

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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2010

n 4040	Power of Attorney					OMB No 1545-0150	
March 2004) and Declaration of Representative					For IRS Use Only		
artment of the Treasury nal Revenue Service ► Type or print. ► See the separate instructions.					Received by		
Power of Attorney Caution: Form 2848 will not be honored for any purpose other than representation before the IRS						Name Telephone Function	
Taxpayer informatio	n. Taxpayer(s) must sign and date this form of	n page 2, line	9		Date / /	_	
payer name(s) and add	ress		Social security number(s)	Employer is number	dentification		
ducation an	d Research Consortium	m	56-21		50550		
ne North Pa	ck Square	419	Daytime telephone number	Plan number (if applicable)			

One North Pack Square	419)	Daytime telepho		Plan number	r (ıf applıcable)
Asheville NC 2			828-281-	1954	L	
reby appoint(s) the following representative(s) as a	ttorney(s)-in-tact					
2 Representative(s) must sign and date this form	n on page 2, Part II					
ime and address			CAF No		37857R	
Darren M. Waugh		Telephone No 828-652-1600				
27 West Henderson Street			Fax No 828-652-1622			
Marion NC 2	8752				Fax No	
ame and address		CAF No				
		Telephone No				
\$		Fax No				
1.11		Che	ck if new Address	s [[relep	hone No	Fax No
ame and address		l	CAF No	. N.		
		}	Telephone Fax No	e NO		
		Che	eck if new Address	e 🗍 Telen	hone No	Fax No
represent the taxpayer(s) before the Internal Rever	aue Service for the following			a I I reieb	none No	I dx IVO
represent the taxpayer(s) before the internal never	the dervice for the following	, tux ii	iatiois			
3 Tax matters						
Гуре of Tax (Income, Employment, Excise, etc.)	Tax Form N	Numb	Number Year(s) or Period(s)		od(s)	
or Civil Penalty (see the instructions for line 3)	(1040, 941,	720, e	• • • • • • • • • • • • • • • • • • •		s for line 3)	
Exempt	990		9/30/2008			
4 Specific use not recorded on Centralized Au	thorization File (CAF). If the	2 00///	er of attorney is for	a specific use n	ot recorded	
on CAF, check this box. See the instructions for				a specific ase if	orrecorded	▶ □
5 Acts authorized. The representatives are auth		_		ation and to perfe	orm any	
and all acts that I (we) can perform with respec						
agreements, consents, or other documents. Th						
below), the power to substitute another represe	entative, the power to sign co	ertaın	returns, or the pow	er to execute a	request	
for disclosure of tax returns or return information	n to a third party. See the lii	ne 5 ii	structions for more	e information		
Exceptions. An unenrolled return preparer can						
limited situations See Unenrolled Return Pre						
taxpayers to the extent provided in section 10 3	B(d) of Circular 230 See the	line 5	instructions for res	strictions on tax	matters	
partners						
List any specific additions or deletions to the ac	cts otherwise authorized in t	nis po	wer of attorney			
•						
•						
6 Receipt of refund checks. If you want to author	orize a representative name	d on I	ne 2 to receive, Bl	JT NOT TO END	ORSE	
OR CASH, refund checks, initial here and list the name of that representative below						
		•				
Name of representative to receive refund chec	k(s) •					

rm 2848 (Rev '3-2004)	Education and Resea	arch Consortium	56-2150550	Page 2				
	ications. Onginal notices and other wi							
first representative list			•					
a If you also want the second representative listed to receive a copy of notices and communications, check this box								
b If you do not want any notices or communications sent to your representative(s), check this box								
3 Retention/revocation	of prior power(s) of attorney. The filing	ng of this power of attorney at	itomatically revokes all earlier					
power(s) of attorney or	n file with the Internal Revenue Service	for the same tax matters and	years or periods covered by					
	do not want to revoke a prior power of			▶ ∐				
	A COPY OF ANY POWER OF ATTORI							
•	r(s). If a tax matter concerns a joint reti							
•	see the instructions If signed by a corp							
	, or trustee on behalf of the taxpayer, I	certify that I have the authorit	y to execute this form on behalf					
of the taxpayer	ND DATED THE DOMED OF ATTOR	NEV WILL DE DETUDNED						
F IF NOT SIGNED A	ND DATED, THIS POWER OF ATTOR	MET WILL BE KETOKNED.						
$\bigcap \mathcal{A} = \emptyset$								
(youn (/ June 4	3/15/11	Executive Dire	ctor				
/	Signature	Date	Title (if applicab					
John C. Hunte			Education and Rese	•				
•	Print Name	PIN Number	Print name of taxpayer from line 1	if other than individual				
	Signature	Date	Title (if applicab	le)				
•								
	Print Name	PIN Number						
≯art II Declaration	of Representative							
		16 11 1 1 T	Olympia and the Olympia at Tay Olympia					
	ecial order to represent taxpayers in Q	ualified Low Income Taxpaye	Clinics of the Student Tax Clinic					
rogram, see the instruction nder penalties of perjury, I								
	er suspension or disbarment from prac	tice before the Internal Rever	nue Service:					
=	ons contained in Treasury Department							
	ys, certified public accountants, enrolle		_					
•	resent the taxpayer(s) identified in Par							
I am one of the follow	ing.							
a Attorney-a membe	er in good standing of the bar of the hig	hest court of the jurisdiction s	shown below					
b Certified Public A	ccountant-duly qualified to practice as	a certified public accountant ir	the jurisdiction shown below					
•	rolled as an agent under the requireme	ents of Treasury Department (Circular No 230					
	e officer of the taxpayer's organization							
	ee-a full-time employee of the taxpaye							
•	member of the taxpayer's immediate f							
•	enrolled as an actuary by the Joint Boace before the Service is limited by sect							
	n Preparer-the authority to practice bef			nt				
	section 10 7(c)(1)(viii). You must have							
	e IRS See Unenrolled Return Prepar							
	OF REPRESENTATIVE IS NOT SIGN							
BE RETURNED. See th								
Designation-Insert	Jurisdiction (state) or	-	Signaturo	5				
above letter (a-h)	ıdentıfıcatıon		Signature	Date				
_		1 1/2 All	$\mathcal{L}_{\mathcal{A}}$					
b	North Carolina	Alane M.	Nex	3/15/11				
			U					
	 			 				

0425876267 Feb. 22, 2011 LTR 2698C 0 R 56-2150550 200809 67 00018634

EDUCATION AND RESEARCH CONSORTIUM 1 NORTH PACK SQ STE 419 ASHEVILLE NC 28801

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Executive Director

Title

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