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SCANNED WAY 05 2010

Form 990-EZ Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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)

Sponsoning 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 Inspection

A			lendar year, or tax year beginning DEC 1, 2008		and end		30	<del></del>		
В	Check i applical Addre	ble Please ss use IRS	C Name of organization			1	) Emplo	yer id	lentification numb	190
Ē	Name	print or	SOUTHEASTERN INSURANCE INSTITUTE I	NC			58	-13	311077	
	Initia	type n See	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number						
Ē	Term	nin- Specific	PO BOX 1165				91	9-8	328-4371	
F	— atron Ame	nded tions	City or town, state or country, and ZIP + 4				Group			
F	retur Applik pendi	n cation	CARY, NC 27512-1165				Numb		•	
-			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a		nleted	G Account				Accrual
	9 361	L. (L.) (L.) (L.) (L.)	Schedule A (Form 990 or 990-EZ).		ihieren	Other (s	-			, Accidai
_	Mobel	te: ▶ 1	0						ne organization is r	
			(check only one)————————————————————————————————————	٠	F27				ule B (Form 990, 990-EZ	
	Check		the organization is not a section 509(a)(3) supporting organization and its gro							
^			organization is not a section 309(a)(3) supporting organization and its greater organization chooses to file a return, be sure to file a complete return	U33 IC	sceipis are i	ioiiially liut i	אוטוס נוופ	III <b>\$</b> 23	J,000 A letuilis i	iot
_			nd 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 9	200	natand of Fo	000 E7		\$		,556.
	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund	Ral	ances (S	ee the instru	tions fo			, ,,,,,,,
L.E.	1		ins, gifts, grants, and similar amounts received		<u> </u>	100 1110 11131141		1	,	
	2		ervice revenue including government fees and contracts				_ i	2		
	i i	=						3		
	3	Investment	ip dues and assessments					4		495.
	1 _		4 I		ŀ	5,06	<b>-</b>	*		<del>4)).</del>
	5a			<u>5a</u> 5b		4,09				
	D				l	4,00		_		965.
Ð	<sup>C</sup>		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att		-	ank hara 🛌 🖍	—\	5c		<del></del>
Revenue	6		ents and activities (complete applicable parts of Schedule G). If any amount is	110111	gailling, ci	ieck liete 🖊	<b>-</b> 1			
eve	a		nue (not including \$ of contributions	٥	1					
Œ	١.	reported or	· ·	6a						
			• • • • • • • • • • • • • • • • • • • •	6b			<del></del>	_		
9	_C		e or (loss) from special events and activities (Subtract line 6b from line 6a)	_	ı		- H	6c		
)	7a			7a	<del> </del>					
	6			7b	<u> </u>	<del></del>	—┤.	_		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		•			7c		
	8		nue (describe			<del></del> .	′ <b> </b>	8		160
	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	<u>L</u> ,	<u>,460.</u>
	10		similar amounts paid (attach schedule)				_	10		
	11		id to or for members	-	•			11		
ses	12		her compensation, and employee benefits					12	<del></del>	891.
penses	13		al fees and other payments to independent contractors					13		091.
Ä	14		, rent, utilities, and maintenance					14		
	15		iblications, postage, and shipping					15	10	,764.
	16		nses (describe PROGRAM EXPENSES			<del>_</del> -	_	16		
_	17		nses. Add lines 10 through 16					17		,655. ,195.
ţ	18		deficit) for the year (Subtract line 17 from line 9)			-	ļ	18		, 193 -
Net Assets	19	1	o Guaz balence Lat beginning of year (from line 27, column (A))						121	277
Ę			e with end-of-year figure ported on prior year's return)			•		19	121	<u>,377.</u>
Ž	20	Silver of sh	ges in net assets or fund dalances (attach explanation)	•		•		20	111	102
		QUET assets	or fund balances at entral year Combine lines 18 through 20	4	la Farra 00/	Name		21	111	,182.
٢	art II		ce Sheets. #1 has ssets on line 25, column (B) are \$2,500,000 or mo	ore, ii		Beginning of		<u>-EZ</u>	(D) Fad of vo	
-			SDEN (Statifie instructions for Part II )		(A)		<del>`                                     </del>	<del>_</del>	(B) End of ye	,939.
22		-	and investments		-	52,4	33.	22	40,	, 939.
23		id and buildii			,	60 0	1/12	23		,942.
24		•	escribe RESTRICTED CASH/INVESTMENTS	_	' <del> </del>	68,9		24		
25		al assets	ACCOUNTED DAVABLE	•	,	121,3		25		, 881. 699
26			(describe ACCOUNTS PAYABLE		·	121 2		26		,699 <u> </u>
832	7 Net		and balances (line 27 of column (B) must agree with line 21)	<u> </u>		121,3	//•	27	111 / Form 990-F	, 182 .
	4 - 00	I HA FA	ir privary pri and pangrunry konjirjing dei Nojiro, coo too inctrictione tot	POID	n uuti				FORM MAILIE	*#_ [ZUUX\

	m 990-EZ (2008) SOUTHEASTERN INSURANCE			<u> 58-</u>	13110	// Page 2
P	art III Statement of Program Service Accomplishm	nents (See the instructions for	Part III )			penses
Wh	at is the organization's primary exempt purpose? SEE STATEMEN	NT 3			(Required	for 501(c)(3)
Des	cribe what was achieved in carrying out the organization's exempt purposes	In a clear and concise manner, de	escribe the services			ganizations and trusts, optional
Dro	vided, the number of persons benefited, or other relevant information for each	program title			for others	
	PROMOTION OF EDUCATION IN THE INSU					<u> </u>
20	INOMOTION OF EDUCATION IN THE PROPERTY OF THE		<del></del>			
					1 1	
	(Grants \$ 9,065.) If this amount includes foreig	un grante, aback hara	<b>•</b>	$\overline{}$	282	10,764.
	(Grants \$ 9,065.) If this amount includes foreig	in grants, check here			200	10//01.
29						
			<del></del>			
				<del></del>		
	(Grants \$ ) If this amount includes foreig	in grants, check here	<u> </u>		29a	
30		<del>-</del> · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
				$\overline{}$	1 1	
	(Grants \$ ) If this amount includes foreig	n grants, check here		<u> </u>	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreig	n grants, check here	<u> </u>		31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	10,764.
P	art IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one en	en if not compensated	(See the	instructions f	or Part IV)
		(h) Title and average hours	(a) Componention		ontributions	(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (if not paid, enter		employee fit plans &	account and
	(4) //4//// 4/// 4///	position	-0)		eferred	other allowances
			,	com	pensation	
RO	DBERT CLEVE FOLGER	CHAIR				
		0.00	0.		0.	0.
CH	HARLES D. BRADSHER	MEMBER				
		0.00	0.		0.	0.
HZ	ARRY Q. FITZGERALD	MEMBER				
		0.00	٥.		0.	0.
DZ	AVID W. SCULL	MEMBER		_		
<u> </u>	1410 W. DCOHL	0.00	٥.		0.	0.
$\overline{DC}$	ONALD C. EVANS	SECRETARY/TRE				
	DIALID C. LVANO	0.00	0.		0.	0.
D7	AMELA SESSOMS	VICE CHAIR				
<u> </u>	TIEBA DEGOCIO	0.00	0.		0.	0.
<del></del>	ASON BYERS	MEMBER			•	
<u>U E</u>	ASON BIERS	0.00	0.		0.	0.
	IOMAC C MADCHALL	MEMBER	0.	· · · · -	<u> </u>	<u> </u>
1.1	HOMAS S. MARSHALL	0.00	0.		0.	0.
-	NINI E MEDD		0.	-	<u> </u>	0.
<u>J(</u>	OHN F. WEBB	MEMBER	_		Λ	۸ ا
===		0.00	0.	_	0.	0.
KI	ELLEY L. ERSTINE	CHIEF EXECUTI		K	^	١ ,
= :		0.00	0.		0.	0.
<u>RC</u>	DYCE HENDERSON	STAFF LIAISON			•	
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832	172 17-08			٠	Form	990-EZ (2008)
14-	17-90				, 01111	()

Pa	art 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		Х
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			
а	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	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , 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	ŀ		
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 ▶ 0 .			
đ	Enter amount of tax on line 40c reimbursed by the organization			
е	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	[	<u>X</u>
41	List the states with which a copy of this return is filed NONE			
42 a	The books are in care of ► ROYCE HENDERSON Telephone no ► 919-86			
	Located at $\triangleright$ CARY, NC ZIP+4 $\triangleright$ 2	<u>751</u>	2	
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		Yes	No
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			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	l	X

Total numb	er of other independent contractors each receiving over \$100,000	<b>▶</b>	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of prenarer (other than officer) is based on all in Signature of officer  Kelley Erstine CEO  Type or print name and title.	companying schedules and statements, and to the beformation of which preparer has any knowledge	est of my knowledge and belief, it is true,
Paid Preparer's	Preparer's signature SAMUEL A. BOYCE	Date O2/25/10 Check if self-	Preparer's Identifying Number (See Instr.)
Use Only	BOYCE, FURR & COMPANY, if self-employed).  address, and ZIP+4  BOYCE, FURR & COMPANY, 4900 FALLS OF NEUSE RD RALEIGH, NC 27609	LLP - SUITE 220	Phone ► 919-862-0004
May the IR	S discuss this return with the preparer shown above? See instructions		Yes N
			Form 000-E7 /2001

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Name of the organization

COLUMN TAX COURSE OF THE COLUMN TWO

Inspection **Employer identification number** 

		SOUTHEA	STERN INSURA	NCE I	NSTIT	UTE I	NC		58	<u>-1311</u>	077	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) (see ins	tructions)				
The organ	ization is not	a private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)						
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	) <u>.</u>				
2 📙			'0(b)(1)(A)(ii). (Attach Sc									
3 📙	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	<b>(A)(iii).</b> (At	tach Sche	dule H.)			
4 📙	A medical re	search organization o	operated in conjunction	with a hos	prtal descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(iii	). Enter th	e hospital	's nam	e,
	city, and stat			<u> </u>								
5	_	•	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental unit	described	d in		
		<b>)(b)(1)(A)(iv).</b> (Comple										
6			ent or governmental unr									
7 📖	-	•	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general p	ublic desc	ribed ii	า
• 🗀		(b)(1)(A)(vi). (Comple	•	<b>6</b>	<b>D</b> 4113							
8 L 9 X	-		ection 170(b)(1)(A)(vi).	•	•		h		- <b>f</b>	d		·
9 <u>X</u>	-	•	eives: (1) more than 33					•		-		
		· ·	nctions - subject to certa axable income (less sect									
		509(a)(2). (Complete		tion 511 te	LX) 110111 00	311103303 (	acquired b	y the Olga	ilization ai	ter ourie o	0, 137	J.
10		, , ,	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1). (see ins	tructions)			
11	-		perated exclusively for the	-	_				-	urposes o	f one o	or
			ations described in secti									
			organization and compl				•	•				
	а 🔲 Туре		¬ `		e III · Func		tegrated		a 🗀	Type III - C	Other	
e 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	er tha	n
	foundation n	nanagers and other t	han one or more publich	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	zation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	organization, check th	nis box									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	ons?			,—-
	(i) A perso	on who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (i	ıi) below,		Yes	No
	•		upported organization?			•		-		11g(i)		
	• •	•	n described in (i) above?		•					11g(ii)		-
		·	person described in (i)							11g(iii)		
h	Provide the f	following information	about the organizations	s the organ	nization sup	oports.						
			(iii) Type of	(in) to the	25221525122	(v) Did vo		(vi) lo	the			
	of supported	(II) EIN	organization		organization sted in your			organizatio	n in col	(vii) Am		i
orga	anization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organize U S	ed in the	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
						}						
				<u> </u>		<u> </u>		ļ				
				<u> </u>		ļ	ļ	ļ				
Total		<u>L</u>		<u>L</u>	<u> </u>	<u> </u>	L	L	<u> </u>			
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see tl	he Instruc	tions for F	Form 990.		Schedule	e A (Form	990 or 99	Ю-EZ)	2008

_	edule A (Form 990 or 990-EZ) 2008		<del></del>				Page 2
Pa	art II Support Schedule for				)(b)(1)(A)(iv) ar	id 170(b)(1)(A)(\	/i)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				<del></del>
	ction A. Public Support	τ		r .		<u> </u>	r
	endar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants ")			<u> </u>	<del> </del>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf				1		
3	The value of services or facilities		_		-		
3	furnished by a governmental unit to						
	the organization without charge				1		
4	Total. Add lines 1 · 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						ĺ
	column (f)	***************************************					
	Public Support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	
	ction B. Total Support			11000	1	1 1 2 2 2 2 2	T 49.7
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
8	Amounts from line 4 Gross income from interest,						
•	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	!					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10		<u> </u>	1		1	<u> </u>
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage	<u>-</u>	<del></del>	<del></del>	
14	Public support percentage for 2008 (			column (fl)		14	%
15	Public support percentage from 2007		•			15	%
	33 1/3% support test - 2008. If the o			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies	as a publicly supp	orted organization	n			
ь	33 1/3% support test - 2007. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3°	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation		•	. ▶□
17a	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop	here. Explain in P	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2007. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ						▶;;
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17			
					Sch	edule A (Form 990	) OT 99U-EA) 2008

Schedule A (Form 990 or 990 EZ) 2008 SOUTHEASTERN INSURANCE INSTITUTE INC 58-1311077 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II) Section A. Public Support (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3,871. 64,690. 54,860. 9,262. 132,683. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 9,262 132,683. 64,690. 54,860. 3,871 6 Total. Add lines 1 · 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 132,683. Public support (Subtract line 7c from line 6)

Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	64,690.	54,860.	3,871.	9,262.		132,683.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,003.	3,952.	4,547.	1,328.	495.	11,325.
<b>b</b> Unrelated business taxable income	Ì		İ			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	1,003.	3,952.	4,547.	1,328.	495.	11,325.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						144,008.
14 First five years. If the Form 990 is for	the organization's	first, second, third	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,

Check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

18 92 • 14 %

93 • 20 %

Section D. Computation of Investment Income Percentage

	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation		ightharpoons	K.
19a	33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than	33 1/3	3%, and line 17 is not		_
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	6.8	30	<u>%</u>
1/	investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (i)	μ''			_/0

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ GAIN	(LOSS) FROM PUB	LICLY TRADED SE	CURITIES	STATEMENT 1
DESCRIPTION	GROSS	COST OR	EXPENSE	NET GAIN
	SALES PRICE	OTHER BASIS	OF SALE	OR (LOSS)
200 SHARES FREDS INC	1,960.	2,121.	0.	-161.
400 SHARES STEINMART	3,101.	1,975.		1,126.
TO FORM 990-EZ, LINE	5 5,061.	4,096.	0.	965.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT				2
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [	]	YES	[X]	NO

990-EZ PG 2 STATEMENT 3

TO PROMOTE EDUCATION IN THE INSURANCE INDUSTRY.