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Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2008

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)

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

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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 8/01, 2008, and ending 7/31, 2009

B Check if applicable	C Please use IRS label or print or type. See Specific Instructions	D Employer identification number
<input type="checkbox"/> Address change	KAPPA ALPHA THETA ALPHA OMICRON	73-1089140
<input type="checkbox"/> Name change	HOUSE CORPORATION	E Telephone number
<input type="checkbox"/> Initial return	PO BOX 722171	(405) 330-0639
<input type="checkbox"/> Termination	NORMAN, OK 73070-8645	F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

I Website: ► N/A	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (7) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> 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	► \$ 265,169.

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 15,100.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 25,900.
	4 Investment income	4 224,169.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
	b Less direct expenses other than fundraising expenses	6c
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
	7a Gross sales of inventory, less returns and allowances	7b
	b Less cost of goods sold	7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
	8 Other revenue (describe ► <input type="checkbox"/> MAR 22 2010 8)	9 265,169.
	9 Total revenue (add lines 1 2 3 4 5a 5b 6a 6b 7a 7b 8 9)	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 3,647.
	14 Occupancy, rent, utilities, and maintenance	14 281,095.
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► SEE STATEMENT 1)	16 2,895.
	17 Total expenses (add lines 10 through 16)	17 287,637.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -22,468.
	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 1,362,184.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 1,339,716.

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	67,210.22	31,972.
23 Land and buildings	1,723,271.23	1,744,094.
24 Other assets (describe ► SEE STATEMENT 2)	26,581.24	14,932.
25 Total assets	1,817,062.25	1,790,998.
26 Total liabilities (describe ► SEE STATEMENT 3)	454,878.26	451,282.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,362,184.27	1,339,716.

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

Form 990-EZ (2008)

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Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? 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 IRS? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
 If 'Yes,' complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a 0.

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

38b N/A

b Gross receipts, included on line 9, for public use of club facilities

39a 0.

39b 0.

40 a 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 4955 ► N/A

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
 If 'Yes,' complete Schedule L, Part I

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? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► NONE

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b	N/A	
39a	0.	
39b	0.	
40b		
40e	X	

42 a The books are in care of ► HELENE SCHAFFER HUFF Telephone no ► (405) 330-0639
 Located at ► 3701 HUNTERS CREEK RD EDMOND OK ZIP + 4 ► 73003

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 ► _____

	Yes	No
42b	X	
42c	X	

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a 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: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43

► N/A
 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44	X	
45	X	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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 46

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If 'Yes,' was the related organization(s) a section 527 organization? 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► *helene schafer) huff*
Signature of officer

3-13-10
Date

TREASURER

► HELENE SCHAFER HUFF
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>T MARK JOHNSON</i>	Date 03/13/10	Check if self-employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See instructions) <input type="checkbox"/> N/A
	Firm's name (or yours if self-employed), address, and ZIP+4 ► TM JOHNSTON & CO., PC ► PO BOX 18193 OKLAHOMA CITY, OK 73154-0193	EIN ► N/A	Phone no ► (405) 242-2052	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2008)

2008

FEDERAL STATEMENTS
KAPPA ALPHA THETA ALPHA OMICRON
HOUSE CORPORATION

PAGE 1

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STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE EXPENSES	\$ 2,130.
FLOWERS AND GIFTS	765.
TOTAL	\$ 2,895.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 19,951.	\$ 10,095.
MACHINERY AND EQUIPMENT	6,630.	4,837.
TOTAL	\$ 26,581.	\$ 14,932.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
SECURED MORTGAGES AND NOTES PAYABLE	\$ 454,878.	\$ 451,282.
TOTAL	\$ 454,878.	\$ 451,282.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAINTENANCE AND REPAIRS, REMODELING, AND GENERAL UPKEEP OF THE KAPPA ALPHA THETA SORORITY HOUSE LOCATED ON THE UNIVERSITY OF OKLAHOMA CAMPUS. TO ACCOMPLISH THE PURPOSE OF PROVIDING HOUSING FOR STUDENTS/MEMBERS OF THE KAPPA ALPHA THETA, ALPHA OMICRON CHAPTER.

2008

FEDERAL WORKSHEETS
KAPPA ALPHA THETA ALPHA OMICRON
HOUSE CORPORATION

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CLIENT KATALPHA

73-1089140

3/13/10

12:29PM

RENTAL INCOME WORKSHEET

COLLEGE SORORITY HOUSE- UNIV OF OKLAHOMA

GROSS RENTAL INCOME	\$ 224,169.
EXPENSES	
DEPRECIATION	135,508.
INSURANCE	8,658.
INTEREST	32,554.
MISCELLANEOUS	8,591.
TAXES	421.
WAGES AND SALARIES	5,456.
GROUNDS AND LANDSCAPING	19,310.
MAINTENANCE AND REPAIRS	70,597.
TOTAL EXPENSES	\$ 281,095.

NET RENTAL INCOME OR LOSS \$ -56,926.