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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)

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: ALPHA ETA CHAPTER HOUSE ASSOCIATION. D Employer identification number: 36-3544326. E Telephone number: 314-961-1963. F Group Exemption Number: 0066.

G Accounting method: [X] Cash [ ] Accrual. Other (specify):

I Website: N/A. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - [X] 501(c)(7) (insert no) [ ] 4947(a)(1) or [ ] 527. 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 120,148.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 120,148. Expenses total: 28,676. Net assets at end of year: 198,892.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 107,420. Total liabilities: 0. Net assets: 107,420.

SCANNED [Revised] 16 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|     |   | 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  |     | X   |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  |     | 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 why the organization did not report the income on Form 990-T   |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  |     | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A |     |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> 0.  |     |     |
| b   | Did the organization file Form 1120-POL for this year?  |     | X   |
| 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 outstanding at the end of the period covered by this return?  |     | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> N/A   |     |     |
| 39  | Section 501(c)(7) organizations Enter:  |     |     |
| a   | Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> 0.  |     |     |
| b   | Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> 0.   |     |     |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> N/A, section 4912 <span style="float:right">▶</span> N/A; section 4955 <span style="float:right">▶</span> N/A   |     |     |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   |     | N/A |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> N/A   |     |     |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> N/A   |     |     |
| 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   |     | X   |
| 41  | List the states with which a copy of this return is filed. <span style="float:right">▶</span> MO  |     |     |
| 42a | The organization's books are in care of <span style="float:right">▶</span> DAVID J NEIHART Telephone no <span style="float:right">▶</span> 816-968-6800<br>Located at <span style="float:right">▶</span> 9100 BUENA VISTA, PRAIRIE VILLAGE, KS ZIP + 4 <span style="float:right">▶</span> 66207   |     |     |
| 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)?<br>If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. |     | X   |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____  |     | X   |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 43 N/A  |     |     |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | 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   |     | X   |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization 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?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's 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."

|     | Yes | No |
|-----|-----|----|
| 46  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (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 |
|--|--|------------------|---|--|
| N/A  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

- 51 Complete this table for the organization's 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 |
|--|---------------------|------------------|
| N/A  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each 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**  
 Signature of officer: *[Signature]* Date: 10-10-10  
 L. ALAN JENKINS, DIRECTOR  
 Type of print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 10/4/10  
 Check if self-employed:   
 Preparer's identifying number (See instr.): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAETZ & HAWKINS PC CPAS  
 128 SOUTH RANDOLPH STREET  
 LEXINGTON, VIRGINIA 24450-0916  
 EIN: \_\_\_\_\_  
 Phone no: 540-463-7121

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

INSURANCE

15,954.

DEPRECIATION

8,891.

MISCELLANEOUS

976.

TOTAL TO FORM 990-EZ, LINE 16

25,821.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

OWN, LEASE & MAINTAIN THE ALPHA ETA CHAPTER HOUSE OF KAPPA ALPHA ORDER