

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 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.

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2008)

A	For the	2008 calend	ar year								320	tem	Joex	۷ ۱	,	2008	, and e	ndin	g <i>f</i>	ugus			, 20 ల	
В	Check if a		Please		С	Name														•	-		tification num	per
	Address (use IRS label or		ł	Th	1e	Ka	- ppc	1	Ph	17 C	lul	6						48	0	90	19793	
밁	Name ch	•	print or												red to	street	address	Ro	om/suite	E Telep	hone	nu	mber	
H	Initial retu Termination	1	type. See	1	1	21	i 3.	5	Sno	ى ر	i di t	rd	Dri	ive				1		(44	10)	32	7-4501	
H	Amended		Specific						ate or c						-					F Grou	n Ex	emn	tion	
Ħ		on pending	Instruc- tions.	٦					Har					2						Num	•	-·· ·	>	
=	• Secti	ion 501(c)(3) d	organiz	zat	atic					_					ısts m	ust a	ttach	T	G Acco	unting m	ethod	j :	[X] Cash □	Accrual
									A (Fo											r (specify)				
_					_			•											d Chec	* > \Box	if th	e n	rganization is a	not .
1	Websit	te: ▶W	ww.	<i>ı</i> .	<u>. k</u>	apo	pas	<u>phi</u>	.or	9								_ '					edule B (Form	
J Organization type (check only one)— Ø 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).																								
	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																							
		uired, but if the																ωpω		incury rece			21 420,000. 71	OLOTTI TO
		s 5b, 6b, and																stead	d of For	n 990-EZ	•	\$		
	art I	Revenue,																				s fo	r Part I.)	
_	1	Contribution																			1	T	27.99	7
	2	Program se	_		_	-								 I con	tracts			• •			2	Т	22,96	
	3	Membershi								· • · · ·						•	• • •		• •		3	T		
	4	Investment				iki da	,	3110	1165	•	• •	•				•			• •		4		5,37	16
	5a	Gross amo			-	، مادی	of a	- eeat	e athe	or ti	han i	inven	torv	• •	• •	ं।	5a					T		
	3a	Less: cost											itor y		• •	- 1	5b				1			
		Gain or (los										-			 30 5h 1	from	(ine 5a)	(att	ach sch	redule)	T 50	;		
9	6																					1		
Revenue	٦	Special events and activities (complete applicable parts of Schedule G). If any amount is from gamting, check here ▶ □ a Gross revenue (not including \$ of contributions																						
چَ	"	reported or				II KAUK	_									·~ I	6a				1			
_	4	Less: direc		•	•	 e att								• •		-	6b				1			
		Net income												 Subtr	act lir	ne 6b	from	line	6a)		60	;		
	7a	Gross sale:													aot 111	~ Jī	7a		4,	<i>j3j</i>				
	, 'a	Less: cost						, 160	M1165 G	JI KA	ano	WC IC		• •	• •	- 1	7b			621	1	1		
	C	Gross profi	_					Jes c	· · ·f inve	· antc	vrv (s	Subtr	 act lir	ne 7h	· · · n from	line	7a)			-7	7 70	;	<i>5</i>	10
	8	Other rever								A 100	., , (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						:17	F.D	· ;	8	Т		
	9	Total reve						2, 3,	4, 5c	, 6ı	c, 7c	, and	.8 t		Ţ	14				7.01	9		56,8	50
	10	Grants and													1 6					. <i> 6 .</i>	10		1,80	71
	11	Benefits pa							•			JUI 0,			ائتا	1	I MA	g j	2010	1 (3)	11			-
ø	12									- nlov	 vee t	nenef	its	• •	12.	1				그띸.	12	2		-
25	13									:	13													
Expenses	14	Occupancy					•	-							1	()(51)	=!`	1		14	IJ		
Щ	15	Printing, pu		-		-	•					-		•	-	سينشرن					15	\prod	10,3	
	16	Other expe	nses ((de	des	scribe	e >		See	_0	Ha	ch	ed:	sch	edu	le_			· •		16		39,8	
· ! _	17	Total expe																			17	·I	520	
, 3	18	Excess or	(deficit)	it) f	fo	or the	yea	ır (Sı	ubtrac	at li	ne 1	7 fro	m line	e 9) .							18	Щ	4,7	64
Net Assets	19	Net assets																					444	
Ą	1	end-of-year																			19	上	145,7	<u> 67 </u>
e e	20	Other chan																			20	Ш		
z	21	Net assets	or fun	nd	d b	baland	ces	at er	nd of	yea	ar. C	ombi	ine lin	nes 1	8 thro	ugh :	20	<u> </u>		▶	21		150,5	
Ρ	art II	Balance S	Sheet	ts.	3. I	If Tot	al as	sset	s on li	ine	25,	colun	nn (B) are	\$2,50	0,00	0 or m	ore,				ad d	of Form 990-	·EZ.
			(5	(Se	ee:	the i	instr	uctio	ons fo	or P	'art l'	1.)							(A) Be	ginning of	year	丄	(B) End of year	
22	2 Cas	h, savings, a	and inv	ve	est	tment	ts											.]	14	0, 103		22	145,5	!
23																		.				23		
24	Othe	d and buildir er assets (de	scribe	e Þ	>	Ju	wel	Iry	inve	nt	Ory	, C	onp	ute	rece	<u>م.ں</u>	ment	- 1		5,664		24	5,0	<u>ze</u>
25	Tota	al assets .														-		.	14:	5,767		25		
26	3 Tota	al liabilities (descrit	ibe	e i	_ _)	,				26		.
27	Net	assets or fi	und ba	ala	lar	nces	(line	27	of col	lum	າກ (B) mu	st ag	ree w	rith lin	e 21	<u> </u>			5 767		27	150,5	
Fo		v Act and Pa																	Cat. No	. 106421			Form 990-E	4 (2008)

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

SCANNED JAN 2 2 2010

FUNN 350-EZ (2000)					· 0				
Part III Statement of Program Service Accom	plishments (See the instr	uctions for Part	11.)		Expenses				
What is the organization's primary exempt purpose?	hristian fellowship an	d leadership-	raining		uired for 501(c)(3) (4) organizations				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, I an									
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	4947(a)(1) trusts; onal for others.)				
28 Evaluation and travel to chapters for									
28 Evaluation and Travel to Chapter's ter	a to tale								
training, and printing of related 1	Materials		EST. 400						
				 	1.000				
	udes foreign grants, check		<u>. ▶ L</u>	28a	1,000				
29 Printing of national magazine and	publications used	by the							
organization to further its purpo	<u>.</u>								
			EST 1200	1					
(Grants \$) If this amount incl	udes foreign grants, check		. • 🗆	29a	7,210				
on Presentian for and holding of acti	largings had long	canforences	to train		,				
30 Prefaration for and holding of national develop leaders and to develop	Oceana and a Mat	arial cond or	e otios						
and develop readers and to a everop	programming man	Eller's win t	Est. 400						
of related materials				30a	31,680				
(Grants \$) If this amount incl	udes foreign grants, check	nere	. ▶ <u> </u>	JUA	21,000				
31 Other program services (attach schedule) Nation					1001				
	udes foreign grants, check	here	. 🕨 🗓	31a	1,891				
32 Total program service expenses (add lines 28a th		<u> </u>	🕨	32	41,781				
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	struction	ons for Part IV.)				
	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense				
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit a deferred compen	pians & Isation	account and other allowances				
The Chinas	National Stonsor								
Tean Chiapas		-0 -	-0-	-	\$2,377.51				
291 Oakwood Ave., St. College, PA 16803									
Katie Washburn	Nat'l Prog Die	-0-	0-		\$ 883.24				
4100 W. Robinwood Dr., Muncie, IN 47304	10 hr				005,67				
Karen Blackstone	Nat'l Mesident			_	\$ 1300 100				
629 Caldwell St. Zanesville OH 43701	12hr				\$ 1256.42				
Melissa Hodek	Nat'l Treasurer		_		\$ 0.				
5739 Hibernia Dr Apt A. Columbus, OH	10 hr	-0-	-0-		\$ 901.60				
Penni Winslow	Nat'l Alum Secre.				J				
	5hR	-0-	-0-	~	1,271.73				
6652 Briarwood Pl. Zionsville, IN 46077	Nat'l Pleage Looid.								
Michelle Martin	5he	_0 -	-0-	-	\$ 697.85				
Rt1, Box 26, Wynnewood, OK 73098									
Krioten Lindsay	Nat'l Secretary	-0-	-6-		\$ 436.32				
132 Wisteria Dr., Fremont, OH 43420	10 ha				736.32				
Susan Meyers	Alpha Kora Coord.	0-	_	_	\$972.38				
16301 Seminole Creek Circle, Edmond, OK	12hr	0-	~0 -		764.38				
Sazanne Marques	GAMMA KOTA COORD				\$,				
130 Orchard Dr., Elida, OH 45807	12/1	-0-	-0-	•	\$627.37				
Sandra Green	Zeta Kora Coord								
3848 E. 1444 St., Cleveland OH 94128		-0-	0 -	-	^{\$} 783.49				
5070 C. 174 J., CIEVELUM ON 47120	DIRECTOR		· - ·						
SUSAN ZACK	· .	-0-	. م	_	-0-				
1067 Hendrick Rd, Muskegon, MI	o hr								
MARILYN EVANS	DIRECTOR	_0-	_0 -	_	_0-				
4314 W. 140th St., Cleveland, OH	OhR								
Barbara Van Westrienen	DIRECTOR	-o -	_						
359 Park Ave Parchment MI	Ohr		_0-	_					
Debbie Fuhrmana	Financial Adulson								
1252 Denice De. N. Ridgeville OH	ZhR	_0 ~	~0~	•	\$463.24				
Debbie Fuhrmann 6252 Denise Dr. N. Ridgeville, OH Debbie Porter	Publications Coord	· · · · · · · · · · · · · · · · · · ·			4				
DALL BONDARD AND MOSSILLON OH	Zhr	-0-	6-		\$587.16				
804 Bay berry NW, Massillon, OH		· · · · · · · · · · · · · · · · · · ·							
	{								
		 							
	4								
		 	ļ						
			·		<u> </u>				

Par	t 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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -6.— Did the organization file Form 1120-POL for this year?	37ь		X
	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? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 : section 4912 : section 4955 : section 4955	1		
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	40b		X
	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	1 1		ĺ
0	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	40e		×
41	List the states with which a copy of this return is filed. ▶	\ <u> </u>		101
	The books are in care of \triangleright Sarah Bryant Telephone no. \triangleright (918 Located at \triangleright P.O. Box 914, Tablequah, OK ZIP + 4 \triangleright 74			186
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ĺ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. 00	Ī
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		丛
	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		<u>v -</u>	
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		×
	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		~
		om 990)-EZ	(2008)

Part	Section 501(c)(3) organize and complete the tables for)(3) organi	zations mu	st answer questi	ons 4	6-49	
46	Did the organization engage in direct	t or indirect pol	itical campaign ac	tivities on t	pehalf of or i	n opposition to		Yes	No
	candidates for public office? If "Yes,	" complete Sch	nedule C, Part I.				46		X
47	Did the organization engage in lobby	ying activities? f	f "Yes," complete	Schedule (C, Part II .		47	L	X
	is the organization operating a school					ete Schedule E .	48	ļ	X,
	Did the organization make any trans			related orga	anization?		49a		X
	If "Yes," was the related organization						49b	<u> </u>	LX_
	Complete this table for the five high- each received more than \$100,000 of						emple	oyees) who
	(a) Name and address of each employee pa than \$100,000	tid more	(b) Title and average hours per week devoted to position	1 ''	Compensation	(d) Contributions to employee benefit plans & deterred compensation	acc	Expension at a selection at a select	nd
	NONE								
			<u> </u>						
		2422 222 2							
	number of other employees paid over Complete this table for the five high		d independent co	tractors w	ho each rece	aived more than \$1	nn nnn) of	
	compensation from the organization.			in abitors w	no caon reo	Sived more diam wi	00,000	, O.	
	(a) Name and address of each indepen	dent contractor paid	d more than \$100,000		(b) Ty	pe of service	(c) Con	npensa	ion
	NONÉ				1	ĺ			
									
				·					
Fotal	number of other independent contra	ortors each rece	olying over \$100.00	0			 		
	Under penalties of perjury, I declare to and beliefn it is true, correct, and corr	hat I have examined	this return, including a	ccompanying	schedutes and	statements, and to the t	pest of m	y knov	viedge
Sign	Dehlie g. Fu	hrman	n		1	Jan. 11, 20			
Here		hrmann,	, Nationa	1 Fine		Advisor		~_	
Paid Prepai	Preparer's signature		ľ	tate	Check if self- employed >	Preparer's Identifying	Number (S	instr	uctions)
Jse O	Only if self-employed),				Ε	IN ►			
May t	address, and ZIP + 4 V	renarer shown	above? See instru	ctions		hone no. ► ()	□ Ye	e 🗆	No
	and another and rought with the p	HOPE OF GROWING				Fc	m 990		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Db. Club

Employer identification number 110 19119792

	Th	e Kapp	oa Phi	Cluh					48:	0949	793	
	rt I			harity Status (All or	ganizati	ons mus	t compl	ete this				
The	orga	anization is n	ot a private four	ndation because it is:	(Please	check on	y one on	ganizatio	n.)			
1				ırches, or association			-			A)(ī).		
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3				hospital service organ								
4			-	ation operated in conj	junction '	with a ho	spital de	scribed i	n sectio r	170(b)(1	I)(A)(iii). Ente	er the
		hospital's name, city, and state:										
5			tion operated for (b)(1)(A)(iv). (Co		ge or un	iversity o	wned or o	operated	by a gov	emmenta	al unit descri	bed in
6		-		emment or governme								
7	×			y receives a substanti: (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental uni	it or from	the general	public
8						Complete	Part II.)					
9	 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) □ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 											
10				nd operated exclusive								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a 🗌 Type				e III-Fun] Type III–O	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f		If the organi	ization received	a written determinati	ion from	the IRS	that it is	a Type !	l. Type II	, or Type	III supporti	ng
g		organization Since Augus	, check this box at 17, 2006, has									. 🗆
		following per					ندد سمطعم	h ======	المحمدة	had in (ii)	Yes	No
				r indirectly controls, eming body of the supp				ii beisoi	is describ	Dea in (ii)	11g(i)	
				erson described in (i) a	·	Gm income			· · ·		11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h				ation about the organ				upports.	• • •	• • •		
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions!)	(v) is the organization (v) Did you in col. (i) listed in your the organization governing document? col. (i) of y			tization in	organizat (i) organi	is the tion in col. zed in the S.?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
									<u> </u>	L		
	-										1	
											!	
					ļ	ļ	ļ		 -			

Total

Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "umusual grants.")	26,006	23,618	27,845	32,255	27,997	137,721
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-	~	•-	-	-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-	<u>-</u>	-			-
4	Total. Add lines 1-3	26006	23618	27,845	32,255	27.997	137,721
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	,				•	16 414
6	shown on line 11, column (f)						16,414
	tion B. Total Support					L	· · · · · · · · · · · · · · · · · · ·
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	26006	23618	27.845	32,255	27.997	137721
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,744	4,306	5716	6,009	5,376	25,151
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-	-	مو	-	~	<u> </u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	•	-	-	,	-	-
11	Total support. Add lines 7 through 10 .		L	<u>l</u>			162,872
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	97,630
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,		ear as a sectio	n 501(c)(3)
	tion C. Computation of Public Su						141.6
14	Public support percentage for 2008 (line 6	,	-	, column (f))			74.5 %
15	Public support percentage from 2007 Sch				(85.6 %
16a	and stop here. The organization qualifies	as a publicly s	supported organ	ization			▶ 🕑
b	33% % support test - 2007. If the organization quality and stop here. The organization quality				and line 15 is 3	33% % or more,	check this
17a	a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	10%-facts-and-circumstances test-2007. more, and if the organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization did organizatio	acts-and-circum nces" test. The	stances" test, c organization qua	heck this box a lifies as a public	and stop here. By supported on	Explain in Part I panization	V how the

Pa	Support Schedule for Orga (Complete only if you check	nizations De ed the box o	escribed in S	Section 509(a art I.)	a)(2) NA		7.000
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities						
•	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5		ļ				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	n, or fifth tax y	rear as a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin	e 8, column (f	divided by lin	e 13, column ((f))	15	<u>%</u>
16 Sec	Public support percentage from 2007 stion D. Computation of Investmen			· g		16	%_
	Investment income percentage for 200			t by line 12	Nump (A)	17	%
17 18	Investment income percentage for 200 Investment income percentage from 20				AGRIU (1)) .	18	%
	33% % support tests—2008. If the organism is not more than 33% %, check this b	anization did n	ot check the b	ox on line 14, a	and line 15 is r	nore than 331/3	%, and line
þ	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box on	line 14 or line	19a. and line 1	6 is more than	33/5 %, and

Page	4
raye	

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
ſ	NONE
-	

The Kappa Phi Club FID# 48-0949793 Form 990-EZ (2009)

Part 1, Line 16 Other Expenses

General Administrative	\$1,418
Executive Board Meetings	2,861
Chapter Visitations and Workshops	1,000
Korai Dues	2,334
National Council of Chapters	30,518
Insurance	404
Taxes and Licenses	40
Programming	1,162
Miscellaneous	94
Total Other Expenses	\$39,832

The Kappa Phi Club FID# 48-0949793 Form 990-EZ (2009)

Part V, Line 34 – Changes to Organizational Documents

Revision of Article IX – Official Insignia and Materials; Section 1, Official Insignia, inserting Letter F to reflect the adoption of the lamb as the national emblem as follows:

Section 1.Official Insignia

A. Badges

- 1. The official badge for the Degree of the Pine shall be a small round badge with the Greek letters for Kappa Phi in gold on a background of green. This is surrounded by a band, one-half of which is blue with a pine tree on it, the other half white with a candle on it.
- 2. The official badge for the Degree of the Light shall be a gold badge which is in the shape of a shield with a white band on a black background stretching diagonally from the bottom to the top and forming a background for the gold Greek letters, Kappa and Phi. In the lower sections the figure of a lighted candle and in the upper section a conventionalized rose. The edge may be plain, engraved, or have crownset or close-set pearls with two emeralds in the upper points and one sapphire in the lower point.
 - a. This pin may be worn with a guard formed by the Greek letter of the local chapter, or it may be chained to another pin.
 - b. A special form of this pin having a small diamond set in the rose may be worn by those who have served, or are serving, as National Officers of the Kappa Phi Club.
- 3. The recognition pin shall be composed of the plain Greek letters Kappa and Phi joined together without background and without jewels.
- 4. The official jeweler shall be determined by the National Executive Board.
- B. The official <u>Seal</u> is centered with a lighted candle in a holder with the Greek letters, Kappa and Phi, at its base. These are encircled by the Kappa Phi aim, which in turn is surrounded by a pine bough and cone design.
- C. The <u>Crest</u> is made of a shield, silver in color, bearing a conventionalized pink rose in the upper right-hand corner, a green pine tree in the upper left-hand corner, and two chevrons of azure at the base; wreathes of silver and green at each side, twined together above the shield, above this a lighted silver candle in a golden holder with a golden glow-about the flame; below the shield the words "Kappa" and "Phi" on a scroll.
- D. The symbols shall be the pine tree, the lighted candle and the pink rose.
- E. The colors shall be the blue of the sky, the green of the pine, and pure white.
- F. The emblem shall be the lamb.

Revision of Article XIII – National Finance; Section 3, National Dues and Fees, adding: A member who is excused from attending chapter meetings for an extended period (see Article III, Section 3.A.) is expected to pay Active dues for that period. Financial assistance may be requested. The addition is reflected below:

Section 2. National Dues and Fees

- A. The National Treasury shall be supported by national active dues and pledge and initiate fees consisting of an amount approved by the National Council of Chapters by a two-thirds majority vote. Active dues shall be assessed annually. Active chapters have the option of paying annually no later than October 25 or in two equal installments, the first payment due no later than October 25 and the second payment due no later than February 28. Pledge and initiate fees shall be paid to the National Treasurer no later than one week following each pledging and initiation service. These amounts shall include a one-year subscription to the Candle Beam. The Korai treasuries shall receive an amount (not less than ten percent) of the annual national dues and fees as determined by the National Council of Chapters. A member who is excused from attending chapter meetings for an extended period (see ARTICLE III, Section 3.A.) is expected to pay Active dues for that period. Financial assistance may be requested.
- B. All chapters shall pay the fees and dues prescribed by the National Council of Chapters or are subject to suspension.
- C. For policy pertaining to alumnae dues, refer ARTICLE XVII of the Constitutional Bylaws.