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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service
 JUN 09 2009
 JUN 29 2009
 JUN 29 2009
 JUN 29 2009
 JUN 29 2009

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)

OMB No 1545-1150

2008

► 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.



A For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Kappa Delta Sorority, Delta Delta Chapter		D Employer identification number 63-6061759
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite TU Box 821004		E Telephone number (334) 607-4905
		City or town, state or country, and ZIP + 4 Troy AL 36082		F Group Exemption Number

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

I Website: ► N/A

J Organization type (check only one) — 501(c) (7) (insert no) 4947(a)(1) or 527

G Accounting method Cash Accrual
 Other (specify) ►

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

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. ► \$ **97,968.**

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

1	Contributions, gifts, grants, and similar amounts received		1
2	Program service revenue including government fees and contracts		2
3	Membership dues and assessments		3
4	Investment income		4
5a	Gross amount from sale of assets other than inventory		5a
5b	Less cost or other basis and sales expenses		5b
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		6
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	12,652.	6a
6b	b Less direct expenses other than fundraising expenses	6,574.	6b
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6,078.	6c
7a	7a Gross sales of inventory, less returns and allowances		7a
7b	b Less cost of goods sold		7b
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8	8 Other revenue (describe ► <u>Member reimbursements</u>)		8
9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9
10	10 Grants and similar amounts paid (attach schedule)	SEE ATT X1, Tab 2	10
11	11 Benefits paid to or for members		11
12	12 Salaries, other compensation, and employee benefits		12
13	13 Professional fees and other payments to independent contractors		13
14	14 Occupancy, rent, utilities, and maintenance		14
15	15 Printing, publications, postage, and shipping		15
16	16 Other expenses (describe ► <u>PLEASE SEE ATTACHMENT X1 - TABLE 3</u>)		16
17	17 Total expenses (add lines 10 through 16)		17
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18
19	19 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)		19
20	20 Other changes in net assets or fund balances (attach explanation)		20
21	21 Net assets or fund balances at end of year (Combine lines 18 through 20)		21

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
22	Cash, savings, and investments	2,557.	23 4,986.
23	Land and buildings	0.	23 0.
24	24 Other assets (describe ► <u>PLEASE SEE ATT X1</u>)	0.	24 0.
25	25 Total assets	2,557.	25 4,986.
26	26 Total liabilities (describe ► _____)	10,556.	26 7,156.
27	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-7,999.	27 -2,170.

905

Part II Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? **PLEASE SEE ATTACHMENT X1**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 Membership recruitment and retention ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28 a
29 Charitable and educational activities ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29 a
30 ----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30 a
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31 a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>		32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Candice Nichols TU Box 821004 Troy AL 36082	Treasurer 8.00	0.	0.	0.
Pam Wiggins Ray TU Box 821004 Troy AL 36082	Chapter Advisor 6.00	0.	0.	0.
Elizabeth Stallworth TU Box 821004 Troy AL 36082	Fin Advisor 4.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		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		X
34	Were any charges made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0.</u>		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 39a <u>4,485.</u>		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b <u>0.</u>		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b 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		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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 ▶ <u>Alabama</u>		

42a The books are in care of Candice Nichols Telephone no (334) 437-0910
 Located at TU BOX 821004 Troy AL ZIP + 4 36082

		Yes	No
42b	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 ▶ _____ 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
42c	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 ▶ _____ 42c		X

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 ▶ 43

		Yes	No
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
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		X

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'

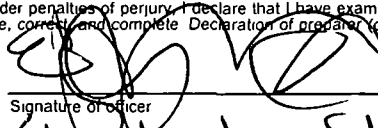
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

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
None		
Total number of other independent contractors receiving over \$100,000		

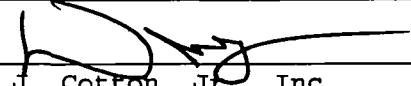
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 06/09/11

Type or print name and title: Elizabeth Stallworth, Financial Advisor

Paid Preparer's Use Only

Preparer's signature:  Date: 06/06/11

Firm's name (or yours if self-employed), address, and ZIP + 4: W. J. Cotton, Jr., Inc., PO Box 284, Troy, AL 36081

Check if self-employed: Preparer's Identifying Number (See instructions): 700513666

EIN: 20-2186893 Phone no: (334) 268-1317

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

BAA Form 990-EZ (2008)

Supporting Statement of:

Form 990-EZ/Line 6a

Description	Amount
PLEASE SEE ATTACHMENT X1 - TABLE 1	12,652.
Total	<u>12,652.</u>

Supporting Statement of:

Form 990-EZ/Line 6b

Description	Amount
PLEASE SEE ATTACHMENT X1 - TABLE 1	6,574.
Total	<u>6,574.</u>

ATTACHMENT - X1

Taxpayer Name: KAPPA DELTA SORORITY DELTA DELTA CHAPTER
 FEIN: 63-6061759
 Period Ending 06/30/2009
 Form 990 EZ

PART I, PAGE 1, LINES 6a, 6b & 6c

SPECIAL EVENTS AND	REVENUE	EXPENSES	Table 1 NET
Shamrock Project	7,121	4,104	3,017
Cookbooks	2,260	870	1,390
Magazines	3,271	1,600	1,671
Net	\$ 12,652	\$ 6,574	\$ 6,078

PART I, PAGE 1, LINE 10

ALLOCATIONS	Location	Cash Gifts	Non-Cash Gifts	Table 2 Total
Alpha Delta Pi - Pike	Troy, AL	30	-	30
Alpha Gamma Delta -	Troy, AL	40	-	40
Alpha Tau Omega - Pike	Troy, AL	30	-	30
Chi Omega - Pike	Troy, AL	60	-	60
Kappa Delta Foundation	Memphis, TN	2,943	-	2,943
Phi Beta Sigma - Pike	Troy, AL	50	-	50
Phi Mu Sorority - Pike	Troy, AL	30	-	30
Pi Kappa Phi Fraternity -	Troy, AL	100	-	100
Pike Regional Child	Troy, AL	7,469	-	7,469
Sigma Chi Fraternity -	Troy, AL	125	-	125
Troy Health and	Troy, AL	117	-	117
		\$ 10,993	\$ -	\$ 10,993

PART I, PAGE 1, LINE 16

Other Expenses	Table 3
Bank Fees	264
Conferences &	2,851
Member Activity	28,343
Membership Fees	23,210
Membership Returned	160
Social & Recruitment	10,448
	\$ 65,276

PART II, PAGE 1, LINE 24 – Please note a change in the previous year end's reporting of Unrestricted Net Assets (UNA) from (\$3,448) as originally reported to (\$7,999) This change was brought about by the unnecessary inclusion of Accounts Receivable of \$4151. The related accounts were adjusted to reflect changes where necessary. Lines 21 and 27 Column B now agree

PART III, PAGE 2, PRIMARY PURPOSE - To promote education, charitable, and social purposes with no net earnings inuring to an individual or member/stakeholder

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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 and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization KAPPA DELTA SORORITY, DELTA DELTA CHAPTER	Employer identification number 63-6061759
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions TSU BOX 821004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TROY, AL 36082	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" 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 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 ▶ ELIZABETH STALLWORTH

Telephone No. ▶ 334-607-4905 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, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year _____ or
- ▶ tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

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

3a 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.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

**Power of Attorney
 and Declaration of Representative**

OMB No. 1545-0047
For IRS Use Only
 Title _____
 Name _____
 Telephone _____
 E-mail _____
 Fax _____

Type or print. See the separate instructions.

Part I Power of Attorney
 Caution: Form 2848 is not to be used for a purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer's name and address for all correspondence.

Taxpayer name(s) and address Kappa Delta Sorority, Delta Delta Chapter TSU Box 821004 Troy, AL 36082	Social security number(s) (334) 607-4905	Employer identification number 63-6061759
--	--	---

2 Representative(s) must sign and date this form on page 2, Part I.

Name and address Walter J Cotton Jr PO Box 284 Troy, AL 36081	CAF No. 5025-92193R Telephone No. (334) 268-1317 Fax No. (866) 573-4575
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____

3 Tax matters

Type of tax (income, employment, excise, etc. or Civil Penalty, see the instructions for line 3)	Tax Form (1040, 941, 920, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Income, Information, Civil Pen	990-EZ, 990, other	2007-2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney, specific use not recorded on CAF, check this box. See the instructions for **Line 4, Specific Uses Not Recorded on CAF**.

5 Acts authorized. The tax assessor(s) are authorized to receive and furnish pertinent tax information and to perform any and all acts that I/we can perform with respect to the tax matters described on line 3, for example, the filing of an original agreement, extension or other documents. The authority does not include the power to receive refund checks (see line 6 below). The power to sign for another person is limited to additional representatives. The power to sign certain letters of the power to execute a request for products or services in return for a fee is hereby denied. See the separate instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document on behalf of a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** in the instructions for Form 1040, 941, 920, etc. The authority conferred by this power of attorney does not include the power to sign for another person in the event provided in section 1053 of Title 28 of the United States Code and the instructions on how to modify such a power of attorney. The authority conferred by this power of attorney does not include the power to sign for another person in the event provided in section 1053 of Title 28 of the United States Code and the instructions on how to modify such a power of attorney.

6 Receipt of refund checks. I/we, jointly or jointly and separately, authorized on the date of this form **BUT NOT TO ENDORSE OR CASH**, the receipt of refund checks, and of the same of my representative(s).

Name of representative(s) who will receive refund checks _____

- 7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a If you also want the second representative listed to receive a copy of notices and communications, check this box
- b If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, certify that I have the authority to execute this form on behalf of the taxpayer

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Alaina Odom 9/10/10 Treasurer
 Signature Date Title (if applicable)

Alaina Odom Kappa Delta Sorority, Delta Delta Chapter
 Print Name Pin Number Print name of taxpayer from line 1 if other than individual

Signature Date Title (if applicable)
 Print Name Pin Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent — enrolled as an agent under the requirements of Circular 230.
 - d Officer — a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee — a full-time employee of the taxpayer.
 - f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions.
 - k Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.
 See the Part II instructions.

Designation — Insert above letter (a - r)	Jurisdiction (state) or identification	Signature	Date
a	AL		9/10/10