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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

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.

Department of the Treasury Internal Revenue Service

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 UPSILON CHAPTER
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 325 MCDADE STREET
City or town, state or country, and ZIP + 4: CHAPEL HILL, NC 27516

D Employer identification number: 56-0548211
E Telephone number: (910) 280-4023
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: Cash [] Accrual [x] 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. 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. Total: \$ 69,085

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: 69,085. Expenses total: 69,824. Net Assets total: 1,961.

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. Columns: (A) Beginning of year, (B) End of year. Total assets: 2,700. Total liabilities: 0. Net assets: 1,961.

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	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0			
b Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	3,630	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			
e <i>All organizations.</i> 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		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The organization's books are in care of <input type="checkbox"/> TRAVIS GRAVES Telephone no <input type="checkbox"/> (910) 280-4023 325 MCDADE STREET Located at <input type="checkbox"/> CHAPEL HILL, NC ZIP + 4 <input type="checkbox"/> 27516			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
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.	45		No

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
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 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?		
49b 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

Please Sign Here

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.

Signature of officer: ***** Date: 2010-10-29

TRAVIS GRAVES, TREASURER
Type or print name and title

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:** 56-0548211**Name:** KAPPA ALPHA ORDER UPSILON CHAPTER**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BENJAMIN SIADAK 325 MCDADE STREET CHAPEL HILL, NC 27516	I 0 00	0	0	0
MICHAEL SHAPIRO 325 MCDADE STREET CHAPEL HILL, NC 27516	II 0 00	0	0	0
WES SAUNDERS 325 MCDADE STREET CHAPEL HILL, NC 27516	III 0 00	0	0	0
JOHN WOOD 325 MCDADE STREET CHAPEL HILL, NC 27516	IV 0 00	0	0	0
TAYLOR TWINE 325 MCDADE STREET CHAPEL HILL, NC 27516	V 0 00	0	0	0
TRAVIS GRAVES 325 MCDADE STREET CHAPEL HILL, NC 27516	VI 0 00	0	0	0
ANDREW ERRETT 325 MCDADE STREET CHAPEL HILL, NC 27516	VII 0 00	0	0	0
WILLIAM HARRIS 325 MCDADE STREET CHAPEL HILL, NC 27516	VIII 0 00	0	0	0
WILLIAM FREEMAN 325 MCDADE STREET CHAPEL HILL, NC 27516	IX 0 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: KAPPA ALPHA ORDER UPSILON CHAPTER

EIN: 56-0548211

Item No.	1
Class of Activity	
Donee's Name	KAPPA ALPHA ORDER
Donee's Address	P O BOX 1865 LEXINGTON, VA 24450
Amount (FMV)	3,300
Purpose of Payment to Affiliate	MEMBER DUES & ASSESSMENTS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: KAPPA ALPHA ORDER UPSILON CHAPTER

EIN: 56-0548211

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,300	900

TY 2009 Other Expenses Schedule**Name:** KAPPA ALPHA ORDER UPSILON CHAPTER**EIN:** 56-0548211

Description	Amount
FOOD & BEVERAGE	15,575
ENTERTAINMENT, SOCIAL & BANDS	23,750
RUSH & RECRUITMENT	8,361
ALUMNI EXPENSES	6,000
CHARITY & PHILANTHROPY	1,000
IFC & INTRAMURALS	405
SUPPLIES	100
TRAVEL	500
PROVINCE COUNCILS, CONVENTION & MEETINGS	495
COMPOSITE	994
EQUIPMENT RENTAL	250
SPECIAL EVENT EXPENSES	963
INSURANCE	4,940
T-SHIRTS	1,375

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: KAPPA ALPHA ORDER UPSILON CHAPTER

EIN: 56-0548211

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.