

**Information Request
First Request**

Information we need to make our determination

1. In order to qualify for retroactive reinstated under Section 6, Rev. Proc. 2014-11, please (a) sign and date below attesting that you meet the following requirements of the revenue procedure OR (b) sign and date below indicating you accept the postmark date of your application as your effective date of exemption.

Requirements for Retroactive Reinstatement under Section 6, Rev. Proc. 2014-11

- You exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements for each of the three years of revocation and that you have taken or will take steps to avoid or mitigate future failures to file timely returns or notices.
- You filed returns for the years of and after your automatic revocation.
- You declare under penalties of perjury that you are authorized to sign this request for retroactive reinstatement, and you further declare that you have examined the request for retroactive reinstatement, including the written explanation of all the facts of the claim for reasonable cause, and to the best of your knowledge and belief, this request is true, correct, and complete.

NOTE: You can review the specific requirements of Rev. Proc. 2014-11 on our website at www.irs.gov.

- a. Sign below attesting you meet the retroactive reinstatement requirements of Section 6, Rev. Proc. 2014-11.



SIGN HERE THAT YOU MEET THE REQUIREMENTS **Date**

- b. OR sign and date below accepting your postmark date of application as your effective date of exemption.



SIGN HERE TO ACCEPT POSTMARK DATE **Date**

How to submit the requested information (do's and don'ts)

- **Don't include** any personal identifying information like bank account or social security numbers that could result in identity theft or other adverse consequences if publicly disclosed. If we approve your application for exemption, we're generally required by law to make the application and the information you submit in response to this letter available for public inspection. If you have questions about the public inspection of your application or other documents, please call me.
- **Do include** the following declaration with your response, signed by one of your principal officers or directors:

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information

contains all the relevant facts relating to the request for the information and such facts are true, correct, and complete.

- **Do attach** a copy of the cover letter to your response. This enables us to quickly and accurately associate your response with your case file.
- **Do fax or mail** your response to:

Fax:
855-204-6185

US Mail:
Internal Revenue Service
Exempt Organizations
P. O. Box 2508
Cincinnati, OH 45201

Street Address (delivery service):
Internal Revenue Service
Exempt Organizations
550 Main St, Federal Bldg.
Cincinnati, OH 45202

- **Don't provide** multiple copies of your response. Providing more than a single response may result in unnecessary delays in processing your response. We must process, assign, and review each piece of correspondence submitted (whether fax or mail).
- **Do allow** adequate processing time if you want to call to verify we received your response. If you fax your response, allow a minimum of three workdays from the day you fax it. If you mail your response, allow a minimum of seven workdays from the day you mail it.



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

BETA BETA ALUMNI OF THE SIGMA PHI FRATERNITY
MARBERRY & EAGLE CPAS PC
414 E BROADWAY STE 200
COLUMBIA, MO 65201

Date:

July 7, 2014

Employer ID number:

46-3509823

Contact person/ID number:

Ed Schlaack

ID# 0203326

Contact telephone number:

513-263-3612

Contact fax number:

855-204-6185

Response due date:

August 11, 2014

Dear Sir or Madam:

Why you are receiving this letter

We need more information to complete consideration of your application for exemption.

What you must do

Provide responses to the questions listed on the enclosed *Information Request* using the submission instructions in the document. Your response should be submitted by the due date shown above. If you need additional time to respond, please call me at the telephone number listed at the top of this letter.

If you don't respond

If we don't hear from you by the due date, we'll send a letter stating your application package is in suspense.

Additional information

If you have questions, you can call me at the telephone number listed at the top of this letter. If you have concerns after speaking with me, feel free to call my supervisor, Peggy Combs, who can be reached at 513-263-3751.

You can also contact the Taxpayer Advocate Service (TAS). TAS is an independent organization within the IRS. TAS helps taxpayers whose problems with the IRS are causing financial difficulties, who have tried but have not been able to resolve their problems with the IRS, and those who believe an IRS system or procedure is not working as it should. If you believe you are eligible for TAS assistance, call 1-877-777-4778, or for individuals who are deaf, hard of hearing, or have a speech disability, call TTY/TDD 1-800-829-4059. For more information, go to www.irs.gov/advocate.

Sincerely,

Ed Schlaack

Ed Schlaack
Exempt Organizations Specialist

Enclosure:
Information Request