



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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May 09, 2011 LTR 2697C 0 R

86-6037146 200905 44

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THE LANGERMAN FOUNDATION  
3216 N 3RD STREET STE 200  
PHOENIX AZ 85012



## DECLARATION

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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\_\_\_\_\_  
Date\_\_\_\_\_  
Title

**8822**

# Change of Address

(Rev. 12-2006)  
Dept. of the Treasury  
Internal Revenue Service

► Please type or print.

OMB No. 1545-1163

► See instructions on back.

► Do not attach this form to your return.

## **Part I Complete This Part To Change Your Home Mailing Address**

Check all boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)  
 ► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)  
 ► For Forms 706 and 706-NA, enter the decedent's name and social security number below
- Decedent's name \_\_\_\_\_ ► Social security number \_\_\_\_\_

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|   |                                    |
|---|------------------------------------|
| 3a Your name (first name, initial, and last name)     | 3b Your social security number     |
| 4a Spouse's name (first name, initial, and last name) | 4b Spouse's social security number |

RECEIVED

JUN 20 2010

ENTITY CONTROL

|  |          |
|--|----------|
| 5 Prior name(s). See instructions  |          |
| 6a Old address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions                                     | Apt. no. |
| 6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions | Apt. no. |
| 7 New address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions                                      | Apt. no. |

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## **Part II Complete This Part To Change Your Business Mailing Address or Business Location**

Check all boxes this change affects:

- 8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  
 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)  
 10 ☒ Business location

|  |   |
|--|---|
| 11a Business name<br><i>Langerman Foundation</i>   | 11b Employer identification number<br><i>86-6037146</i> |
| 12 Old mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions<br><i>3216 N 3rd St, Ste 200 Phoenix AZ 85012</i> | Room or suite no.                                       |
| 13 New mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions<br><i>4506 N 12th St. Phoenix AZ 85014</i>        | Room or suite no.                                       |
| 14 New business location (no., street, city or town, state, and ZIP code) If a foreign address, see instructions   | Room or suite no.                                       |

## **Part III Signature**

Daytime telephone number of person to contact (optional) ► *(602) 240-5525*

Sign Here

*Richard Langerman*  
Your signature

*6/16/11*  
Date

*Richard Langerman*  
If Part II completed, signature of owner, officer, or representative

*6/16/11*  
Date

► \_\_\_\_\_  
If joint return, spouse's signature

\_\_\_\_\_ Date

► *Secretary*  
Title