Form **8871**
(July 2000)
Department of the Treasury
Internal Revenue Service

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization: Judge Carol R. Haberman

Employer identification number: Pending

2 Mailing address (P.O. Box or number, street, and room or suite number): 13603 Wood Lane

City or town, state, and ZIP code: San Antonio, Texas 78216 74-2967502

3 E-mail address of organization:

4a Name of custodian of records: Bob Hallenigsworth

4b Custodian's address: 2819 Old Moss Road San Antonio, TX 78217

5a Name of contact person:

5b Contact person's address:

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Part II Purpose

7 Describe the purpose of the organization: Judge Carol R. Haberman

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
None		

RECEIVED
AUG 03 2000
OGDEN, UT
IRS-OSC

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)

Part IV **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

9a Name	9b Title	9c Address
None		

Sign Here

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Paul R. Haberman ▶ July 31, 2000

Signature of authorized official — Date

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Carol R. Haberman

2 Trade name of business (if different from name on line 1) Judge, 45th District Ct

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.) 13603 Wood Lane

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code San Antonio, TX 78216

5b City, state, and ZIP code

6 County and state where principal business is located Bexar County, Texas

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☒ Other (specify) ▶ Judicial
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☒ Other (specify) ▶ IRS Rep. Section 527 Status

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶ | Nonagricultural | Agricultural | Household

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A

☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (210) 335-2507

Fax telephone number (include area code) (210) 335-2945

Name and title (Please type or print clearly.) ▶

Date ▶ 7-31-00

Signature ▶ Carol R. Haberman

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N Form **SS-4** (Rev. 4-2000)

TRANSACTION REPORT

Broadcast
Transaction(s) completed

NO.	TX DATE/TIME	DESTINATION	DURATION	PGS.	RESULT	MODE
580	JUL. 31 10:14	915124608000	0' 00' 49"	001	OK	Normal

Fax 512-460-8000

Form **SS-4**
(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Carol L. Haberman

2 Trade name of business (if different from name on line 1) Judge, 45th District Ct.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.) 13603 Wood Lane

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code San Antonio, TX 78216

5b City, state, and ZIP code

6 County and state where principal business is located Bexar County, Texas

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☒ Other (specify) ▶ Judicial
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

9 Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☒ Other (specify) ▶ IRS Ruling, Section 527 Status

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶ — Nonagricultural | Agricultural | Household

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

July 31, 2000

Internal Revenue Service Center
Attention: Mrs. Hill, Employee #3101768
Ogden, UT 84201

Re: Form 8871 and SS-4

Dear Mrs. Hill:

Pursuant to our conversation this date, enclosed please find:

1. The original Form 8871 for Judge Carol R. Haberman; and

2. The original and a copy of the SS-4 transmitted this date (proof of transmission attached).

In that electronic filing cannot be accomplished without an EIN, it is my understanding that providing the above information will temporarily meet the filing requirements at this time. It is my further understanding that as soon as an EIN is received, I will complete Form 8871 at your website including the EIN.

Thank you for your assistance in this matter.

Respectfully,

Carol R. Haberman

Carol R. Haberman
District Judge
45TH District Court