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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2006**

Open to Public Inspection

Form **990**  
Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2006 calendar year, or tax year beginning JUN 1, 2006 and ending MAY 31, 2007**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> KAPPA SIGMA FRATERNITY	<b>D Employer identification number</b> 13-1714532
	Please use IRS label or print or type See Specific Instructions <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 1610 SCOTTSVILLE RD	<b>E Telephone number</b> (434) 295-3193
	<b>City or town, state or country, and ZIP + 4</b> CHARLOTTESVILLE, VA 22902	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates  N/A

H(c) Are all affiliates included?  N/A  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** WWW.KAPPASIGMA.ORG

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

**K** Check here  if the organization is not a 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.

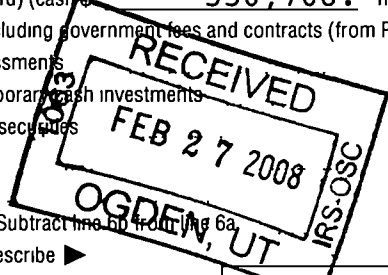
**I Group Exemption Number** N/A

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **7,274,046.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	556,768.		
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>556,768.</b> noncash \$ _____)	1e	556,768.		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,742,110.		
	<b>3</b> Membership dues and assessments	3	1,405,233.		
	<b>4</b> Interest on savings and temporary cash investments	4	3,114.		
	<b>5</b> Dividends and interest from securities	5	77,322.		
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a	708,069.	(B) Other	2,532,319.
	Less: cost or other basis and sales expenses	8b	684,034.		2,534,898.
	<b>c</b> Gain or (loss) (attach schedule)	8c	24,035.		-2,579.
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1	STMT 2	21,456.
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a	33,199.		
	<b>b</b> Less: cost of goods sold	10b	93,718.		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 3		-60,519.
<b>11</b> Other revenue (from Part VII, line 103)	11	215,912.			
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,961,396.			
Expenses	<b>13</b> Program services (from line 44, column (B))	13			
	<b>14</b> Management and general (from line 44, column (C))	14			
	<b>15</b> Fundraising (from line 44, column (D))	15			
	<b>16</b> Payments to affiliates (attach schedule)	16			
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	17	3,485,184.			
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18	476,212.			
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,746,646.		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4		180,721.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	5,403,579.		



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	188,300.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	513,343.			
27 Pension plan contributions not included on lines 25a, b, and c	27,337.			
28 Employee benefits not included on lines 25a - 27	90,495.			
29 Payroll taxes	52,644.			
30 Professional fundraising fees				
31 Accounting fees	69,765.			
32 Legal fees	18,687.			
33 Supplies	41,135.			
34 Telephone	32,201.			
35 Postage and shipping	170,290.			
36 Occupancy	92,833.			
37 Equipment rental and maintenance	14,583.			
38 Printing and publications	133,068.			
39 Travel	283,473.			
40 Conferences, conventions, and meetings	311,323.			
41 Interest	55,838.			
42 Depreciation, depletion, etc. (attach schedule)	38,692.			
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	1,351,177.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,485,184.			

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 6</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
<b>a RISK MANAGEMENT PROGRAM - REPRESENT EXPENSES IN CONJUNCTION WITH LIABILITY INSURANCE COVERAGE AND RELATED CLAIMS EXPENSE, WHICH IS EXTENDED TO THE MORE THAN 230 INDIVIDUAL CHAPTERS OF THE FRATERNITY.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>b EDUCATIONAL PROGRAMS - OFFERS A WIDE RANGE OF PROGRAMS FOR MORE THAN 11,000 UNDERGRADUATE MEMBERS VIA NUMEROUS WORKSHOPS, LECTURES, AND CONFERENCES HELD THROUGHOUT THE COUNTRY.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c MEMBER SERVICES - INCLUDES EXPENSES INCURRED TO MAINTAIN AND PROMOTE THE FRATERNITY'S MORE THAN 230 INDIVIDUAL CHAPTERS AND COLONIES.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d CADUCEUS MAGAZINE - REPRESENTS EXPENSES INCURRED FOR THE PRODUCTION AND MAILING OF THE FRATERNITY'S QUARTERLY MAGAZINE.</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</b>	

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash - non-interest-bearing		45
	46	Savings and temporary cash investments	267,303.	46 466,457.
	47 a	Accounts receivable	47a 150,376.	
	b	Less: allowance for doubtful accounts	47b	47c 150,376.
	48 a	Pledges receivable	48a	
	b	Less: allowance for doubtful accounts	48b	48c
	49	Grants receivable		49
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a	Other notes and loans receivable <b>STMT 7</b>	51a 2,667,698.	
	b	Less: allowance for doubtful accounts	51b	51c 2,667,698.
	52	Inventories for sale or use		52
	53	Prepaid expenses and deferred charges	279,776.	53 332,999.
	54 a	Investments - publicly-traded securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,759,440.	54a 1,966,410.
b	Investments - other securities <b>STMT 13</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	212,416.	54b 260,853.	
55 a	Investments - land, buildings, and equipment basis <b>STMT 8</b>	55a		
b	Less: accumulated depreciation	55b	55c	
56	Investments - other		56	
57 a	Land, buildings, and equipment: basis	57a 301,635.		
b	Less: accumulated depreciation <b>STMT 10</b>	57b 261,535.	57c 40,100.	
58	Other assets, including program-related investments (describe <b>SEE STATEMENT 11</b> )	3,042,770.	58 157,061.	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	6,105,712.	59 6,041,954.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	45,110.	60 110,648.
	61	Grants payable		61
	62	Deferred revenue	167,058.	62 272,055.
	63	Loans from officers, directors, trustees, and key employees		63
	64 a	Tax-exempt bond liabilities		64a
	b	Mortgages and other notes payable	851,860.	64b
	65	Other liabilities (describe <b>SEE STATEMENT 12</b> )	295,038.	65 255,672.
66	<b>Total liabilities.</b> Add lines 60 through 65	1,359,066.	66 638,375.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67	Unrestricted	4,746,646.	67 5,403,579.
	68	Temporarily restricted		68
	69	Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70	Capital stock, trust principal, or current funds		70
	71	Paid-in or capital surplus, or land, building, and equipment fund		71
	72	Retained earnings, endowment, accumulated income, or other funds		72
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,746,646.	73 5,403,579.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	6,105,712.	74 6,041,954.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	4,057,694.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 14</u>	b4	96,298.	
	Add lines b1 through b4		b	96,298.
c	Subtract line b from line a		c	3,961,396.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	3,961,396.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a	3,578,902.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>COST OF GOODS SOLD</u>	b4	93,718.	
	Add lines b1 through b4		b	93,718.
c	Subtract line b from line a		c	3,485,184.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	3,485,184.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(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 & deferred compensation plans	(E) Expense account and other allowances
MITCHELL B. WILSON P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	EXECUTIVE DIRECTOR 40.00	114,000.	6,162.	0.
CHAD R. GEBHARDT P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	DIRECTOR OF FINANCIAL OPER 40.00	68,138.	0.	0.
H. PHILLIP BELL, IV P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	WORTHY GRAND MASTER 1.00	0.	0.	0.
E.L. BETZ, JR. P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	WORTHY GRAND PROCURATOR 1.00	0.	0.	0.
S. CHRISTIAN NASCIMENTO P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	WG MASTER OF CEREMONIES 1.00	0.	0.	0.
JODY L. BAILEY P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	WORTHY GRAND SCRIBE 1.00	0.	0.	0.
PHILIP L. THAMES P.O. BOX 5066 CHARLOTTESVILLE, VA 22905	WORTHY GRAND TREASURER 1.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 5
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75b, 75c, 75d with 'X' marks in the No column.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions)

Yes No

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76-81b with 'X' marks in the No column.

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	664,550.
b Gross receipts, included on line 12, for public use of club facilities	86b	0.
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <u>N/A</u>	89g	
90 a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2006	90b	18
91 a The books are in care of <u>MICHAEL W. PHILLIPS</u> Telephone no. <u>(434) 295-3193</u> Located at <u>1610 SCOTTSVILLE RD, CHARLOTTESVILLE, VA</u> ZIP + 4 <u>22902</u>		
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 <u>CANADA</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>SEE STATEMENT 15</b>					1,742,110.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,405,233.
95 Interest on savings and temporary cash investments			25	3,114.	
96 Dividends and interest from securities			25	77,322.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	21,456.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-60,519.
103 Other revenue:					
a <b>FINANCE CHARGES</b>					22,572.
b <b>OTHER REVENUE</b>					64,145.
c <b>ROYALTIES</b>			25	94,995.	
d <b>MAGAZINE ADVERTISING</b>	541800	12,825.			21,375.
e					
104 Subtotal (add columns (B), (D), and (E))		12,825.		196,887.	3,194,916.
105 Total (add line 104, columns (B), (D), and (E))					3,404,628.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>SEE STATEMENT 16</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Michael W. Phillips* Signature of officer, Date: 2/21/2008  
**MICHAEL W. PHILLIPS, DIRECTOR OF FINANCIAL OPERATIONS** Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Michael W. Phillips*, Date: 2/20/2008, Check if self-employed: , Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HANTZMON WIEBEL LLP, CPA'S**  
**818 E. JEFFERSON ST., P.O. BOX 1408**  
**CHARLOTTESVILLE, VA 22902**  
 EIN: \_\_\_\_\_, Phone no.: **(434) 296-2156**

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Con v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	OFFICE EQUIPMENT	VARIOUS	SL	.000		HY16	154,269.				154,269.	113,280.		21,084.	134,364.
2	DATA PROCESSING EQUIPMENT	VARIOUS	SL	.000		HY16	145,515.				145,515.	107,711.		17,608.	125,319.
5	IMPROVEMENTS	VARIOUS	SL	.000		HY16	1,851.				1,851.	1,851.		0.	1,851.
6	(D)IMPROVEMENTS	VARIOUS	SL	.000		HY16	10,420.				10,420.	10,420.		0.	0.
7	(D)OFFICE EQUIPMENT	VARIOUS	SL	.000		HY16	21,203.				21,203.	21,203.		0.	0.
8	(D)DATA PROCESSING EQUIPMENT	VARIOUS	SL	.000		HY16	15,899.				15,899.	13,020.		0.	0.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES						349,157.				349,157.	267,485.		38,692.	261,534.
	* GRAND TOTAL 990 PAGE 2 DEPR						349,157.				349,157.	267,485.		38,692.	261,534.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	708,069.	684,034.	0.	24,035.
TO FORM 990, PART I, LINE 8	708,069.	684,034.	0.	24,035.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER - ABANDONED	07/21/04	05/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	2,896.	0.	2,735.	-161.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER	06/17/05	05/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	300.	1,882.	0.	1,202.	-380.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER - ABANDONED	06/17/05	05/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,882.	0.	1,203.	-679.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER - ABANDONED	06/17/05	05/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,882.	0.	1,203.	-679.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER - ABANDONED	06/17/05	05/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,882.	0.	1,202.	-680.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
REAL ESTATE	VARIOUS	07/19/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
SCOTTSVILLE ROAD HOLDINGS LLC	2,532,019.	2,532,019.	0.	0.	0.
TO FM 990, PART I, LN 8	2,532,319.	2,542,443.	0.	7,545.	-2,579.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME		
1. GROSS RECEIPTS . . . . .	33,199	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		33,199
4. COST OF GOODS SOLD (LINE 13) . . . . .	93,718	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		-60,519
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	93,718	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		93,718
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		93,718

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	180,721.
TOTAL TO FORM 990, PART I, LINE 20	180,721.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS	125,383.			
EDUCATIONAL EXPENSES	37,028.			
INSURANCE	917,138.			
BANK FEES	20,616.			
INFORMATION SYSTEMS EXPENSE	42,463.			
LIABILITY COVERAGE MANAGEMENT PROGRAM	45,803.			
BAD DEBTS	44,645.			
PHOTO AND ARTWORK	19,043.			
INTERFRATERNITY EXPENSE	5,249.			
AWARDS	1,359.			
NEW CHAPTER/COLONY INVESTMENT ADVISORY FEES	73,615.			
LOSS ON CURRENCY EXCHANGE	13,457.			
	5,378.			
TOTAL TO FM 990, LN 43	1,351,177.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

TO PROVIDE A FORUM FOR EXCHANGE OF IDEAS RELATING TO EDUCATIONAL PROGRAMS AND LEADERSHIP TRAINING TO ITS UNDERGRADUATE AND ALUMNI CHAPTERS.



FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 7

BORROWER'S NAME TERMS OF REPAYMENT  
 DELTA-PSI ALUMNI CORPORATION PRINCIPAL AND INTEREST PAID MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
12/20/93	01/01/09	38,050.	8.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 REAL ESTATE STUDENT HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
CHAPTER	STUDENT HOUSING	0.	3,971.

BORROWER'S NAME TERMS OF REPAYMENT  
 LAMBDA-OMICRON HOUSING CORPORATION PRINCIPAL AND INTEREST PAID MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
05/31/00	01/15/13	75,688.	8.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 REAL ESTATE STUDENT HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
CHAPTER	STUDENT HOUSING	0.	48,527.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
EPSILON-MU FOUNDATION OF KAPPA SIGMA, INC.	PRINCIPAL AND INTEREST PAID MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
08/19/99	08/31/19	108,230.	10.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
REAL ESTATE	STUDENT HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
CHAPTER	STUDENT HOUSING	0.	87,285.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
THETA GAMMA KAPPA SIGMA HOUSING CORPORATION	PRINCIPAL AND INTEREST PAID MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
07/21/97	08/01/12	55,000.	9.75%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
REAL ESTATE	STUDENT HOUSING

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
CHAPTER	STUDENT HOUSING	0.	30,118.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
SCOTTSVILLE ROAD HOLDINGS, LLC	PRINCIPAL

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
05/31/07	05/31/08	2,497,797.	.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
REAL ESTATE	HEADQUARTERS CONSTRUCTION

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
AFFILIATED ORGANIZATION	HEADQUARTERS BUILDING	0.	2,497,797.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	2,667,698.

FORM 990                               NON-GOVERNMENT SECURITIES                               STATEMENT   8

<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>CORPORATE STOCKS</u>	<u>CORPORATE BONDS</u>	<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>TOTAL NON-GOV'T SECURITIES</u>
CORPORATE BONDS	FMV		132,034.		132,034.
COMMON STOCKS	FMV	1,190,695.			1,190,695.
TO FORM 990, LINE 54A, COL B		1,190,695.	132,034.		1,322,729.

FORM 990                               GOVERNMENT SECURITIES                               STATEMENT   9

<u>DESCRIPTION</u>	<u>COST/FMV</u>	<u>U.S. GOVERNMENT</u>	<u>STATE AND LOCAL GOV'T</u>	<u>TOTAL GOV'T SECURITIES</u>
GOVERNMENT SECURITIES	FMV	643,681.		643,681.
TOTAL TO FORM 990, LINE 54A, COL B		643,681.		643,681.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	154,269.	134,364.	19,905.
DATA PROCESSING EQUIPMENT IMPROVEMENTS	145,515.	125,319.	20,196.
	1,851.	1,851.	0.
TOTAL TO FORM 990, PART IV, LN 57	301,635.	261,534.	40,101.

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	AMOUNT
ACCRUED INTEREST AND OTHER RECEIVABLES	105,430.
DUE FROM ENDOWMENT FUND	39,243.
CASH HELD FOR BETA KAPPA	12,388.
CONSTRUCTION IN PROGRESS	0.
LAND HELD IN TRUST	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	157,061.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	AMOUNT
LIABILITY INSURANCE RESERVE	237,912.
FUNDS HELD FOR BETA KAPPA	12,388.
CAPITAL LEASE PAYABLE	5,372.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	255,672.

FORM 990 OTHER SECURITIES STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH EQUIVALENTS	FMV	188,832.
MORTGAGE AND ASSET BACKED SECURITIES	FMV	72,018.
MUTUAL FUNDS	FMV	3.
TO FORM 990, LINE 54B, COL B		260,853.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	93,718.
LOSS ON SALE OF EQUIPMENT	2,579.
ROUNDING DIFFERENCE	1.
TOTAL TO FORM 990, PART IV-A	96,298.

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 15

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CHAPTER RISK MANAGEMENT					1,328,455.
SPECIAL EVENTS-LEADERSHIP CONFERENCE					149,997.
CHAPTER LOAN INTEREST					24,348.
FINES TO CHAPTERS					176,435.
RECRUITMENT AND EXPANSION					62,875.
TO FORM 990, PART VII, LINE 93					1,742,110.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE NATIONAL FRATERNITY ASSESSES MEMBER CHAPTERS FOR VARIOUS BENEFITS AND REVENUE FROM CONFERENCES OR SPECIAL EVENTS CONDUCTED BY FRATERNITY AND LOANS TO CHAPTERS ENABLING THEM TO CARRY OUT PROGRAMS.
94	UNDERGRADUATE AND ALUMNI DUES
102	TO PROMOTE MEMBERSHIP THROUGH SALES OF FRATERNITY ITEMS AND APPAREL
103A	FINANCE CHARGE INCOME FROM CHAPTERS
103B	MISCELLANEOUS INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE
103D	ADVERTISING INCOME RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE
93A-	THE REVENUES ARE RELATED TO THE ACTIVITIES REPORTED ON PAGE 2 OF THIS
103D	RETURN AND ARE SUBSTANTIALLY RELATED TO THE PURPOSES FOR WHICH THE ORGANIZATION'S EXEMPTION WAS GRANTED.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
<b>Type or print</b> <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization <b>KAPPA SIGMA FRATERNITY</b>	Employer identification number <b>13-1714532</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1610 SCOTTSVILLE RD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARLOTTESVILLE, VA 22902</b>	

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

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **▶ MICHAEL W. PHILLIPS**  
Telephone No. **▶ (434)295-3193** 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 is for.

4 I request an additional 3-month extension of time until **APRIL 15, 2008**.

5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUN 1, 2006**, and ending **MAY 31, 2007**.

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ *Alfred L. League, Sr.*** Title **▶ TAXPAYER'S CPA** Date **▶ 1/12/08**

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other **\_\_\_\_\_**

Director **\_\_\_\_\_** By **\_\_\_\_\_** Date **\_\_\_\_\_**

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b> <small>623832 05-01-07</small>	Name <b>HANTZMON WIEBEL LLP, CPA'S</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>818 E. JEFFERSON ST., P.O. BOX 1408</b>
	City or town, province or state, and country (including postal or ZIP code) <b>CHARLOTTESVILLE, VA 22902</b>