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

Yes No

<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p>	<p>33</p>		<p>No</p>
<p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p>	<p>34</p>		<p>No</p>
<p>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</p>			
<p>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?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p>	<p>35b</p>		
<p>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</p>	<p>36</p>		<p>No</p>
<p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/></p>			
<p>b Did the organization file Form 1120-POL for this year?</p>	<p>37b</p>		
<p>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?</p>	<p>38a</p>		<p>No</p>
<p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p>	<p>38b</p>		
<p>39 <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p>a Initiation fees and capital contributions included on line 9</p>	<p>39a</p>	<p>14,520</p>	
<p>b Gross receipts, included on line 9, for public use of club facilities</p>	<p>39b</p>	<p>0</p>	
<p>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"/> _____</p>			
<p>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</p>	<p>40b</p>		
<p>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"/></p>			
<p>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"/></p>			
<p>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</p>	<p>40e</p>		<p>No</p>
<p>41 List the states with which a copy of this return is filed <input type="checkbox"/> _____</p>			
<p>42a The organization's books are in care of <input type="checkbox"/> <u>WILLIAM GREGG</u> Telephone no <input type="checkbox"/> <u>(803) 603-8989</u> 1400 GREENE STREET Located at <input type="checkbox"/> <u>COLUMBIA, SC</u> ZIP + 4 <input type="checkbox"/> <u>29208</u></p>			
<p>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)?</p>	<p>42b</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>			
<p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p>42c</p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>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</p>	<p>43</p>		
<p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p>44</p>	<p>Yes No</p>	<p>No</p>
<p>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.</p>	<p>45</p>	<p>Yes No</p>	<p>No</p>

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: 2010-11-05

Type or print name and title: WILLIAM GREGG 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:** 57-6033523**Name:** KAPPA ALPHA ORDER RHO 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
JASON NETTLES 1400 GREENE STREET COLUMBIA, SC 29208	I 0 00	0	0	0
THOMAS HIPPI 1400 GREENE STREET COLUMBIA, SC 29208	II 0 00	0	0	0
JOHN SAUNIER 1400 GREENE STREET COLUMBIA, SC 29208	III 0 00	0	0	0
WILLIAM STRAUSS 1400 GREENE STREET COLUMBIA, SC 29208	IV 0 00	0	0	0
GRAYSON KING 1400 GREENE STREET COLUMBIA, SC 29208	V 0 00	0	0	0
WILLIAM GREGG 1400 GREENE STREET COLUMBIA, SC 29208	VI 0 00	0	0	0
HOOD DAWSON 1400 GREENE STREET COLUMBIA, SC 29208	VII 0 00	0	0	0
JAKE COCHRAN 1400 GREENE STREET COLUMBIA, SC 29208	VIII 0 00	0	0	0
CARTER MASSINGIL 1400 GREENE STREET COLUMBIA, SC 29208	IX 0 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: KAPPA ALPHA ORDER RHO CHAPTER

EIN: 57-6033523

Item No.	1
Class of Activity	
Donee's Name	KAPPA ALPHA ORDER
Donee's Address	P O BOX 1865 LEXINGTON, VA 24450
Amount (FMV)	46,757
Purpose of Payment to Affiliate	MEMBER DUES & ASSESSMENTS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** KAPPA ALPHA ORDER RHO CHAPTER**EIN:** 57-6033523

Description	Amount
FOOD & BEVERAGE	9,542
ENTERTAINMENT, SOCIAL & BANDS	134,536
RUSH & RECRUITMENT	16,780
CHARITY & PHILANTHROPY	7,800
IFC & INTRAMURALS	6,870
SUPPLIES	3,251
TRAVEL	941
PROVINCE COUNCILS, CONVENTION & MEETINGS	1,360
COMPOSITE	4,000
REPAIRS & MAINTENANCE	9,835
EQUIPMENT RENTAL	5,658
SPECIAL EVENTS EXPENSE	4,500
PAYROLL TAXES & BENEFITS EXPENSE	7,200
TELEPHONE, CABLE & INTERNET EXPENSES	762
INSURANCE EXPENSE	4,587

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: KAPPA ALPHA ORDER RHO CHAPTER

EIN: 57-6033523

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.