

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)

2008

Department of the Treasury
 Internal Revenue Service

▶ 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

Open to Public Inspection

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	C Name of organization Grambling University Athletic Foundation, Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite Post Office Box 913 City or town, state or country, and ZIP + 4 Grambling LA 71245	D Employer identification number 58-1736948
		E Telephone number (318) 274-6142
		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).

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

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

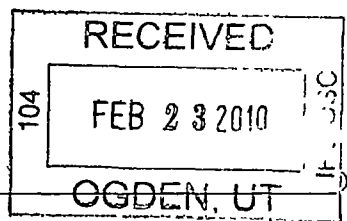
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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. ▶ \$ 116,053.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	99,899.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	38,413.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	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"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ See Other Revenue Statement)	8	-22,259.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	116,053.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	22,872.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	493.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	158,363.
17 Total expenses (add lines 10 through 16)	17	181,728.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-65,675.	
ASSETS	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	354,240.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	-253.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	288,312.



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	225,961.	22 align="right">226,958.
23 Land and buildings	0.	23 align="right">0.
24 Other assets (describe ▶ See L-24 Stmt)	129,138.	24 align="right">61,758.
25 Total assets	355,099.	25 align="right">288,716.
26 Total liabilities (describe ▶ See L-26 Stmt)	859.	26 align="right">404.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	354,240.	27 align="right">288,312.

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>To work cooperatively in support of the athletic programs of Grambling State</u> 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		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
28	<u>To provide assistance and equipment to enhance the educational programs of Grambling State University faculty and students.</u> (Grants \$ <u>181,728.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	181,728.
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	181,728.

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
Dr. Bridex Copeland, Jr 279 Mockingbird Lane Grambling LA 71245	President-Elect 2.00	0.	0.	0.
Mr. Ezil Bibbs 1517 Bourdeaux Drive Ruston LA 71270	Vice President 2.00	0.	0.	0.
Nelda W. Baisy Post Office Box 396 Grambling LA 71245	Secretary 2.00	0.	0.	0.
Mr. Lamar Davis Post Office Box 620 Hodge LA 71247	Treasurer 2.00	0.	0.	0.
Sharon Armstrong Post Office Box 565 Grambling LA 71245	Board Member 2.00	0.	0.	0.
Dr. Joseph Carter 3844 Cames Circle Shreveport LA 71119	Board Member 2.00	0.	0.	0.
Mr. Gardner N. Clark 128 Sandbed Road #9 Ruston, LA 71270	Board Member 2.00	0.	0.	0.
Mr. Wilbert Ellis Post Office Box 787 Grambling, LA 71245	Board Member 2.00	0.	0.	0.
Mr. Cedric Glover 505 Travis Street Shreveport LA 71101	Board Member 2.00	0.	0.	0.
Dr. Dorothy Hardy Post Office Box 787 Grambling LA 71245	Financial Secretary 2.00	0.	0.	0.
Dr. Raymond Hicks 1737 Willowpoint Drive Shreveport, LA 71119	Board Member 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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 changes 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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
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 0.		
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
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b 		
39 501(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 		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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		X
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		X
41 List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ Rosie D. Harper, CPA, LLP Telephone no ▶ (318) 387-8008
 Located at ▶ 604 North 3rd Street Monroe LA ZIP + 4 ▶ 71201

	Yes	No
42b 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 ▶ _____		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 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 ▶ _____		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		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		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
49 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	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
None		
Total number of other independent contractors 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
 Signature of officer: *Birdex Copeland, Jr.* Date: 02/10/10
 Type or print name and title: Birdex Copeland, Jr., President

Paid Preparer's Use Only
 Preparer's signature: Rosie D. Harper Date: 02/10/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Rosie D. Harper, CPA, LLP, 604 N. 3rd Street, Monroe, LA 71201
 Preparer's Identifying Number (See instructions): 387-8008
 EIN: Phone no: (318) 387-8008

May the IRS discuss this return with the preparer shown above? See instructions Yes No
BAA Form 990-EZ (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	237,392.	63,738.	77,601.	120,143.	71,228.	570,102.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-3	237,392.	63,738.	77,601.	120,143.	71,228.	570,102.
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, column (f)						
6 Public support. Subtract line 5 from line 4						570,102.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	237,392.	63,738.	77,601.	120,143.	71,228.	570,102.
8 Gross income from interest, dividends, payments received on 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 Total support. Add lines 7 through 10						570,102.
12 Gross receipts from related activities, etc. (see instructions)						12

13 **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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	100.00%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 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						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (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 carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						
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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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%, and line 17 is not 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 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

Name as Shown on Return
Grambling University Athletic Foundation, Inc.

Employer Identification No
58-1736948

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable - Net	1,609.	804.
Investments	127,529.	60,954.
Totals to Form 990-EZ, Part II, line 24	129,138.	61,758.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	859.	404.
Totals to Form 990-EZ, Part II, line 26	859.	404.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Interest Income	3,009.
Dividends	1,675.
Loss on investments	-26,943.
Total	-22,259.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Awards	358.
Bank Charges	226.
Courtesies	2,086.
Departmental	131,368.
Rental	4,200.
Insurance	705.
Office expenses	1,772.
Scholarships	9,500.
Telephone	4,355.
Travel	3,793.
Total	158,363.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Roy L. Jackson 112 Wayside Grambling, LA 71245 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mrs. Theresa G. Jacobs PO Box 252 Grambling LA 71245 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Edward Johnson 203 Lansdowne Drive Slidell, LA 70461 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Reginald Johnson 1437 Peak Cedar Hill TX 75104 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Louvert Lattin 9807 Chase Island Shreveport, LA 71118 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mrs. Mildred G. Moss Post Office Box 61 Grambling, LA 71245 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Michael W. Peterson 8801 Nancy Place Little Rock AR 72204 Foreign city _____ Foreign country _____	Title Sergeabt-At-Arms Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Douglas T. Porter 1415 Martin Luther, Jr. Avenue Grambling, LA 71245 Foreign city _____ Foreign country _____	Title President Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Roosevelt Richardson 15950 S.W. 14 Street Pembroke Pines FL 33027 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Jeffrey Thomas Post Office Box 1233 Lake Forest, CA 92609 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mr. Robert Williams 23431 Plank Road Zachary, LA 70791 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 2.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Mr. Gregory Willis</u> <u>31 Foxfire Lane</u> <u>Alexandria LA 71302</u> Foreign city _____ Foreign country _____	Title <u>Board Member</u> Hours/Week <u>2.00</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Restatement of beginning net assets	-253.
Total	<u>-253.</u>

Supporting Statement of:

• Form 990-EZ/Line 1

Description	Amount
Contributions	90,008.
Fundraisers	9,891.
Total	<u>99,899.</u>