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
**Form 8888 (12-2000)**

**Part II** Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy

**Name of Exempt Organization**
Compton Foundation, Inc.

**Employer Identification Number**
94-3142932

**Address**
535 Middlefield Road, No. 160

Menlo Park, CA 94025

**Check type of return to be filed**

- [ ] Form 990
- [ ] Form 990 EZ
- [ ] Form 990 T (sec. 401(a) or 408(a) trust)
- [ ] Form 1041 A
- [ ] Form 5227
- [ ] Form 8870
- [ ] Form 990 BL
- [ ] Form 990 PF
- [ ] Form 990 T (trust other than above)
- [ ] Form 4720
- [ ] Form 6069

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888

- [ ] If the organization does not have an office or place of business in the United States check this box
- [ ] If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN).... It this is for the whose group check this box. If it is for part of the group check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3 month extension of time until November 17, 2003

5 For calendar year 2002 or other tax year beginning... and ending...

6 If this tax year is for less than 12 months check reason
   - [ ] Initial return
   - [ ] Final return
   - [ ] Change in accounting period

7 State in detail why you need the extension

All information required to complete the return is not yet available.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069, enter the tentative tax less any nonrefundable credits. See instructions

   $_____

8b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888

   $_____

8c Balance Due Subtract line 8b from line 8a. Include your payment with this form or if required deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions

   $NONE

**Signature and Verification**

Signature  

Nini M. Mccone  
Title  
CPA  
Date  
7/1/03

**Notice to Applicant - To Be Completed by the IRS**

- [ ] We have approved this application Please attach this form to the organization’s return
- [ ] We have not approved this application However we have granted a 10 day grace period from the later of the date shown below or the due date of the organization’s return (including any prior extensions) This grace period is considered to be a valid extension of time for the IRS otherwise required to be made on a timely return Please attach this form to the organization’s return
- [ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10 day grace period
- [ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

Director  
By  
Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name  
Nini Charles Mccone

Number and street include suite, room, or apt. no or a P.O. box number

61 Fifth Avenue

City or town, province or state and country (including postal or ZIP code)

San Francisco, CA 94118