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SCANNED APR 0 5

Department of the Treasury

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 \$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.

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning September 1 , 2009, and ending August 31 , 2010													
				42 ,	2000, 011	o chang							
$\overline{}$						•	Employer identification number						
=		labe u						48 - 09 49 79 3 Telephone number					
=		destruction from the second se											
=	remanated See 2135 Snowbird Drive							40	10-	32'	7-4501		
\Box	Specific Characteristic and 700 4								F Grou	Group Exemption			
$\overline{}$			tions.	Manhatta	ĹΛ	. KS 66	5502			Nun	nber	▶	
	• Sec	tion 501(c)(3)	omaniz	ations and 4947(a)(1) i				attach	G Accor	intina M	ethod:	₽	Cash Accrual
			_	npleted Schedule A (Fi					f	(specify			
_													
	H Check ► 🗹										tach Schedule B (Form 990,		
	Vebsi			Kappaphi.on			<u> </u>		1			cnea	uie B (Form 990,
<u>J 1</u>	ax-ex			nly one) — 🔀 501(c) (🗦				<u>527</u>		Z, or 99			
	heck		-	zation is not a section 50			=	_	-	_			han \$25,000. A
				turn is not required, but	_						lete re	tum.	
				9 to determine gross rec							\$		34,581
Pa	art I	Revenue	e, Exp	enses, and Chang	jes	in Net Asse	ts or Fund Ba	alances	(See the	instru	ction	s for	r Part I.)
	1	Contributio	ns, gift	s, grants, and similar	an	nounts receive	d				1		25,752
	2	Program se	rvice r	evenue including gov	/em	ment fees and	contracts .				2		402
	3										3		
	4	Investment	incom	ECEIVED	\neg					•	4		4706
	5a		,	m sale of assets other		an inventory		5a	• • •	•	<u> </u>		
								5b					
	b	Less. Costi	31 Onli	fi pasjis and sales ext	7	ses			F-\		-		
0	C	Gain or (los	s) iron	sale of assets other with sale (complete applicable)	別	in inventory (S	ubtract line 5b t	rom ime			5c		
2	6				e par			m gamung	, check nere				
Revenue	а	Gross rever	ane Aug	निकृतियोधि इ	1	of	contributions	• 1					
æ		reported or	ı line 1)		٦.			6a					
	b	Less: direct	exper	ises other than fundr	aisi	ng expenses		6b					
	С	Net income	or (los	s) from special event	ts a	nd activities (S	Subtract line 6b	from line	e 6a)		6c		
	7a	Gross sales	of inv	entory, less returns a	nd :	allowances .		7a	418	? <u>Z</u> ·			
	b	Less: cost of	of good	ts sold				7b	370	01			
	С	Gross profit	t or (los	ss) from sales of inve	nto	ry (Subtract lin	e 7b from line 7	'a)			7c		481
	8	Other rever	ue (de	scribe ►)	8		
	9		-	d lines 1, 2, 3, 4, 5c,	6c	, 7c, and 8 .				. ▶	9		31,341
	10			amounts paid (attac							10		2075.
	11			r for members							11		-
Ø	12	Salanes, other compensation, and employee benefits								12			
136	13	Professional fees and other payments to independent contractors									13		
ĕ	14	Occupancy, rent, utilities, and maintenance								14		-	
Expenses	15	Printing, publications, postage, and shipping								15		9587	
	16	Other expenses (describe SEE ATTA CHIMENT								16		27.051	
	17	Total expenses. Add lines 10 through 16							′	17	_	38.713	
_	18			for the year (Subtrac							18		(7,372)
ets S	19			d balances at beginn							-10		1,512
88	13			reported on prior ye							19		150,531
₹	-	•	-										130,531
Net Assets	20		-	net assets or fund ba		•				• •	20		1112 150
	21			balances at end of y					ro filo Fo	. P	21	od od	143,159
	art II	balance	21166				D) ale \$1,230,00	JU OF THE		ginning of		iu U	(B) End of year
	_			(See the instruction	115 1	or Part II.)							137.56.7
22		ash, savings,		vestments	•		· · · · ·		 /	455	//	22	13/,38/
23		and and build			-				 			23	
24	0								502		24	5592	
25	T	otal assets .			•	!				0,53	1	25	143 159
26		otal liabilities)			26	
27	N	et assets or	fund b	alances (line 27 of co	olur	nn (B) must a	gree with line 21	<u>)</u>	/5	0,53	1	27	143,159
For	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2009)												

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses									
Vhat is the organization's primary exempt purpose? (Required for section									
Describe what was achieved in carrying out the org	501(c)(3) and 501(c)(4) organizations and section								
manner, describe the services provided, the number of persons benefited, and other relevant information for 494									
each program title.				for at					
28 Exclustion and travel to cha	oters for visitatio	is worksno	55.						
lendership training and printing	of related mater	ials	£						
TENDEST MEMORIES COMP DE MESSA-F.	5+.								
(Grants \$) If this amount	includes foreign grants, che		▶ □	28a	2308				
29 Printing of national magazine an	· - <u>-</u>								
proprietion to further its purpos									
Manication to the ries its purpos	,								
(Grants \$) If this amount	includes foreign grants, che		<u>»</u> †. ▶ □	29a	5946				
				230	, , , ,				
and the state of t	TIONAL CAN TEGIONA	CONTEREVICE	ES_TC						
train and develop leaders and to		nming maze	rials						
and frinting of related Mater			£±:	30a	8.391				
	includes foreign grants, che		. ▶ □	Sua					
31 Other program services (attach schedule) Natier	, ,		1 II ME	04-	4.425				
	includes foreign grants, che		·	31a					
32 Total program service expenses (add lines 28a t			ted (Coother	32	21,070				
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense				
(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and				
	devoted to position	enter -0)	deferred compen	sation	other allowances				
Jean Chirpas	National Spensor	- 0 -			\$ 2011				
291 Oakwood Ave, St. Coilege, PA 16803	12 hr	70-	-0 -		2766				
Katie washburn	Nat'l President		-0-		\$ 1002				
4100 W. Robinwood Dr. Muncie IN 47304	lohe				1002				
Jenniter Houis	Nat'l Secretary		_		s 2520				
2301 Kensington Drive, Tylea, TX 75703	10hr	- 0 -	0 -		2370				
Sarah Bryant	Not'l Treasurer	_			S /				
P.O. Box 914 Tahlequah OK 74465	10h-	-0-	-0-		\$ 1022				
Caitlin Porter	Nat'l Program Dir.				\$ /				
3310 Waterfowl Lane Hamilton OH 45011	loha	0 -	0-		\$1006				
Michelle Martin	Nati Pledy & Coerd.				\$ 600				
1566 Scruggs Rd., Wynnewood, CH 73098	5hr	-0-	c		\$ 918				
Susan Movers	Alpha Kora Courd				8,001				
16301 Seminole Creek Cir. Edmond, OK	12hr	-0-	-0-		* 1926_				
Karan Alas Ketman	Nat'l Alum. Secr.			•	\$				
629 Caldwell St., Zanesville, OH 43701	Shr	_0-	1		1362				
SHZANNE Maraues	Gamma Kora Coord				\$,				
130 Orchard De, Elida, OH 45807	IZha	-0 -	-		\$ 637				
Sandra Green	Zeta Kora Coord				\$				
3848 E. 144 th St., Cleveland, OH 44128	12hr	0	·-0		^{\$} 568				
SUSAN ZACK	DIRECTOR								
1067 Hendrick Rd. Muskegon MI	Oha	_0_	- 0		-0-				
MarilyN Evans	DIRECTOR	_							
4314 W. 140th St., Cleveland, OH	ORR	_ Ö -	~ 0 -	-	-0 -				
Barbara Van Westrienen	DIRECTOR								
359 Park Ove., Parchment, MI	Oha	_ c _	-0-	-	-0-				
Debbie Fuhrmann	Financial Advisor	_			d =				
6252 Denish Dr., N. Ridgeville OH	2 hr	_0-	_0-		\$ 645				
Debry Porter	Publications Coord				\$ 512				
804 Bayberry NW, Massillon, OH ZhR 312									
•									
									
· · · · · · · · · · · · · · · · · · ·									
			<u> </u>	Forr	n 990-EZ (2009)				

	0-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		1	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No X
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.	34		
а	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	-	×
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
57a b 38a	Did the organization file Form 1120-POL for this year?	37b		X
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40b		×
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	40e		7
41 42a	List the states with which a copy of this return is filed. \blacktriangleright \cancel{NCNE} The organization's books are in care of \blacktriangleright \cancel{Sagar} \cancel{BRYANT} Telephone no. \blacktriangleright $\cancel{918}$.	~ 772	2-0	186
	Located at > 2.0. Box 914 Table auch OK ZIP+4 > 7	4465	5	
b			.	<u> </u>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO 区
	If "Yes," enter the name of the foreign country: ►			
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:	42c		<u>×</u>
43	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	• •	.)	▶ □
			Yes	N ₂
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	162	×
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	:	<u> </u>
	<u> </u>)-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt chari ad 51.	xempt charita table trusts m	able trusts only. A ust answer question	ll sec ons 46	tion -49l)
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete s	·			46		X
	Did the organization engage in lobbying activities				47 48		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Is the organization a school as described in section				49a		\
	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5				49b		_
	Complete this table for the organization's five hi					es an	d kev
	employees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
	40 N E						
			1				
					 		
					1		
51 	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, enter "N	one."	Type of service	(c) Cor		
	NONE						
d	Total number of other independent contractors of	each receiving over \$100,0	00 >				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is b	rying schedules and pased on all informa	statements, and to the be tion of which preparer has	st of my any kno	knowl	edge e
Sign Here	Signature of officer Debbie J. Fuhrmann Type or print name and title	Financial Ad.	visor	March 13	, 20	11	
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (Se	e instruc	tions)
Prepare Use On	rum s name (or			EIN >			
	address, and ZIP + 4			Phone no	7.5		
May th	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>	▶ <u>L</u>	<u> </u>		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(clf3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

KAPPA PHI CLUB

Employer identification number

48:0949793 IHE Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 331/3 % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c Type III-Functionally integrated a 🗌 Type I b Type II e D 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 organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(îii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (vii) Amount of (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (i) Name of supported support (described on lines 1-9 in cal. (1) listed in your the organization in organization in col. organization (i) organized in the above or IRC section governing document? col. (i) of your (see instructions)) support? U.S.? Yes No Yes Nο Yes

Total

Par	Support Schedule for Org (Complete only if you chec	anizations C ked the box	Described in on line 5, 7, c	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)(A)(vi) 			
Section A. Public Support										
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,618	27845	32,255	27,997	25,752	137,467			
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	-		-	27.00.7	-	100 1167			
4	Total. Add lines 1 through 3	23.618	27,845	32,255	27,997	25,752	137,467			
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						21.55.1			
	shown on line 11, column (f) 3271-60.	San Cartie			S 3-8 -3-5		16,334			
6	Public support. Subtract line 5 from line 4.		* * * * * * * * * * * * * * * * * * * *		. 3 . ** 3		121, 133			
	tion B. Total Support				4.5.0000	() 0000	10 T-1-1			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	23,618	27,845	32,255	27,997	25,752	137,467			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,306	5,716	6,009	5 376	4706	26,113			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-	-	-	_				
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 .	-, -,				ļ	163,580			
12	Gross receipts from related activities, etc.					12	14,833			
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	nd, third, fourth	i, or fifth tax y	rear as a section	n 501(c)(3)			
	tion C. Computation of Public Su			1	 	14	74 %			
14	Public support percentage for 2009 (line			i, column (i))		15	74.5 %			
15	Public support percentage from 2008 Sc	hedule A, Part	ii, line 14 .							
16a	331/3 % support test 2009. If the organiand stop here. The organization qualifies	zation did not (check the box of	on line 13, and	IIII 14 IS 33/3	76 Of Hiore, Che	CK UIIS DOX ▶ Fe			
	331/2 % support test—2008. If the organic	sas a publicly :	supported Great	line 13 or 16a	and line 15 is	3314 % or more	check this			
	box and stop here. The organization qua	lifies as a publ	icly supported	organization .			▶ ⊔			
17a	box and stop here. The organization qualifies as a publicly supported organization									
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance"	iacts-and-circun ances" test. The	nstances" test, organization qua	check this box alifies as a public	and stop here. dy supported or	Explain in Part ganization	IV how the			
18	Private foundation. If the organization did	i not check a bo	x on line 13, 16	a, 16b, 17a, or 1	1/b, check this	box and see ins	tructions P			

Pa	Support Schedule for Orga (Complete only if you checke)(2) N A		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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 through 5				·		
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 \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				÷ 1		
Sec	tion B. Total Support						
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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 to organization, check this box and stop	here	<u></u>				
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin			e 13, column ((f))	15	%
16	Public support percentage from 2008 5 tion D. Computation of Investmen			<u> </u>		16	%
				I but line 40	-1 (O)	17	%
17 18	Investment income percentage for 2009 Investment income percentage from 2009	•	• •	_		18	<u> </u>
	33% % support tests-2009. If the orga	anization did n	ot check the bo	ox on line 14, a	ınd line 15 is r	more than	33⅓ %, and line organization ▶
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ line 18 is not more than 33%%, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more t	han 331/3 %, and
20	Private foundation. If the organization						

*Schedule A (Fe	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12	part to provide the . Provide any other	e explanations required additional information.	by Part II, line 10;
	NA				
					•
			••••••••••		
			•••••		
					•••••
		************		***************************************	

				•••••	
					
				•••••	
					•••••

• . . .

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

Part 1, Line 10 Grants and similar amounts paid

Alex's Lemonade Stand SIM USA Total Grants and similar amounts paid	\$ 1,733 342 2,075
Part 1, Line 16 Other Expenses	
General Administrative	\$1,458
Executive Board Meetings	7,566
Chapter Visitations and Workshops	2,308
Korai Dues	2,995
National Representatives to Kora Conferences	1,422
National Council of Chapters	6,969
Insurance	405
Taxes and Licenses	400
Programming	1,119
National Service Project	2,350
Miscellaneous	 59
Total Other Expenses	\$27,051