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Form 990-EZ

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 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.

Idar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 20

OMB No. 1545

Department of the Treasury Internal Revenue Service

Open to Public Inspection

~Ā	For t	he 2008 calendar year, or tax year beginning $JUL~1$, 2008 and ending JUN	30,	2009
智	Check applica	ble. Please V Marie VI Viganization	Employe	identification number
N	Addr	wse IRS KAPPA ALPHA ORDER		
∞ [Name	print or EPSILON TAU CHAPTER		0621731
	initia retu	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	•	
5	Tem	instruction 210 HASI MOONIAIN VIEW DRIVE	623-	-418-9333
	Ame retur	ended tions. City or town, state or country, and ZIP + 4	Group Ex	
T				▶ 0066
2	● \$8		-	X Cash Accrual
É		Schedule A (Form 990 or 990-EZ). Other (spe		
2				the organization is not
		f		dule B (Form 990, 990-EZ, or 990-PF)
Α.		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not model, but if the organization changes to file a return be cure to file a complete return.	ore than \$	25,000. A return is not
$\overline{}$		ed, but if the organization chooses to file a return, be sure to file a complete return. les 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	→ \$	48,931.
Ť	art 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction		
	1	Contributions, gifts, grants, and similar amounts received]
	2	Program service revenue Including government fees and contracts		
	3	Membership dues and assessments		48,931.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a 5a		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
	a	Gross revenue (not including \$ of contributions		
		reported on line 1) 6a	_ .	
	1	Less: direct expenses other than fundraising expenses	- 1_	
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	_6c	
	1	Gross sales of inventory, less returns and allowances	┥, '	
	1	Less: cost of goods sold	'	
	8 B	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 8	
	9	Other revenue (describe	/ _ 0 _ g	48,931.
	10	Grants and similar amounts paid (attach schedule) STMT 2		22,063.
	11	Benefits paid to or for members	11	
K C A A A A A A A A A A A A A A A A A A	1	Salaries, other compensation, and employee benefits	12	
nse	13	Professional fees and other payments to independent contractors	13	6,059.
χbe	14	Occupancy, rent, utilities, and maintenance	14	
11		Printing, publications, postage, and shipping	15	
	1 -	Other expenses (describe SEE STATEMENT 1) 16	24,521.
		Total expenses Add lines 10 through 16	+	52,643.
2	i .	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,712.>
200		Net assets or fund balances at beginning Byear (from line 27, column (A))		C 207
3		(must abree with end-of-year figure reported on prior year's return)	19	6,307.
2		Other changes in net assets or fund balances (attach explanation)		2,595.
178		Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. Int-Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form		2,393.
F	<u> </u>	(See the instructions for Part II.)		(B) End of year
22	Cach	i, savings, and investments		2,595.
		and buildings	23	
		r assets (describe)	24	
_		assets		2,595.
		liabilities (describe ▶)	0 - 26	0.
27	<u>Net a</u>	issets or fund balances (line 27 of column (B) must agree with line 21)	7 . 27	2,595.
8321 12-1	71 7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	,	Form 990-EZ (2008)

KAPPA ALPHA ORDER

FORM 990-EZ (2008) EPSILON TAU CHAPTER			80-0	<u>021</u>	/31 Page
Part Statement of Program Service Accomplishme					Expenses
What is the organization's primary exempt purpose? COLLEGIATE SO	CIAL FRATERNIT	CY	(Required and (4) o	d for 501(c)(3) organizations and
Describe what was achieved in carrying out the organization's exempt purposes. In		lescribe the services	[4	1947(a)(1) trusts; optional
provided, the number of persons benefited, or other relevant information for each p	orogram title.		f	or others	s.)
28 COLLEGIATE SOCIAL FRATERNITY					
					
					
(Grants \$) If this amount includes foreign	grants, check here	<u></u>	2	3a	
29		<u> </u>			
(Grants \$) If this amount includes foreign	grants, check here	<u></u> . • •	2!	<u>)a</u>	
30					
			— l		
(Grants \$) If this amount includes foreign				ia	
31 Other program services (attach schedule)				[
(Grants \$) If this amount includes foreign					
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	Employoos	 	3		
Fart IV List of Officers, Directors, Trustees, and Rey L	Littpicyces. List each one er	ven it not compensated	(d) Conti		
	(b) Title and average hours	(c) Compensation	to emp		(a) Expense
(a) Name and address	per week devoted to	(If not paid, enter	benefit	olans &	account and
	position	-0)	defe		other allowances
CHASE HUNT, 216 EAST MOUNTAIN VIEW	Ī		Compon	341011	
DRIVE, FLAGSTAFF, AZ 86011	0.00	0.	ł	0.	0.
JACOB BATEMEN, 216 EAST MOUNTAIN	II				
VIEW DRIVE, FLAGSTAFF, AZ 86011	0.00	0.	ļ	0.	0.
JORDAN KURLIN, 216 EAST MOUNTAIN	III				
VIEW DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
RICHARD HARDT, 216 EAST MOUNTAIN	IV				
VIEW DRIVE, FLAGSTAFF, AZ 86011	0.00	o.		0.	0.
BRYAN TURSKI, 216 EAST MOUNTAIN VIEW	V				
DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
MATT MARIETTA, 216 EAST MOUNTAIN	VI				
VIEW DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
BRYANT MORRISON, 216 EAST MOUNTAIN	VII				
VIEW DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
ALEX COADY, 216 EAST MOUNTAIN VIEW	VIII				
DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
DRU CHITWOOD, 216 EAST MOUNTAIN VIEW	IX				
DRIVE, FLAGSTAFF, AZ 86011	0.00	0.		0.	0.
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32172 2-17-08				Form 9	990-EZ (2008)

Form 990-EZ (2008) EPSILON TAU CHAPTER

Yes No 33 X	P	art V Other Information (Note the statement requirements in the instructions for Part VI.)	•		
33 Dif the organization regage in any activity not previously reported to the IRSP if "Yes," attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents but not reported to the IRSP if "Yes," attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-T. 35 If the organization had income from business activities, such as those reported on lines 2, 6s, and 7s (among others), but not reported on Form 990-T. 36 Did the organization had income from business activities, such as those reporting the lincome on Form 990-T. 37 Did the organization have remisted business gross income of \$1,000 or more or section 603x(e) notice, reporting, and proxy tax requirements? 38 If "Yes," has if filed a tax return on Form 990-T for this year? 39 If the animal properties applicable parts of Sch. N. 30 If "Yes," complete applicable parts of Sch. N. 30 If "Yes," complete applicable parts of Sch. N. 31 If the animal properties applicable parts of Sch. N. 32 If the animal properties applicable parts of Sch. N. 33 If the organization in Form 112-POL for this year? 34 Did the organization in Form 112-POL for this year? 35 Did the organization in Form 112-POL for this year? 36 Did the organization in Form 112-POL for this year? 37 Did the organization in Form 112-POL for this year? 38 Section 501(c)(7) organizations. Enter: 39 Did the organization in Form 112-POL for this year? 30 Did the organization in Form 112-POL for this year? 31 Did the organization in Form 112-POL for this year? 32 Did the organization in Form 112-POL for this year? 33 Did the organization in Form 112-POL for this year? 34 Did the organization in Form 112-POL for this year? 35 Did the organization in Form 112-POL for this year? 36 Did the organization in Form 112-POL for this year? 37 Did the organization in Form 112-POL for this year? 38 Did the organization				Yes	No
34 Were any changes made to the organizing or governing documents but not reported to the IRSP "vax_atach a contemporary or the changes of the organization had income from business activities, such as those reported on lines 2, 63, 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 bit the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b if "vas," has it filled a tax return on Form 990-T for this year? 35a X 37b If "vas there a liquidation, discolution, termination, or substantial contraction during the year? If "as," complete applicable parts of Sch. N 37c If enter amount of political expenditures, direct or interfact, as described in the instructions. b if the organization file Form 1720-POL for this year? 37c If the organization form or more 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? a initiation fees and capital contributions included on line 9 37c If year, complete Schedule L, Part II and enter the total amount involved 38d Section 501(c)(2) organizations. Enter amount or tax imposed on the organization during the year under sections 4911 ► N/A ; section 4912 ► N/A ; sectio	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 10 if "Yes," has it filled a fax return on Form 990-T for this year? 11 if "Yes," has it filled a fax return on Form 990-T for this year? 12 if "Yes," has it filled a fax return on Form 990-T for this year? 13 if "Yes," has it filled a fax return on Form 990-T for this year? 13 if "Yes," has it filled a fax return on Form 990-T for this year? 14 if the organization filled expenditures, direct or indirect, as described in the instructions. 15 if "Yes," complete applicable parts of Sch. N 16 if "Yes," complete Schedule x, Part if and enter the total mount involved 17 if yes, "complete Schedule x, Part if and enter the total mount involved 18 if Yes," complete Schedule x, Part if and enter the total mount involved 19 if Yes, "complete Schedule x, Part if and enter the total mount involved 20 if Yes, "complete Schedule x, Part if and enter the total mount involved 21 if Yes, "complete Schedule x, Part if and enter the total mount involved 22 if Yes, "complete Schedule x, Part if and enter the total mount involved 23 if Yes, "complete Schedule x, Part if and enter the total mount involved 24 if Yes, "complete Schedule x, Part if and enter the total mount involved 25 if Yes, "complete Schedule x, Part if and enter the total mount involved 26 if Yes, "complete Schedule x, Part if and enter the total mount involved 27 if Yes, "complete Schedule x, Part if and enter the total mount of tax incomposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 26 if the armount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 27 if Yes, "complete Form 8866-T 28 if He books are in care of P MATT MARIETTA 28 if He books are in care of P MATT MARIETTA 29 if Yes, Inter the name of the foreign country. 20 if Yes, Inter the name of the foreign country. 2	34		34		X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 10 if "Yes," has it filled a fax return on Form 990-T for this year? 11 if "Yes," has it filled a fax return on Form 990-T for this year? 12 if "Yes," has it filled a fax return on Form 990-T for this year? 13 if "Yes," has it filled a fax return on Form 990-T for this year? 13 if "Yes," has it filled a fax return on Form 990-T for this year? 14 if the organization filled expenditures, direct or indirect, as described in the instructions. 15 if "Yes," complete applicable parts of Sch. N 16 if "Yes," complete Schedule x, Part if and enter the total mount involved 17 if yes, "complete Schedule x, Part if and enter the total mount involved 18 if Yes," complete Schedule x, Part if and enter the total mount involved 19 if Yes, "complete Schedule x, Part if and enter the total mount involved 20 if Yes, "complete Schedule x, Part if and enter the total mount involved 21 if Yes, "complete Schedule x, Part if and enter the total mount involved 22 if Yes, "complete Schedule x, Part if and enter the total mount involved 23 if Yes, "complete Schedule x, Part if and enter the total mount involved 24 if Yes, "complete Schedule x, Part if and enter the total mount involved 25 if Yes, "complete Schedule x, Part if and enter the total mount involved 26 if Yes, "complete Schedule x, Part if and enter the total mount involved 27 if Yes, "complete Schedule x, Part if and enter the total mount of tax incomposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 26 if the armount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 27 if Yes, "complete Form 8866-T 28 if He books are in care of P MATT MARIETTA 28 if He books are in care of P MATT MARIETTA 29 if Yes, Inter the name of the foreign country. 20 if Yes, Inter the name of the foreign country. 2	35				
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b if "Yes," has it filed a tax return on Form 990-7 for this year? b if "Yes," has it filed a tax return on Form 990-7 for this year? b if the organization, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N. 35b IX 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			, ,		
tax requirements? bit Yes,* has it filed a tax return on Form 990-T for this year? Was there all iquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N. bit He organization file Form 1120-POL for this year? bit He organization file Form 1120-POL for this year? bit He organization for political expenditures, direct or indirect, as described in the instructions. bit He organization for form 120-POL for this year? bit He organization for form 120-POL for this year? bit He organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the stant of the period covered by this return? bit He organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the stant of the period covered by this return? bit He organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the stant of the period covered by this return? bit He organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the stant of the period covered by this return. 38a	а				
b If Yes,* has it filled a tax return on Form 990-T for this year? 38 Was thera a fluidation, discolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			35a		X
38 Was there a liquidation, dissolution, itermination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a School of political expenditures, direct or indirect, as described in the instructions. 38 a Did the organization file Form 112P-POL for this year? 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? 38 b If Yes, complete Schedule L, Part II and enter the total amount fivolved 39 Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 39 Section 501(c)(3) againtations. Enter amount of tax imposed on the organization during the year under: 30 Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on the organization during the year under: 30 Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on the organization during the year under: 30 Section 501(c)(3) and (4) organizations. Enter amount of tax imposed on organization engage in any section 4995 excess benefit transaction during the year ord did it become aware of an excess benefit transaction from a prior year? If Yes, complete Schedule L, Part I 30 Section 501(c)(3) and (4) organizations and section 4912 (4955, and 4958 40 Enter amount of tax imposed on organization mapers or disqualified persons during the year under sections 4912, 4955, and 4958 41 List the states with which a copy of the raturn as filed. ► NONE 42 The books are in care of ► MATT MARIETTA 440 Vas. 45 Telephone no. ► 8011-599-8064 46 Telephone no. ► 8011-599-8064 47 Telephone no. ► 8011-599-8064 48 Telephone no. ► 8011-599-8064 49 Section 501(c) Arganization and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 40 Ves. No.	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
The Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			36		X
b Did the organization file Form 1120-POL for this year? 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? b If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter: a Intillation feas and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of 1ax imposed on the organization during the year under: section 4911 ► N/A : section 4955 ► N/A 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 managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of 1ax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of 1ax on line 40c reimbursed by the organization aparty to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 1 List the states with which a copy of this return is filed. ► NONE 12 The books are in care of the MATT MARIETTA Telephone no. ► 801—599—806-4 12 The books are in care of the MATT MARIETTA Telephone no. ► 801—599—806-4 12 Located at ► 216 EAST MOUNTAIN VIEW DRIVE, FLAGSTAFF, AZ ZIP+4 ► 86011 b At any time during the eakendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ► 32 Section 4947(s)(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 accound during the tax year ► 43 N/A 4 Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ is any related organizatio	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		 [
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? 38b N/A 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. 5 Gross receipts, included on line 9, for public use of club facilities 38a 5,760. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4915 ▶ N/A 5 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 40b N/A 6 Enter amount of tax imposed on organization managers or disqualfied persons during the year under sections 4912, 4955, and 4958 6 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 4 List the states with which a copy of this return is filed. ▶ NONE 41b 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: ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 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: ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 4 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: ▶ See the instructions for exceptions and filin			37b		X
in a prior year and still unpaid at the start of the period covered by this return? if Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38b N/A 38c N			,		
b if "Yes," complete Schedule L, Part If and enter the total amount involved 398 Section 501(c)(7) organizations. Enter: 398 Initiation fees and capital contributions included on line 9 399 In the section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 390 section 4911 ► N/A 391 Section 4911 ► N/A 392 Section 4911 ► N/A 393 Section 4911 ► N/A 394 Section 501(c)(3) organizations. Did the organization engage in any section 4955 ► N/A b Section 501(c)(3) organizations. Did the organization engage in any section 4956 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 d Enter amount of tax on line 40c reimbursed by the organization all diorganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 10 List the states with which a copy of this return is filed. ► NONE 11 List the states with which a copy of this return is filed. ► NONE 12 In books are in care of ► MATT MARIETTA 13 Located at ► 216 EAST MOUNTAIN VIEW DRIVE, FLAGSTAFF, AZ 21 ZIP+4 ■ 86011 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: ► See the Instructions for exceptions and filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 1 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 Yes, enter the name of the foreign country: ► 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 3 and enter the amount of tax-exempt interest received or accrued during the tax year 4 Did the organization maintain any donor advised funds? If "Yes," Fo			38a		X
a Initiation fees and capital contributions included on line 9 0 Gross receipts, included on line 9, for public use of club facilities 39b 0.	b	if "Yes," complete Schedule L, Part II and enter the total amount involved	Ý		
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A 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 d Enter amount of tax on line 40c relimbursed by the organization a 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 List the states with which a copy of this return is filed. ▶ NONE 12 Telephone no. ▶ 801-599-8064 Located at ▶ 216 EAST MOUNTAIN VIEW DRIVE, FLAGSTAFF, AZ ZIP+4 ▶ 86011 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: ▶ See the instructions for exceptions and filling requirements for Form TD F90-22.1, 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.? if Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and filling requirements for Form TD F90-22.1, 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.? if Yes,* enter the name of the foreign country: ▶ 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 A Did the organization a controlled entity of the organization within the meaning of sect	39	Section 501(c)(7) organizations. Enter:			:
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A	a	Initiation fees and capital contributions included on line 9	-		
b Section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 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 d Enter amount of tax on line 40c reimbursed by the organization a 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 List the states with which a copy of this return is filed. ► NONE 1 List the states with which a copy of this return is filed. ► NONE 1 Located at ► 216 EAST MOUNTAIN VIEW DRIVE, FLAGSTAFF, AZ 2 IP+4 ► 86011 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 in a foreign country; Less 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.? if "Yes," enter the name of the foreign country: ► 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 40 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 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	þ	Gross receipts, included on line 9, for public use of club facilities		•	
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	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			;
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List the states with which a copy of this return is filed. NONE The books are in care of NATT MARIETTA Located at 1216 EAST MOUNTAIN VIEW DRIVE, FLAGSTAFF, AZ Telephone no. 121P+4 86011 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 accounts)? 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. If Yes, enter the name of the foreign country: 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 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ 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	8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
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Form 990-EZ (2008)

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Part		on 501(c)(3) organizations m	ust answer quest	ions 46-49 and co	mplet	e the	
46 Did	tables for lines 50 and 51.					Yes	NI
	I the organization engage in direct or indirect political campaign activitions? If "Yes," complete Schedule C, Part I				46	res	INC
47 Did	I the organization engage in lobbying activities? If "Yes," complete S	chedule C. Part II	• • • •		47		
	the organization operating a school as described in section 170(b)(1)(A				48		
	the organization make any transfers to an exempt non-charitable relate				49a		
				- 1	49h		
	mplete this table for the five highest compensated employees (other the compensation from the organization of there is none, enter "None."	n officers, directors, trustees an	d key employees) w	ho each received m	ore tha	n \$106	0,000
	(a) Name and address of each employee paid more than \$100,000 ${ m N/A}$	(b) Title and average hours per week devoted to position	(c) Compensatio	(D) Contribution to employee benefit plans & deferred compensation	(E)	Expe count allow	and
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Total num	ber of other employees paid over \$100,000	>			T^{-}		
	aplete this table for the five highest compensated independent contract one, enter "None." ${f N/A}$	ors who each received more than	1 \$100,000 of comp	ensation from the o	rganiza	ition. I	f ther
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of s	ervice (c)) Comp	ensatı	 on
						<u>.</u>	
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			-				
Total numi	ber of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including a	accompanying schedules and stateme	nts, and to the best of r	ny knowledge and belia	of, it is tr	ue,	
Sign	correct, and complete. Declaration of preparer (other than officer) is based on al	I Information of which preparer has any	knowledge.	1			
Here	Signature of officer	-		Date			
	CHASE HUNT, PRESIDENT						
	Type or print name and title,	-					
Paid Preparer's Use Only		em	ock if self- ployed Pre	parer's Identifying Nur	nber (Se	e Instr)	
osō oniy	Firm's name (or yours RAETZ & HAWKINS PC CPAS						
	If self-employed), address, and ZIP+4 LEXINGTON, VIRGINIA 24		Pho no.	ne▶ 540-46	3 _7	121	
May the IP	S discuss this return with the preparer shown above? See instructions	·		▶ X		121	No
viay ulo In	o giaceas tius lateriu with the brehalat suomit anghat see matrictions	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u> </u>	03		1 170

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OOD & BEVERAGE ITERTAINMENT, SOCIAL & JSH & RECRUITMENT HARITY & PHILANTHROPY C & INTRAMURALS RAVEL ROVINCE COUNCILS, CONV. DMPOSITE ISCELLANEOUS		1,389. 4,895. 4,779. 4,150. 2,775. 979. 1,685. 3,754. 115.
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KAPPA ALPHA ORDER EPSILON TAU CHAPTER

FORM 990-EZ PAYMENTS TO	AFFILIATES	STATEMENT	2
AFFILIATE'S NAME	AFFILIATES ADDRESS		
KAPPA ALPHA ORDER	P O BOX 1865 LEXINGTON, VA 24450		
PURPOSE OF PAYMENT		AMOUNT	
MEMBER DUES & ASSESSMENTS		22,06	53.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		22,06	53.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				3
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RECORD INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	E]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [J	YES	[X]	NO