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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning September 1, 2010, and ending August 31, 2011**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organizationThe Kappa Phi Club

Number and street (or P.O. box, if mail is not delivered to street address)

2135 Snowbird Drive

City or town, state or country, and ZIP + 4

Manhattan, KS 66502**D** Employer identification number48-0949793**E** Telephone number**F** Group Exemption
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► www.kappaphi.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 72,178**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>42,118</u>
	2	Program service revenue including government fees and contracts	2	<u>22,768</u>
	3	Membership dues and assessments	3	
	4	Investment income	4	<u>3,731</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	<u>3561</u>	
b	Less: cost of goods sold	7b	<u>3150</u>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>411</u>	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>69,028</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O) <u>See Attachment</u>	10	<u>1,961</u>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<u>3,000</u>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<u>8,097</u>
	16	Other expenses (describe in Schedule O) <u>See Attachment</u>	16	<u>25,495</u>
	17	Total expenses. Add lines 10 through 16	17	<u>38,553</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>30,475</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>143,159</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>173,634</u>

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	137,567	22 169,144
23 Land and buildings		23
24 Other assets (describe in Schedule O) Jewelry, inventory, computer equip	5,592	24 4,490
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	143,159	27 173,634

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Evaluation and travel to chapters for visitations, workshops, leadership training and printing of related materials		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	1911
29 Printing of national magazine and publications used by the organization to further its purpose		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	9148
30 Preparation for and holding of national & regional conferences to train and develop leaders and to develop programming materials and printing of related materials		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	11,083
31 Other program services (describe in Schedule O) Nat'l service project and Nat'l. Tithes		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	1,961
32 Total program service expenses (add lines 28a through 31a)	32	24,103

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(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
MARY JEAN Chirpas	National Sponsor			
291 Oakwood Ave., St. College, PA 16803	12 hr	-0-	-0-	1,158
Katie Washburn	National President			
4100 W. Robinwood Dr., Muncie, IN 47304	10 hr	-0-	-0-	551
Jennifer Horis 74014	National Secretary			
4428 S. 198th East Pl., Broken Arrow, OK	10 hr	-0-	-0-	1,136
SARAH BRYANT	National Treasurer			
P.O. Box 914, Tahlequah, OK 74465	10 hr	-0-	-0-	1,692
Caitlin Porter	Nat'l Prog. Dir.			
3310 Waterfowl Lane, Hamilton, OH 45011	10 hr	-0-	-0-	526
Michelle Martin	Nat'l Pledge Coord.			
11566 Scruggs Rd., Wynnewood, OH 43098	5 hr	-0-	-0-	1,722
Karen DuBois	Nat'l Alum Seia.			
64 Rabbit Valley Rd., Oxford, ME 04270	5 hr	-0-	-0-	2,163
Susan Myers	Alpha Kora Coord.			
16301 Seminole Creek Cir., Edmond, OK	12 hr	-0-	-0-	1,708
Suzanne Marques	GAMMA Kora Coord			
130 Orchard Dr., Elida, OH 45607	12 hr	-0-	-0-	328
Sandra Green	Zeta Kora Coord.			
3848 E. 144th St. Cleveland, OH 44128	12 hr	-0-	-0-	553
Janet Cummings				
8710 Vickery Rd., Castalia, OH 44824	Director 0 hr	-0-	-0-	222
Marti Landis Jones 86325	Director			
650 S. La Mirada Dr., Cornville, AZ	0 hr	-0-	-0-	338
CAROL Pearson	Director			
946 Thomas Lane, Columbus, OH 43220	0 hr	-0-	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a -0-		
b Did the organization file Form 1120-POL for this year?		X
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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a NA		
b Gross receipts, included on line 9, for public use of club facilities 39b NA		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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.		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ SARAH BRYANT Telephone no. ▶ 918-772-0186 Located at ▶ P.O. Box 914, Tahlequah, OK ZIP + 4 ▶ 74465		
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)?		X
If "Yes," enter the name of the foreign country: ▶ NA		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶ NA		
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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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.

Sign Here	<i>Debbie J. Fuhrmann</i>		<i>2/18/12</i>	
	Signature of officer		Date	
Paid Preparer Use Only	<i>Debbie J. Fuhrmann, National Financial Advisor</i>			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	Firm's name	Firm's EIN		PTIN
	Firm's address	Phone no.		

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) 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

2010

**Open to Public
Inspection**

Name of the organization

The KAPPA PHI CLUB

Employer identification number

48-0949793

Part I 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).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ 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 organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,845	32,255	27,997	25,752	42,118	155,967
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	-	-	-	-	-	-
4 Total. Add lines 1 through 3	27,845	32,255	27,997	25,752	42,118	155,967
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 shown on line 11, column (f). ^{# 3,630.12}						31,334
6 Public support. Subtract line 5 from line 4.						124,633

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	27,845	32,255	27,997	25,752	42,118	155,967
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,716	6,009	5,376	4,706	3,731	25,538
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						181,505
12 Gross receipts from related activities, etc. (see instructions) 2006-2010	12					96,042
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	69	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	74	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐		

The Kappa Phi Club
FID# 48-0949793
Form 990-EZ (2010)

Schedule O

Part 1, Line 10 Grants and similar amounts paid

Grace Peace Native Fellowship	\$ 272
Operation Smile	1,689
Total Grants and similar amounts paid	<u>\$ 1,961</u>

Part 1, Line 16 Other Expenses

General Administrative	\$1,391
Executive Board Meetings	5,900
Chapter Visitations and Workshops	1,172
Korai Dues	2,694
National Representatives to Kora Conferences	380
National Council of Chapters	11,361
Centennial Committee	739
Taxes and Licenses	40
Programming	1,259
Miscellaneous	<u>559</u>
Total Other Expenses	\$25,495

Part IV, List of Officers, Directors, Trustees
and Key Employees

(a)	(b)	©	(d)	(e)
Debbie Fuhrmann, 6252 Denise Dr., N. Ridgeville, OH	National Financial Advisor, 5 hrs	0	0	145
Debby Porter, 804 Bayberry NW, Massillon, OH	National Publicaiton s Coordinator , 2 hrs	0	0	376

The Kappa Phi Club

FID# 48-0949793

Form 990-EZ (2010) Part V, Line 34

Addition:

Article XIII, Section 6, Paragraph D 5

The Hedrick Council and Kora Assistance Fund provides financial assistance to enable active and alumnae members to attend National and Kora Events.

- c. The National Executive Board shall approve all expenditures from this fund.

Change:

Article IX, Section 1, paragraph A

(new) #5: A lamb pin is designated for the purpose of Big-Little gifts.

Change #5 to #6: The official jeweler shall be determined by the National Executive Board.

Change:

Article XIII, Section 6, paragraph D 4 b

~~The original~~ An amount of \$1000 \$5,000 will remain endowed. In addition, one-half of all contributions will be added to the endowment. The other one-half of contributions and all interest accrued may be used to provide assistance as specified above.

Change:

Article XVI, Section 6, paragraph F 10

To prepare one ~~typewritten copy~~ electronic version of the list of initiates and within one week after initiation send that list to the National Treasurer.

A grammatical correction was made: Article 13, Section 6, letter D, number 2, letter c – change principle to principal.