

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
BRAIN GAYLORD	06/03/2011
RECEIVING PARTY DATA	
Name:	BRAIN GAYLORD
Street Address:	49 WEST 118TH STREET
Internal Address:	SUITE 1
City:	CHICAGO
State/Country:	ILLINOIS
Postal Code:	60628
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7447325
CORRESPONDENCE DATA	
Fax Number:	(773)264-4609
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Email:	msbrain@att.net
Correspondent Name:	BRAIN GAYLORD
Address Line 1:	49 WEST 118TH STREET
Address Line 2:	SUITE 1
Address Line 4:	CHICAGO, ILLINOIS 60628
NAME OF SUBMITTER:	BRAIN GAYLORD
Total Attachments: 6 source=UNITED STATES PATENT 7447325#page1.tif source=UNITED STATES PATENT 7447325#page2.tif source=UNITED STATES PATENT 7447325#page3.tif source=UNITED STATES PATENT 7447325#page4.tif source=USPTO IN RECEIVERSHIP#page1.tif source=USPTO IRS#page1.tif	

OP \$40.00 7447325

PATENT

501553232

REEL: 026383 FRAME: 0556

Form W-2 Wage and Tax Statement 2010		OMB No. 1545-0008	Department of the Treasury -- Internal Revenue Service		
a Employee's social security No. 339-66-4416		Copy 1 For State, City, or Local Tax Department.		1 Wages, tips, other Comp. \$0.01	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7447325 CHICAGO, IL 60643		b Employer I.D. number 38-3751164	3 Social security wages \$0.00	2 Federal income tax withheld \$0.00	
		d Control number	5 Medicare wages and tips \$0.00	4 Social security tax withheld \$0.00	
		7 Social security tips \$0.00	8 Allocated tips \$0.00	6 Medicare tax withheld \$0.00	
		11 Nonqualified plans \$0.00	9 Advance EIC payment \$0.00		
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142		10 Dependent care benefits \$0.00	12a Code See Inst. for box 12 \$0.00	13 Stat. Empl. Retirement plan 3rd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		12b Code \$0.00	14 Other \$0.00		
		12c Code \$0.00			12d Code \$0.00
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00	17 State income tax \$0.00 \$0.00	18 Local wages, tips, etc. \$0.00 \$0.00	19 Local income tax \$0.00 \$0.00	20 Locality name

Form W-2 Wage and Tax Statement 2010		OMB No. 1545-0008	Department of the Treasury -- Internal Revenue Service		
a Employee's social security No. 339-66-4416		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		1 Wages, tips, other Comp. \$0.01	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7447325 CHICAGO, IL 60643		b Employer I.D. number 38-3751164	3 Social security wages \$0.00	2 Federal income tax withheld \$0.00	
		d Control number	5 Medicare wages and tips \$0.00	4 Social security tax withheld \$0.00	
		7 Social security tips \$0.00	8 Allocated tips \$0.00	6 Medicare tax withheld \$0.00	
		11 Nonqualified plans \$0.00	9 Advance EIC payment \$0.00		
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142		10 Dependent care benefits \$0.00	12a Code See Inst. for box 12 \$0.00	13 Stat. Empl. Retirement plan 3rd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		12b Code \$0.00	14 Other \$0.00		
		12c Code \$0.00			12d Code \$0.00
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00	17 State income tax \$0.00 \$0.00	18 Local wages, tips, etc. \$0.00 \$0.00	19 Local income tax \$0.00 \$0.00	20 Locality name

Form W-2 Wage and Tax Statement 2010		OMB No. 1545-0008	Department of the Treasury -- Internal Revenue Service		
a Employee's social security No. 339-66-4416		Copy C For EMPLOYEE'S Records (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service.		1 Wages, tips, other Comp. \$0.01	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7447325 CHICAGO, IL 60643		b Employer I.D. number 38-3751164	3 Social security wages \$0.00	2 Federal income tax withheld \$0.00	
		d Control number	5 Medicare wages and tips \$0.00	4 Social security tax withheld \$0.00	
		7 Social security tips \$0.00	8 Allocated tips \$0.00	6 Medicare tax withheld \$0.00	
		11 Nonqualified plans \$0.00	9 Advance EIC payment \$0.00		
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142		10 Dependent care benefits \$0.00	12a Code See Inst. for box 12 \$0.00	13 Stat. Empl. Retirement plan 3rd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		12b Code \$0.00	14 Other \$0.00		
		12c Code \$0.00			12d Code \$0.00
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00	17 State income tax \$0.00 \$0.00	18 Local wages, tips, etc. \$0.00 \$0.00	19 Local income tax \$0.00 \$0.00	20 Locality name

If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form W-2 Wage and Tax Statement 2010		OMB No. 1545-0008	Department of the Treasury -- Internal Revenue Service		
a Employee's social security No. 339-66-4416		Copy B To Be Filed with Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.		1 Wages, tips, other Comp. \$0.01	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7447325 CHICAGO, IL 60643		b Employer I.D. number 38-3751164	3 Social security wages \$0.00	2 Federal income tax withheld \$0.00	
		d Control number	5 Medicare wages and tips \$0.00	4 Social security tax withheld \$0.00	
		7 Social security tips \$0.00	8 Allocated tips \$0.00	6 Medicare tax withheld \$0.00	
		11 Nonqualified plans \$0.00	9 Advance EIC payment \$0.00		
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142		10 Dependent care benefits \$0.00	12a Code See Inst. for box 12 \$0.00	13 Stat. Empl. Retirement plan 3rd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code		12b Code \$0.00	14 Other \$0.00		
		12c Code \$0.00			12d Code \$0.00
15 State Employer's state ID No.	16 State wages, tips, etc. \$0.00 \$0.00	17 State income tax \$0.00 \$0.00	18 Local wages, tips, etc. \$0.00 \$0.00	19 Local income tax \$0.00 \$0.00	20 Locality name

PATENT
REEL: 026383 FRAME: 0557

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), or (c) you have two qualifying children and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$43,352 (\$48,362 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,100. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,830 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Instructions

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.

Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note: If a year follows code D through H, S, Y, AA, or BB, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

B - Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

C - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or call 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,088.80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax. (Also see *Instructions for Employee* on the back of Copy C.)

E - Elective deferrals under a section 403(b) salary reduction agreement

F - Elective deferrals under a section 408(k)(6) salary reduction SEP

G - Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H - Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.

J - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K - 20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

L - Substantiated employee business expense reimbursements (nontaxable)

M - Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

N - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

P - Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q - Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S - Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts

V - Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

W - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y - Deferrals under a section 409A nonqualified deferred compensation plan.

Z - Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA - Designated Roth contributions to a section 401(k) plan.

BB - Designated Roth contributions under a section 403(b) plan.

CC(For employer use only)-HIRE exempt wages and tips.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep **Copy C** until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

PATENT

REEL: 026383 FRAME: 0558

a Employee's social security No. 339-66-4416		OMB No. 1545-0008			
b Employer identification number 38-3751164		1 Wages, tips, other compensation \$0.01		2 Federal income tax withheld \$0.00	
c Employer's name, address, and ZIP code UNITED STATES PATENT 7447325 CHICAGO, IL 60643		3 Social security wages \$0.00		4 Social security tax withheld \$0.00	
		5 Medicare wages and tips \$0.00		6 Medicare tax withheld \$0.00	
		7 Social security tips \$0.00		8 Allocated tips \$0.00	
d Control Number		9 Advance EIC payment \$0.00		10 Dependent care benefits \$0.00	
e Employee's first, initial, and last names, and suffix BRAIN GAYLORD 49 W 118TH ST FL 1 CHICAGO, IL 60628-6142		11 Nonqualified plans \$0.00		12a \$0.00	
		13 Statutory employees <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd-party sick pay <input type="checkbox"/>		12b \$0.00	
		14 Other \$0.00		12c \$0.00	
				12d \$0.00	
f Employee's address and ZIP code					
15 State	Employer's state ID No.	16 State wages, tips, etc. \$0.00	17 State income tax \$0.00	18 Local wages, tips, etc. \$0.00	19 Local income tax \$0.00
		\$0.00	\$0.00	\$0.00	20 Locality name

Form W-2 Wage and Tax
Statement
Copy D For Employer.

2010

Department of the Treasury -- Internal Revenue Service

**For Privacy Act and Paperwork Reduction Act
Notice, see separate instructions.**

Employers, Please Note---

Specific information needed to complete Form W-2 is available in a separate booklet titled 2010 Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at www.irs.gov.

Need Help? If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are 8:30 a.m. to 4:30 p.m., Eastern time.

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2011.

For employer records only!

Do not send this form to the Social Security Administration.

**The information contained on this form was submitted to the Social Security Administration on 06/01/2011.
The Wage File ID (WFID) assigned to this submission is: NCY215.**

**PATENT
REEL: 026383 FRAME: 0559**

a Control number		For official use only OMB No. 1545-0008			
b Kind of payer	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input checked="" type="checkbox"/>	944 <input type="checkbox"/>	1 Wages, tips, other compensation \$0.01
	CT-1 <input type="checkbox"/>	Hshld. Emp. <input type="checkbox"/>	Medicare Govt. Emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	2 Federal income tax withheld \$0.00
c Total number of Forms W-2 1		d Establishment number		3 Social security wages \$0.00	4 Social security tax withheld \$0.00
e Employer identification number 38-3751164				5 Medicare wages and tips \$0.00	6 Medicare tax withheld \$0.00
f Employer's name UNITED STATES PATENT 7447325 CHICAGO, IL 60643				7 Social security tips \$0.00	8 Allocated tips \$0.00
				9 Advance EIC payments \$0.00	10 Dependent care benefits \$0.00
				11 Nonqualified plans \$0.00	2a Deferred compensation \$0.00
				13 For third-party sick pay use only	2b HIRE exempt wages and tips \$0.00
g Employer's address and ZIP code				14 Income tax withheld by payer of third-party sick pay \$0.00	
h Other EIN used this year					
15 State Employer's state ID number		16 State wages, tips, etc. \$0.00		17 State income tax \$0.00	
		18 Local wages, tips, etc. \$0.00		19 Local income tax \$0.00	
Contact person BRAIN GAYLORD TOSCANA		Telephone number 773-264-4609		For official use only	
E-mail address msbrain@att.net		Fax number			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

YOUR COPY

Signature

Title

Date

Form **W-3** Transmittal of Wage and Tax Statements

2010

Department of the Treasury
Internal Revenue Service

Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, are being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the Social Security Administration (see below).

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 06/01/2011.
The Wage File ID (WFID) assigned to this submission is: NCY215.

For Privacy Act and Paperwork Reduction Act Notice, see the 2010 Instructions for Forms W-2 and W-3.

PATENT
REEL: 026383 FRAME: 0560

Date of this notice: 06-03-2011

Employer Identification Number:
45-6305048

Form: SS-4

Number of this notice: CP 575 B

USPTO IN RECEIVERSHIP
BRAIN GAYLORD AS RECEIVER
PO BOX 437097
CHICAGO, IL 60643

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-6305048. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1041

06/03/2011

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 1987. Please file your return(s) by 06/18/2011. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

Date of this notice: 06-03-2011

Employer Identification Number:
45-2447169

Form: SS-4

Number of this notice: CP 575 E

USPTO
BRAIN GAYLORD-TOSCANA
PO BOX 437097
CHICAGO, IL 60643

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2447169. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, *Tax Exempt Status for Your Organization*, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.