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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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 \$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 07-01-2009, and ending 06-30-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

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

C Name of organization: KAPPA ALPHA ORDER DELTA LAMBDA CHAPTER
Number and street (or P O box, if mail is not delivered to street address) Room/suite: MTSU BOX 643
City or town, state or country, and ZIP + 4: MURFREESBORO, TN 37132

D Employer identification number: 23-7066953
E Telephone number: (615) 473-2796
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: [X] Cash [ ] Accrual Other (specify)

I Website: NA

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. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 42,671

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: 42,671. Expenses total: 47,210. Net Assets total: 639.

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

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. Total assets: 639. Total liabilities: 0. Net assets or fund balances: 639.





**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.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</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."

(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

**50(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

**51(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.

**Please Sign Here**

Signature of officer: \*\*\*\*\* Date: 2010-11-15

Type or print name and title: ERIC HIGHT TREASURER

**Paid Preparer's Use Only**

Preparer's signature: RAETZ HAWKINS PC CPAs Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RAETZ & HAWKINS PC CPAs, 128 SOUTH RANDOLPH STREET, LEXINGTON, VA 244500916

Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: (540) 463-7121

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

**Additional Data****Software ID:****Software Version:****EIN:** 23-7066953**Name:** KAPPA ALPHA ORDER DELTA LAMBDA CHAPTER**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
TODD SMITH MTSU BOX 643 MURFREESBORO, TN 37132	I 0 00	0	0	0
STEPHEN GRAND MTSU BOX 643 MURFREESBORO, TN 37132	II 0 00	0	0	0
JOSEPH TALARICO MTSU BOX 643 MURFREESBORO, TN 37132	III 0 00	0	0	0
JEREMY DUKE MTSU BOX 643 MURFREESBORO, TN 37132	IV 0 00	0	0	0
DUSTIN SMITH MTSU BOX 643 MURFREESBORO, TN 37132	V 0 00	0	0	0
ERIC HIGHT MTSU BOX 643 MURFREESBORO, TN 37132	VI 0 00	0	0	0
GREY MAXWELL MTSU BOX 643 MURFREESBORO, TN 37132	VII 0 00	0	0	0
JOSEPH CALDWELL MTSU BOX 643 MURFREESBORO, TN 37132	VIII 0 00	0	0	0
HAYES HARBAUGH MTSU BOX 643 MURFREESBORO, TN 37132	IX 0 00	0	0	0

## TY 2009 Grants and Similar Amounts Paid Schedule

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

**EIN:** 23-7066953

<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>	21,071
<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 2009 Other Expenses Schedule****Name:** KAPPA ALPHA ORDER DELTA LAMBDA CHAPTER**EIN:** 23-7066953

<b>Description</b>	<b>Amount</b>
FOOD & BEVERAGE EXPENSE	2,000
INSURANCE	9,180
RUSH & RECRUITMENT EXPENSE	6,000
CHARITY & PHILANTHROPY	409
IFC & INTRAMURALS	1,000
SUPPLIES	2,500
TRAVEL	1,100
PROVINCE COUNCILS, CONVENTION & MEETINGS	1,500
REPAIRS & MAINTENANCE	2,000

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

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

**EIN:** 23-7066953

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.