30	27.59	
Donated printer	2002	189 00		5	151 20	37 80	
Printer	2004	226 89		5	68 07	45 38	113 45
Fax/copier/printer	2005			5	45.80	91.59	137.39
Tape recorder	2005			5	18.23	36 45	
Air Conditioner	2005	313 91	SL	5	31 39	62 78	94 17
Sub-total to end of 2005		6,590.71			5,432.39		5,809 36
Laptop	2006	1,848.23	SL	5		184 82	184 82
Total Furniture & Equipment #1110, #1120		8,438.94			5,432 39	561.80	5,994 18
YEAR		BASIS	METHOD	LIFE	PRIOR	2006	ACCUMULATED
COETTAIADE					DEPREC	DEPREC	DEPRECIATION
SOFTWARE MAC Quark Xpress P	2001	393.40) SL	3	393 40	0.00	393 40
Microsoft Office 97	2001			3	377 00	0.00	
Quickbooks update	2001			3	107.95	0 00	-
Mailing list software	2001			3	107.95	0.00	
Windows 2000 PRO	2003			3	276.67	55.33	
Wildows 2000 1 110	2000	002.00	,	Ū	2.10.01	00.00	
Sub-total to end of 2005		1,318.30)		1,262 97		1,318.30
Microsoft Office 2003	2006	279 00) SL	3		46.50	46 50
Total Software #1174, #1177		1,597 30)		1,262 97	101 83	1,364 80
TOTAL 2006 DEPRECIATION #5450						663.63	3

95-4035696

INT'L FOUNDATION FOR HUMAN RIGHTS & TOLERANCE STATEMENT 4

Form 990 2006 Part V-B Current Officers, Directors, Trustees and Key Employees

NAME & ADDRESS	TITLE & HRS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT	EXPENSE ACCOUNT & OTHER ALLOWANCES
GOULD, MURRAY 2472 Yosemite Los Angeles, CA 90041	Trustee 1 HR/WEEK	0	0	0
GOODMAN, LEISA 6331 Hollywood Blvd Los Angeles, CA 90028	Trustee 10 HRS/Wk	0	0	0
GOOD, BILL 1047 E 13200 South Draper, UT 84020	Trustee 1 HR/WK	0	0	0
PRINCE, ASHLEIGH* 700 S Sunset Canyon Drive Burbank, CA 91501	Trustee 30 HRS/WK	0	0	0
STEWART, MICHELE 24821 Los Altos Drive Valencia, CA 91355	Trustee 1 HR/WEEK	0	0	0
TOTAL TO FORM 990 PART V		0	0	0

^{*} Trustee, Ashley Prince, was paid for her position as a Consultant and Fundraiser for the Foundation and not paid for her duties as a Trustee

Form 8868 (Rev	4-2007)			Page 2				
• If you are	filing for an Additional (not automatic) 3-Month Extension, complete of	only Part II a	nd check this box	▶ □				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
Part II	Additional (not automatic) 3-Month Extension of Time. You mus	st file origina						
Type or	Name of Exempt Organization		Employer identification r					
print	INTERNATIONAL FOUNDATION FOR HUMAN RIGHTS & TOLERAN		95 4035696					
File by the	Number, street, and room or suite no. If a P O. box, see instructions.		For IRS use only					
extended due date for	4470 WEST SUNSET BLVD # 287							
filing the return. See	City, town or post office, state, and ZIP code For a foreign address, see instructions.							
instructions.	LOS ANGELES, CA 90027-6302	工具国際政	語。代表的是一些學習	\$14. Jan 34. 18				
	of return to be filed (File a separate application for each return):		_					
☑ Form 99		rm 1041-A	☐ Form 6069					
☐ Form 99	= : : : : : : : : : : : : : : : : : : :	orm 4720	☐ Form 8870					
☐ Form 99	==	orm 5227						
	t complete Part II if you were not already granted an automatic 3-month	extension o	n a previously filed Forn	n 8868.				
• The books	are in the care of ▶ CYNDIE TOBIN							
Telephone	No. ► (323) 661-1144 FAX No. ► (323)	661-11	94					
• If the orga	nization does not have an office or place of business in the United States	s, check this	box	▶ 🏻				
	r a Group Return, enter the organization's four digit Group Exemption Nu							
	e group, check this box \ldots $ ightharpoonup$. If it is for part of the group, che	eck this box.	▶ 🔲 and attach	a				
list with the	names and EINs of all members the extension is for.							
4 I reque	st an additional 3-month extension of time until NOVEMBER 1	5	20_07					
5 For cal	endar year .2006, or other tax year beginning, 20	, and ending	j, ;	20				
6 If this t	ax year is for less than 12 months, check reason: Initial return	Final return	Change in accounting	j period				
	detail why you need the extension THERE IS MORE TIME NEEDED TO COMPLETE.	O COMPILE 1	THE DATA FOR THIS RE	PORT				
			·····					
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the y nonrefundable credits. See instructions.	tentative tax	s, 8a \$					
	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	ole credits an						
	ed tax payments made. Include any prior year overpayment allowed as a							
	paid previously with Form 8868.		8b \$					
c Balanc	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re		it					
WILLLI	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Signature and Verification	See insuluctions	<u>σο μ</u>					
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and s	statements, and t	to the best of my knowledge ar	nd belief.				
	t, and complete, and that, I am authorized to prepare this form.		,					
Signature ► 5	Di Goodlivou Title ► TRUSTEE		Date ► 15 AUGUS	Г 2007				
Gigi Little 1	Notice to Applicant. (To Be Completed by	the IDS\						
П .W- ь	2	tile inoj						
_	e approved this application. Please attach this form to the organization's return.	from the later	of the data shows below ar	the due				
date of	e not approved this application. However, we have granted a 10-day grace period the organization's return (including any prior extensions). This grace period is cons be required to be made on a timely return. Please attach this form to the organization.	idered to be a	valid extension of time for e	ections				
	e have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time file. We are not granting a 10-day grace period.							
_	We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested Other							
U Ouler								
	By:							
Director	by:		Date					
	ailing Address. Enter the address if you want the copy of this application	n for an addi	tional 3-month extension	1				
	an address different than the one entered above.							
	Name							
T c	Number and street (include suite, room, or apt. no.) or a P.O. box number							
Type or Number and street (include suite, room, or apt. no.) or a P.O. box number print								
	City or town, province or state, and country (including postal or ZIP code)							