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Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private loundation)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

OMB No 1545-1150

A .	50-+	e 2008 calendar year, or tay year beginning		and and	ina	<u> </u>		
В	Check (e 2008 calendar year, or tax year beginning C Name of organization		and end	iiig	n Eme	nve* i	dentification number
<u>, , , , , , , , , , , , , , , , , , , </u>	Addre	Please Vitaline of organization				o citibi	uyer I	renancenon number
느	ichang Name	e label or KAFFA AUFIIA ORDER				7.	. ,	050001
누	chang Initia							059991
<u> </u>	retur	See Number and Street (of P.O. box, it mail is not delivered to street address	5)		Room/suite			number
<u> </u>	Term	Instruc- 2200 DRIAN SIRBLI						405-6155
<u> </u>	Amer retur	and a second point of the				F Grou		
	Applio pendii	 					ber 🕨	
	• Sei	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a con	pleted	1			X Cash Accrual
		Schedule A (Form 990 or 990-EZ).				specify)		
		e: ►N/A						the organization is not
		zation type (check only one)— X 501(c) (7) ◀ (insert no) 4947(a)(527				Tule B (Form 990, 990-EZ, or 990-PF)
K (Check	If the organization is not a section 509(a)(3) supporting organization and its g	gross r	eceipts are i	normally <mark>not</mark>	more t	han \$2	25,000 A return is not
		d, but if the organization chooses to file a return, be sure to file a complete return						
		es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form					<u> </u>	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	<u>l Bal</u>	ances (S	ee the instri	uctions :	for Pa	rt1)
	1	Contributions, gifts, grants, and similar amounts received				L	1	<u></u>
	2	Program service revenue including government fees and contracts				Ļ	2	
	3	Membership dues and assessments				L	3	70,870.
	4	Investment income		1		L	4	
	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less cost or other basis and sales expenses	5b					16
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach :	schedule)			5c	
e	6	Special events and activities (complete applicable parts of Schedule G) If any amount	is from	gaming, ch	neck here ►	· 🗀 [
Ē	a	Gross revenue (not including \$ of contributions						
ě	-	reported on line 1)	6a					
3	Ь	Less direct expenses other than fundraising expenses	6b					
2010 Revenue	C						6c	
මා		Gross sales of inventory, less returns and allowances	7a					
es)	i	Less cost of goods sold	7b					
SE SE	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			-		7c	
\geq	8	Other revenue (describe				١ , ٢	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	70,870.
SCANNED WAR	10	Grants and similar amounts paid (attach schedule)			STMT	2	10	18,896.
2	11	Benefits paid to or for members				Ī	11	
₹,	12	Salaries, other compensation, and employee benefits					12	
S S S	13	Professional fees and other payments to independent contractors				-	13	
b b	14	Occupancy, rent, utilities, and maintenance				 	14	22,500.
Expe	15	Printing, publications, postage, and shipping					15	=======================================
	16		EE	STATE	MENT	1 1	16	32,014.
	17	Total expenses. Add lines 10 through 16				′	17	73,410.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				-	18	<2,540.>
ts	19	Net assets or fund balances at beginning of year (from line 27, column (A))				·		
SS	13	(must agree with end-of-year figure reported on prior year's return)				İ	19	381.
Net Assets	20		333	STATE	MENT	3	20	3,181.
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20		01111		~	21	1,022.
D.	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or r	more f	le Form 99	nstead of	Form 90		
	21 C 31	/Cae the instructions for Part II->	7		Beginning o		1	(B) End of year
20	C	RECEIVED	l l	(11)		381	22	1,022.
22		h, savings, and investments	إر			<u> </u>	23	1,022.
23		d and buildings er assets (describe ►	<u>کا</u>	\ 			24	
24		er assets (describe ►		' 		381		1,022.
25		at the tital of december	느	\ 		0.	26	0.
26	I QT	al liabilities (describe	一	' 		381		1,022.
832	<u>Net</u> 171 7-08	assets or fund balances (line 27 of column (B) must agree with line 21)	or For-	n 000		<u> </u>	- [2.1	Form 990-EZ (2008)
12-1	7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions t	UI 1-011	II 33U.				(2000)

KAPPA ALPHA ORDER

832172 12-17-08

GAMMA UPSILON CHAPTER 75-6059991 Page 2 Form 990-EZ (2008) Part III Statement of Program Service Accomplishments (See the instructions for Part III) **Expenses** What is the organization's primary exempt purpose COLLEGIATE SOCIAL FRATERNITY (Required for 501(c)(3) and (4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services 4947(a)(1) trusts, optional provided, the number of persons benefited, or other relevant information for each program title for others) 28 COLLEGIATE SOCIAL FRATERNITY ▶ 28a) If this amount includes foreign grants, check here (Grants \$ 29 29a) If this amount includes foreign grants, check here (Grants \$ 30 30a) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (attach schedule) 31a) If this amount includes foreign grants, check here ▶ 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (e) Expense (b) Title and average hours (c) Compensation to employee (If not paid, enter (a) Name and address per week devoted to benefit plans & account and other allowances position -0-.) deferred compensation JOSH HAMILTON 0. 0. TX 75428 0.00 2208 BRYAN STREET, COMMERCE MARK STEELMAN IΙ 0. 2208 BRYAN STREET COMMERCE ТX 75428 0.00 0. 0. III JACOB GARCIA 0. 0 0. 75428 0.00 TX 2208 BRYAN STREET, COMMERCE. IV WAYNE GRABOW 0. 0 0 2208 BRYAN STREET, COMMERCE, 75428 0.00 BILLY WILES 0.00 0. 0 0. 75428 2208 BRYAN STREET, COMMERCE VI JOEL JOPSON 75428 0. 0 0. 0.00 2208 BRYAN STREET, COMMERCE TODD AVERY VII 0 0. 0. 75428 2208 BRYAN STREET, COMMERCE 0.00 VIII RYAN FISHER 0. 0 0. 75428 2208 BRYAN STREET, COMMERCE 0.00 KEVIN GRIDER ΙX 0. 0 . 0. 2208 BRYAN STREET COMMERCE TX 75428 0.00

Form **990-EZ** (2008)

Form 990-EZ (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.) Ves No.	-	Chillin Ci Di Bolt Chai i El	73-0033	771		. 490
33	Pa	Other Information (Note the statement requirements in the instructions for Part VI.)				
Were any changes made to the organizing or governing documents but not reported to the IRS2 in Yes, estach a conformed copy of the changes 34					Yes	
15 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning your reason for not reporting the income on Form 990-T all the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 15 If Yes, has it filled a tax return on Form 990-T for this year? 16 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch N 17 Enter amount of political expenditures, direct or indirect, as described in the instructions 16 Did the organization fibe rorm 1120-P01 for this year? 17 Enter amount of political expenditures, direct or indirect, as described in the instructions 16 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the peniod overed by this return? 16 If Yes, Complete Schedule L., Part II and enter the total amount involved 17 Enter amount of political expenditures, and the organization during the year under section 4912, 4955, and 4958 17 Enter amount of tax imposed on reganization managers or disqualified persons during the year under sections 4912, 4955, and 4958 18 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 19 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 19 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 10 Enter amount of tax misers of an excess benefit transaction during the year under sections 4912, 4955, and 4958 20 Enter amount of tax misers of an excess benefit transaction from a prior year? If Yes, "complete Schedule L, Part I List the states withi			•	33	ļ	
reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or section 603(e) notice, reporting, and proxy tax requirements? b if "Yes, has it filled a tax return on Form 990-T for this year? 53 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 53 Enter amount of political expenditures, direct or indirect, as described in the instructions 5			•	34		X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 358 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "yes," complete applicable parts of Sch N 370 Enter amount of political expenditures, direct or indirect, as described in the instructions 10 Did the organization fibe Form 1120-PDL for this year? 11 Did the organization flore mil 1120-PDL for this year? 12 Did the organization borrow from, or make any loans to, any officer, director, furstee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period overed by this return? 11 If "yes," complete Schedule L, Part II and enter the total amount involved 12 Section 501(c)(7) organizations Enter a indiation fees and capital contributions included on line 9 13 Gross receipts, included on line 9, for public use of club facilities 14 Section 501(c)(3) and (4) organizations Enter amount of tax imposed on the organization during the year under section 4911 by N/A. section 491(3) and (4) organizations but the organization engage in any section 4958 excess benefit transaction during the year or did theorems aware of an excess benefit transaction organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 13 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 14 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 15 Enter amount of tax in line 40c reimbussed by the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 886=7. 15 Lib the states with which a copy of this return is flied body to the USP of th	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others)), but no t			
tax requirements? b If Yes, 'has it filled a tax return on Form 990-T for this year? 36 Was there all qiudustion, dissolution, termination, or substantial contraction during the year? If Yes,' complete applicable parts of Sch N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-PDL for this year? 38 Did the organization file Form 1120-PDL for this year? 38 Did the organization file Form 1120-PDL for this year? b If Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 P N/A section 4912 P N/A section 4955 P N/A b Section 501(c)(3) organizations Enter amount of tax imposed on the organization engage in any section 4955 P N/A c Enter amount of tax on line 40c reimbursed by the organization engage in any section 4955 P N/A d Identify an expensive sheetif transaction from a prior year? If Yes, complete Schedule L, Part II c Enter amount of tax on line 40c reimbursed by the organization engage in any section 4958 P N/A 11 List the states with which a copy of this return is filed P NONE 12 If Yes, can be a section 4911 P N N/A section 4958 P N/A section 4954 P N/A section 4955 P N/A 13 If Yes, can be a section 4911 P N/A section 4954 P N/A section 4955 P N/A section 4955 P N/A 14 List the states with which a copy of this return is filed P NONE 15 If Yes, can be a section 4954 P N/A section 4954 P N/A section 4954 P N/A P P		• • • • • • • • • • • • • • • • • • • •				ŀ
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373 a Enter amount of political expenditures, direct or indirect, as described in the instructions 374 b Enter amount of political expenditures, direct or indirect, as described in the instructions 375 b ST Enter amount of political expenditures, direct or indirect, as described in the instructions 376 b ST		·		-	/	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-P0L for this year? 38a Did the organization file Form 1120-P0L for this year? 38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 38a X X 37b N/A 38b N/A 38b N/A 38b N/A 38a X X 38b N/A 38c N/A 38b N/A 38c N/A		•			N/	
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39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a 7,420 - 39b 0 - 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A section 4912 ► N/A section 4955 ► N/A b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 1 List the states with which a copy of this return is filed ► NONE 1 Located at ► 2208 BRYAIN STREET, COMMERCE, TX 1 Located at ► 2208 BRYAIN STREET, COMMERCE, TX 2 IP +4 ► 75428 2 A tany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Aug time during the calendar year, did the organization maintain an office outside of the U S? 1 Yes, enter the name of the foreign country ► 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of			37 / 3	38a		X
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? if "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 11 List the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the states with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return is filed in the state with which a copy of this return		· · · · · · · · · · · · · · · · · · ·	7,420.	-		
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b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 40e 1 List the states with which a copy of this return is filed NONE 1 Telephone no 214-405-6155 2 IP +4 75428 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country see the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No. Yes No. Yes No.	40 a		NT / N			
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d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e	C		٥			
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41 List the states with which a copy of this return is filed ▶ NONE 42a The books are in care of ▶ JOEL JOPSON Located at ▶ 2208 BRYAN STREET, COMMERCE, TX b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No. Yes No. Yes No. Yes No.	e					v
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No			ZIP+4 P <u>/</u>	J42		
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Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	70		▶ 43	N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		and offer the amount of tax exempt interest received of accided during the tax year	79.1	<u>y </u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					Yes	No
	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of				
	• •			44		Х

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ (2008)

completed instead of Form 990-EZ

► X Yes No

Form 990-EZ (2008)

Part V	Section 501(c)(3) organizations only. All section	on 501(c)(3) organizations mu	st answer ques	tions 46-49 and	comple	te the	- ugo .
	tables for lines 50 and 51.						
46 Did tl	ne organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for pu	iblic		Yes	No
	? If "Yes," complete Schedule C, Part I				46	ļ	
	ne organization engage in lobbying activities? If "Yes," complete Sc			•	47	 	
	organization operating a school as described in section 170(b)(1)(A)		dule E		48		
	ne organization make any transfers to an exempt non-charitable related	d organization?		•	49a	 	
	s," was the related organization(s) a section 527 organization?		l kay amalayasa) i		49b	010	
	olete this table for the five highest compensated employees (other that impensation from the organization of there is none, enter "None"	n onicers, directors, trustees and	Tey employees)			ıan \$ 10	J,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensati	(D) Contribution to employed benefit plans deferred compensation	e (& a oth	(E) Expe account aer allow	and
					+		
Total numb	er of other employees paid over \$100,000	>	 		-+-		
51 Comp	elete this table for the five highest compensated independent contractors, enter "None" N/A	ors who each received more than	1 \$100,000 of con	npensation from th	e organ	ızatıon	If there
	(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of	service	(c) Cor	npensat	ion
					-		
 -					_		
					_		
							
Sign Here	er of other independent contractors each receiving over \$100,000 Under penalties of perjary, I declare that have examined this return, including a correct, and complete Declaration of prediare (other than officer) is based on all signature of officer.	accompanying schedules and statement information of which preparer has an	ents, and to the best of y knowledge	of my knowledge and I	pelief, it i	s true,	
	TOEL JOPSON, TREASURER Type or point name and title						
Paid Preparer's Use Only	Preparer's signature	2/13/10 em	eck if self- iployed	Preparer's Identifying	Number	(See inst	r)
USE UIIIY	Firm's name (or yours RAETZ & HAWKINS PC CPA		E	IN ▶			
	if self-employed), address, and ZIP+4 1. EXTINGTON VIRGINIA 2.4		PI I no	hone ► 0 540-4	163-	-712	1

May the IRS discuss this return with the preparer shown above? See instructions

FORM 9'90-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
ENTERTAINMENT, SOCIAL & BAND RUSH & RECRUITMENT TELEPHONE UTILITIES CHARITY & PHILANTHROPY IFC & INTRAMURALS SUPPLIES COMPOSITE FOOD & BEVERAGE PROVINCE COUNCIL REPAIRS	es .	315. 3,055. 1,207. 12,085. 7,489. 555. 1,960. 1,180. 2,432. 521. 1,215.
TOTAL TO FORM 990-EZ, LINE 1	6	32,014.

FORM 9'90-EZ PA	AYMENTS TO AFFILIATES	STATEMENT	
AFFILIATE'S NAME	AFFILIATES ADDRESS		
KAPPA ALPHA ORDER	P O BOX 1865 LEXINGTON, VA 24450		
PURPOSE OF PAYMENT		AMOUNT	
MEMBER DUES & ASSESSMENTS		18,8	96.
TOTAL INCLUDED ON FORM 990-EZ,	LINE 10	18,8	96
FORM 990-EZ OTHER CHANGES I	N NET ASSETS OR FUND BALANCES	STATEMENT	
DESCRIPTION		AMOUNT	
AMENDMENT TO BEGINNING BALANCE	S AT JUNE 30, 2008	3,1	81
TOTAL TO FORM 990-EZ, LINE 20		3,1	81

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 5
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	
В)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[] YES [X] NO