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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 foundation)

- Sponsoring 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.

OMB No 1545-1150

**2008****Open to Public Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS FOURTH DEGREE #0224</b></td> <td><b>D</b> Employer identification number <b>23-7546653</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>4225 OLD ALTON ROAD</b></td> <td>Room/suite <b></b></td> </tr> <tr> <td>City, town, or country <b>GRANITE CITY</b></td> <td>State <b>IL</b></td> </tr> <tr> <td>ZIP + 4 <b>62040-2239</b></td> <td><b>E</b> Telephone number <b>618-877-4250</b></td> </tr> <tr> <td colspan="2"><b>F</b> Group Exemption Number <b>0188</b></td> </tr> </table>	<b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS FOURTH DEGREE #0224</b>	<b>D</b> Employer identification number <b>23-7546653</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>4225 OLD ALTON ROAD</b>	Room/suite <b></b>	City, town, or country <b>GRANITE CITY</b>	State <b>IL</b>	ZIP + 4 <b>62040-2239</b>	<b>E</b> Telephone number <b>618-877-4250</b>	<b>F</b> Group Exemption Number <b>0188</b>	
<b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS FOURTH DEGREE #0224</b>	<b>D</b> Employer identification number <b>23-7546653</b>										
Number and street (or P.O. box, if mail is not delivered to street address) <b>4225 OLD ALTON ROAD</b>	Room/suite <b></b>										
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ZIP + 4 <b>62040-2239</b>	<b>E</b> Telephone number <b>618-877-4250</b>										
<b>F</b> Group Exemption Number <b>0188</b>											

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) **►**

**I** Website: **► NONE**

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one)— ☒ 501(c) ( 10 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ **► \$ 577,525**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>0</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>2,487</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>6,171</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/> <b>►</b>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	<b>568,867</b>
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	<b>440,674</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	<b>128,193</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b> Other revenue (describe <b>►</b> <b>RECEIVED</b> ) . . . . .	<b>8</b>	<b>0</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	<b>136,851</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	<b>131,811</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>44,718</b>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>6,564</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>250</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>366</b>
	<b>16</b> Other expenses (describe <b>►</b> <b>See attached statement</b> ) . . . . .	<b>16</b>	<b>1,426</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>185,135</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-48,284</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>444,902</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	<b>443</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>397,061</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>444,902</b>	<b>397,061</b>
<b>23</b> Land and buildings . . . . .	<b>0</b>	<b>0</b>
<b>24</b> Other assets (describe <b>►</b> <b>See attached statement</b> ) . . . . .	<b>0</b>	<b>0</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>444,902</b>	<b>397,061</b>
<b>26</b> <b>Total liabilities</b> (describe <b>►</b> <b>See attached statement</b> ) . . . . .	<b>0</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>444,902</b>	<b>397,061</b>

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form **990-EZ** (2008)

SCANNED JAN 11 2010

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## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. . . . .	34	X
35 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 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 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. . . . .	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year? . . . . .	37b	X
38 a 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? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .	38b 0	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities. . . . .	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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. . . . .	40b	
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. . . . .	40e	X
41 List the states with which a copy of this return is filed. ▶ IL		
42 a The books are in care of ▶ Name JOSEPH SCHULER Telephone no. ▶ 618-877-4250 Located at ▶ 4225 OLD ALTON RD City GRANITE CITY ST IL ZIP + 4 ▶ 62040-2239		
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)? . . . . .	42b	X
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.? . . . . .	42c	X
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. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	44	X
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 completed instead of Form 990-EZ. . . . .	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Joseph M. Schuler Date 11-25-09  
Signature of officer  
Type or print name and title Joseph M. Schuler, Faithful Purser

**Paid Preparer's Use Only** ▶ Franklin A. Hollis CPA Date 11/24/09 Check if self-employed ☒ Preparer's Identifying Number (See instructions) P00063850  
Firm's name (for yours if self-employed), address, and ZIP +4 23 BRADLEY ST. EIN 37-1182589  
GRANITE CITY, IL 62040 Phone no 618-931-6595

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>KNIGHTS OF COLUMBUS-FOURTH DEGREE #0224</b>		Employer identification number <b>23 7546653</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions <b>4225 OLD ALTON ROAD</b>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>GRANITE CITY, IL 62040-2239</b>			

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JOSEPH SCHULER**

Telephone No. ▶ ( **618** ) **877-4250** FAX No. ▶ ( )

- 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) . . . . . If this is for the whole 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 will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 . . . . . or
- ▶ ☒ tax year beginning **JULY 1**, 20 **08**, and ending **JUNE 30**, 20 **09**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period



### Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From **Franklin Hollis CPA**  
**23 Bradley Street**  
**Granite City, IL 62040**

To **Internal Revenue Service Center**  
**Ogden, UT 84201-0012**



**\$1.15**  
00051770-03  
U.S. POSTAGE  
PAID  
GRANITE CITY, IL  
62040  
NOV 09, 09  
AMOUNT

ie tentative tax,	<b>3a</b>	\$
d estimated tax	<b>3b</b>	\$
), or, if required, al Tax Payment	<b>3c</b>	\$

}, see Form 8453-EO and Form 8879-EO

No 27916D

Form **8868** (Rev. 4-2009)

**MAILED**  
**11/9/09**  
**11:55 A.M.**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	0	0	0	0
	2 Less. Charitable contributions . . . . .	0	0	0	0
	3 Gross revenue (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Non-cash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Other direct expenses . . . . .	0	0	0	0
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .	( 0 )			
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .	0			

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming <i>Raffles</i>	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .	272,625		296,242	568,867
Direct Expenses	2 Cash prizes . . . . .	168,050		186,617	354,667
	3 Non-cash prizes . . . . .				0
	4 Rent/facility costs . . . . .	10,400		13,000	23,400
	5 Other direct expenses . . . . .	56,534		6,073	62,607
	6 Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .	( 440,674 )			
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .	128,193			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>IL</u>		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a X	
b If "No," Explain: . . . . .		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	X
b If "Yes," Explain: . . . . .		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	X



		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> 100.00%		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► JOSEPH SCHULER, PURSER		
	Address ► 4225 OLD ALTON RD. GRANITE CITY, IL 62040		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ . . . . . and the amount of gaming revenue retained by the third party ► \$ . . . . .		
<b>c</b>	If "Yes," enter name and address:		
	Name ► N/A		
	Address ►		
<b>16</b>	Gaming manager information:		
	Name ► NONE		
	Gaming manager compensation ► \$ . . . . . 0		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions.		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	X
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		





Part I, Line 16 (990-EZ) - Other Expenses

1,426

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	1,411
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	STATE FEE	11	15
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

443

Description		Amount	
1	UNREALIZED GAIN ON SECURITIES	1	443
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	