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Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Α	For the	Check if applicable Address change		year, or tax year beginning 1 October , 2009, and lease C Name of organization		and ending	30 S	30 September			0_	
В	Check if							D Empl	oyer id	entification	n number	
	•			Hampton-Newport News (VA) Alumni Chapter, Ka	ppa Alpha P	sı Fraternit	у	2	3-7279483		
<u> </u>	Name ci	-	print or	Number and street (or P O box, if	mail is not delivered to st	reet address)	ddress) Room/suite		hone n	umber		
⊢	Initial ret		type See	P.O. Box 8135					75	7-870-841	7	
F	Amende		Specific	City or town, state or country, and	I ZIP + 4	•	1	F Grou	ın Eve	mption		_
F	-	tion pending	Instruc- tions.	Hampton, VA 23666-8135					nber 🕨	•	N/A	
=							J 0 4-	counting M				
	₩ 390	cuon 30 ((c)(3)	_	zations and 4947(a)(1) nonexe mpleted Schedule A (Form 990	•	must attacn		_		∟ Casn	M Accr	Jai
_				inpicted deficultion (Form 33)	——————————————————————————————————————			her (specify				
								eck 🕨 🗹		•		
	Websi			·				quired to att		chedule B (Form 990),
<u>J</u>	Tax-ex	empt status (check o	nly one) — ☐ 501(c) () ◀	(insert no) 🔲 4947(a)	(1) or 5:	27 99	0-EZ, or 99	0-PF)			
K	Check	▶ ☐ if th	ne organı	zation is not a section 509(a)(3)	supporting organization	and its gros	s receipts a	re normally	not mo	ore than \$2	5,000 A	
	Form 9	990-EZ or Forr	n 990 re	turn is not required, but if the o	organization chooses to	file a return,	be sure to	file a comp	lete ret	urn		
L	Add line	es 5b, 6b, and 7	7b, to line	e 9 to determine gross receipts, if	\$500,000 or more, file F	orm 990 inste	ad of Form	990-EZ ▶	\$			_
	Part I	Revenu	ıe, Exp	enses, and Changes in	Net Assets or Fu	nd Balanc	es (See t	he instru	ctions	for Part	: I.)	
	1			ts, grants, and similar amoui					1			.00
	2		-	revenue including governme		 e		• • •	2			.00
	3	-		s and assessments					3		41,463	
	4		•						4			.00
	1 -	Investmen				1			4			.00
	5a			m sale of assets other than		-	-	0.00	1			
_	. b			er basis and sales expenses		. <u>5b</u>	L	0.00			_	
// ?	⊘ c			n sale of assets other than in				:	5c		0	.00
į	₹ / 6	Special event	ts and act	tivities (complete applicable parts of			ing, check h	ere ▶ 📙	}			
_ §	g∥ a	Gross reve	enue (no	ot including \$	Proportion & String Line	ions						
00	2	reported o	n line 1)		၂ <u>6a</u>		72,512.69				
Š	Ь	Less: direc	ct expe	nses other than fundratsing ss) from special events and	expenses	<u>တ</u> ြေ		38,561.09				
SCANNED	c	Net incom	e or (lo	ss) from special events and	activities (Subtract II	ne 6b from	line 6a) .		6c		33,951	.60
\leq	7a			entory, less returns and allo		7a	1	0.00				
舒	Ь					!		0.00	1 1			
Ü	c	Gross pro	fit or (lo	ds sold	Subtract line 7h from	line 7a)	1		7c			
	11			e (describe ►								—
	9		-	· · · · · · · · · · · · · · · · · · ·	and 0				8		75,414	
				dd lines 1, 2, 3, 4, 5c, 6c, 7c		<u> </u>						
3	10			r amounts paid (attach sche	•				10		21,864	
T.	11	•							11			
<u>y</u>	ß 12			mpensation, and employee					12			
%M9%	2 13	Profession	nal fees	and other payments to inde	pendent contractors				13			
~ }	[14	Occupano	y, rent,	utilities, and maintenance					14			
Ú	15	Printing, p	ublicati	ons, postage, and shipping					15			
1	16	Other exp	enses (d	describe ►)	16		52,235	i.63
/	17	Total exp	enses.	Add lines 10 through 16				▶	17		74,100	1.18
7.	ຸ 18	Excess or	(deficit)) for the year (Subtract line 1	7 from line 9)				18		1,314	.42
/3	18 Excess or (deficit) for the year (Subtract line) 19 Net assets or fund balances at beginning of end-of-year figure reported on prior year's re 20 Other changes in net assets or fund balances											
ز /	ž	end-of-year figure reported on prior year's return)					19		13,005	5.43		
•	20	-	-	net assets or fund balances	•				20			
Ž	21		-					_	21		1/ 310	85
	Part II	21 Net assets or fund balances at end of year. Combine lines 18 through 20										
		(See the instructions for Part II.) (A) Beginning of								d of year	<u> </u>	
		- Control of the Cont							3,401	04		
		_	ash, savings, and investments				4,3	65.37		3,401	.01	
			_							23		
		Other assets (•						39.86		8,290	1.00
							·	13,0	05.43			
		otal liabilitie					_)		0.00			
	27 N	let assets ni	r fund b	palances (line 27 of column	(R) must agree with	line 21)	1	13.0	105 43	27	11 691	01

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

Cat No 10642I

Form **990-EZ** (2009)

Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	1.)		Expenses		
	is the organization's primary exempt purpose?	(0.000			l (Regu	red for section		
Desc	ribe what was achieved in carrying out the ord	inization's exempt nurnoses. In a clear and concise				501(c)(3) and 501(c)(4)		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concismanner, describe the services provided, the number of persons benefited, and other relevant information for						zations and section		
	program title.	n persone benemea, and e	and relevant inte	mation ioi	4947(for ot	a)(1) trusts, optional		
					101 011			
28								
	······			·····	00-			
	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u> </u>	28a			
29								
	//							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	29a			
30								

		includes foreign grants, che			30a			
31	• •				ا ۔ ا			
20	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>. ▶ U</u>	31a			
	Total program service expenses (add lines 28a				32	tions for Bort IV		
Par	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 deferred comper	plans &	account and		
		devoted to position	enter -0)	deterred comper	sation	other allowances		
		1						
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Form 99	00-EZ (2009)		F	age 3			
Part	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		✓			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1			
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.						
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		1			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1			
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						
37a			_				
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		1			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-					
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9						
a b	Gross receipts, included on line 9, for public use of club facilities	1	1				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1					
	section 4911 ► ; section 4912 ► ; section 4955 ►		ĺ	,			
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	401		√			
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		├──			
·	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						
е							
41	List the states with which a copy of this return is filed. ▶						
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►						
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		Yes	No			
	account)?	42b		✓			
	If "Yes," enter the name of the foreign country: ▶		1				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
С	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	L	_✓			
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						
			Vac	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.63	110			
	Form 990-EZ	44	1	1			
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		1			
		_	\	(2000)			

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) no 47(a)(1) nonexempt cl nd 51.	onexempt charita haritable trusts m	able trusts only. A ust answer question	II sec ons 46	tion 3–491	0		
	Did the organization engage in direct or indirect			or in opposition to		Yes	No		
	candidates for public office? If "Yes," complete Schedule C, Part I								
	Did the organization engage in lobbying activitie				47 48				
	- ,	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an ex				49a 49b				
50	If "Yes," was the related organization a section 527 organization?								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	ge (c) Compensation (d) Contributions to employee benefit plans			(e) Expense & account and			
51	Total number of other employees paid over \$100 Complete this table for the organization's five	highest compensated i		 actors who each reco	eived	more	than		
	\$100,000 of compensation from the organizatio			Type of service	(c) Cor	70000			
	(a) Name and address of each independent contractor	paid more than \$ 100,000	(6)	Type of service	(6) 001	npense			
d	Total number of other independent contractors of			0.00		Legavi			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the beand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has								
	Signature of officer Gerald L. Bell, Keeper of the Exchequer Type or print name and title								
Paid Prepare	Preparer's signature Firm's name (or	signature sen- employed ►							
Use On	y yours if self-employed).								
May th	address, and ZIP + 4 Pee IRS discuss this return with the preparer show	n above? See instruction	ons		Yes		No (2009)		