



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





RECD/REJECT/CDR DEC 30 2009

Form 2848

(Rev. 1-10-2008)

Department of the Treasury  
 Internal Revenue Service

**Power of Attorney  
 and Declaration of Representative**

► Type or print. □ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date 1/1

**Part I Power of Attorney**

**Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.**

**1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.**

Taxpayer name(s) and address

ROBERT F. FORD CHARITABLE FOUNDATION  
 172 TOYON ROAD  
 AERTHERTON, CA 94027

Social security number(s)

Employer identification number

95-6016768

Daytime telephone number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

**2 Representative(s) must sign and date this form on page 2, Part II**

Name and address

JOHN R HOUGHTON  
 643 BAIR ISLAND RD, #105  
 REDWOOD CITY, CA 94063

CAF No 9000-03451R

Telephone No. (650) 306-1400

Fax No. (650) 306-1405

Check if new. Address  Telephone No.  Fax No.

Name and address

PHYLLIS (PENNY) KATZ, CPA  
 643 BAIR ISLAND RD, #105  
 REDWOOD CITY, CA 94063

CAF No 9005-22627R

Telephone No. (650) 306-1400

Fax No. (650) 306-1405

Check if new. Address  Telephone No.  Fax No.

Name and address

CAF No \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new. Address  Telephone No.  Fax No.

To represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (See the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (See the instructions for line 3)
EXCISE	990-PE	2007, 2008, 2009

**4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4, Specific Uses Not Recorded on CAF.**

**5 Acts authorized.** The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** in the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(a) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels K and L) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

-----  
 -----  
 -----  
 -----  
 -----

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive  
 refund check(s) \_\_\_\_\_

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

FD-179012L 07/09/08

Form 2848 (Rev. 6-2008)

## Form 2848 (Rev 6-2008) ROBERT F. FORD CHARITABLE FOUNDATION

95-6016768

Page 2

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box.

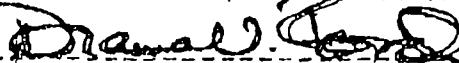
b If you do not want any notices or communications sent to your representative(s), check this box.

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

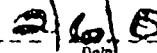
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested otherwise, see the instructions. If signed by a corporate officer, partner, guardian, law matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**



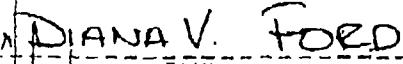
Signature



Date

X

Title (if applicable)



Print Name

Pin Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

Pin Number

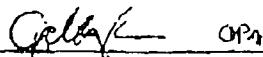
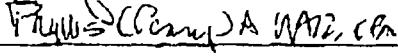
#### Part II - Declaration of Representative

**Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels K and D), see the Instructions for Part II**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there and
- I am one of the following:
  - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c Enrolled Agent — enrolled as an agent under the requirements of Circular 230
  - d Officer — a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee — a full-time employee of the taxpayer.
  - f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
  - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
  - h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer in the instructions
  - k Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
  - l Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
  - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**  
See the Part II instructions

Designation — Insert above letter (a - r)	Jurisdiction (state) or identification	Signature	Date
B	CA	 CPA	2/6/09
B	CA	 Caryle (Caryle) A. MATZ, CPA	2/6/09