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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

KAPPA ALPHA ORDER DELTA KAPPA CHAPTER

Number and street (or P O box, if mail is not delivered to street address)Room/suite

SFASU BOX 13021

City or town, state or country, and ZIP + 4

NACOGDOCHES, TX 75962

D Employer identification number

23-7123518

E Telephone number

(214) 418-0770

F Group Exemption Number

☒ 0066

▶ 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

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 45,630

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	320
	2	Program service revenue including government fees and contracts . . . . .							2	350
	3	Membership dues and assessments . . . . .							3	43,280
	4	Investment income . . . . .							4	
	5a	Gross amount from sale of assets other than inventory . . . . .					5a		5c	
	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) (attach schedule)								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here <input type="checkbox"/>							6c	
	a	Gross revenue (not including \$_____ of contributions reported on line 1) . . . . .					6a			
	b	Less direct expenses other than fundraising expenses . . . . .					6b			
Expenses	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		7c	
	b	Less cost of goods sold . . . . .					7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .								
	8	Other revenue (describe  _____)							8	1,680
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . ▶							9	45,630
	10	Grants and similar amounts paid (attach schedule)  . . . . .							10	14,952
	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	3,266
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .							14	1,680
	15	Printing, publications, postage, and shipping . . . . .							15	
	16	Other expenses (describe  _____)							16	21,442
	17	Total expenses (add lines 10 through 16) . . . . . ▶							17	41,340
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .							18	4,290
	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	24,706
	20	Other changes in net assets or fund balances (attach explanation)  . . . . .							20	-23,119
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . ▶							21	5,877
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 . . . . .						24,706	22	5,877	
23	Land and buildings . . . . .							23		
24	Other assets (describe  _____)							24		
25	Total assets . . . . .						24,706	25	5,877	
26	Total liabilities (describe  _____)						0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .						24,706	27	5,877	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? COLLEGIATE SOCIAL FRATERNITY			
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			
<b>28</b> COLLEGIATE SOCIAL FRATERNITY (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	0
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(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	(e) Expense account and other allowances
See Additional Data Table				

Part V		Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33			No
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			No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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? . . . . .	35a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36			No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		0	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b			
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? . . . . .	38a			No
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		7,090	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b		0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .				
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶			0	
d	Enter amount of tax on line 40c 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? . . . . .	40e			No
41	List the states with which a copy of this return is filed ▶				
42a	The books are in care of ▶ BRETT FRY Telephone no ▶ (214) 418-0770 SFASU BOX 13021 Located at ▶ NACOGDOCHES, TX ZIP + 4 ▶ 75962				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	No
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c			No
	If "Yes," enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶	43			
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶				
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No	No
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			No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.			
	***** Signature of officer		2010-05-13 Date	
Paid Preparer's Use Only	BRETT FRY VI Type or print name and title			
	Preparer's signature	RAETZ HAWKINS PC CPAs	Date	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	LEXINGTON, VA 244500916			Phone no. (540) 463-7121
May the IRS discuss this return with the preparer shown above? See instructions.				

Additional Data

Software ID:  
Software Version:  
EIN: 23-7123518  
Name: KAPPA ALPHA ORDER DELTA KAPPA CHAPTER

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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	(E) Expense account and other allowances
SPENCER ROBUCK SFASU BOX 13021 NACOGDOCHES, TX 75962	I 0 00	0	0	0
RICHARD MARSH SFASU BOX 13021 NACOGDOCHES, TX 75962	II 0 00	0	0	0
JAY ODEM SFASU BOX 13021 NACOGDOCHES, TX 75962	III 0 00	0	0	0
JACOB ISHIMOTO SFASU BOX 13021 NACOGDOCHES, TX 75962	IV 0 00	0	0	0
DAVID MARSHALL SFASU BOX 13021 NACOGDOCHES, TX 75962	V 0 00	0	0	0
BRETT FRY SFASU BOX 13021 NACOGDOCHES, TX 75962	VI 0 00	0	0	0
MIKE SUTERA SFASU BOX 13021 NACOGDOCHES, TX 75962	VII 0 00	0	0	0
KEVIN GRANT SFASU BOX 13021 NACOGDOCHES, TX 75962	VIII 0 00	0	0	0
TRAVIS BEAVERS SFASU BOX 13021 NACOGDOCHES, TX 75962	IX 0 00	0	0	0

**TY 2008 Grants and Similar Amounts Paid Schedule****Name:** KAPPA ALPHA ORDER DELTA KAPPA CHAPTER**EIN:** 23-7123518

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	KAPPA ALPHA ORDER
<b>Donee's Address</b>	P O BOX 1865 LEXINGTON, VA 24450
<b>Amount (FMV)</b>	14,952
<b>Purpose of Payment to Affiliate</b>	MEMBER DUES & ASSESSMENTS
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2008 Other Changes in Net Assets Schedule**

**Name:** KAPPA ALPHA ORDER DELTA KAPPA CHAPTER

**EIN:** 23-7123518

Description	Amount
AMENDMENT REQUIRED TO BALANCES REPORTED FOR FISCAL YEAR ENDED JUNE 30, 2008	-23,119



**TY 2008 Other Expenses Schedule****Name:** KAPPA ALPHA ORDER DELTA KAPPA CHAPTER**EIN:** 23-7123518

Description	Amount
FOOD & BEVERAGE EXPENSE	1,629
ENTERTAINMENT, SOCIAL & BANDS	11,947
RUSH & RECRUITMENT	1,121
TELEPHONE CABLE & INTERNET	181
CHARITY & PHILANTHROPY	269
IFC & INTRAMURALS	780
TRAVEL	1,622
PROVINCE COUNCILS, CONVENTION & MEETINGS	676
COMPOSITE	600
REPAIRS & MAINTENANCE	758
EQUIPMENT RENTAL	1,277
SPECIAL EVENTS	156
SOUND SYSTEM	426

TY 2008 Other Revenues Schedule

**Name:** KAPPA ALPHA ORDER DELTA KAPPA CHAPTER

**EIN:** 23-7123518

Description	Amount
RENTS RECEIVED	1,680