

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
KAPPA ALPHA ORDER
EPSILON NU CHAPTER

Number and street (or P O box, if mail is not delivered to street address) Room/suite
230 S LIBERTY ST

City or town, state or province, country, and ZIP or foreign postal code
MILLEDGEVILLE, GA 31061

D Employer identification number
58-1508645

E Telephone number
(770) 864-4126

F Group Exemption Number ▶ 0066

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 128,836

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																		
Revenue	1	Contributions, gifts, grants, and similar amounts received															940																														
	2	Program service revenue including government fees and contracts															36,016																														
	3	Membership dues and assessments															91,880																														
	4	Investment income																																													
	5a	Gross amount from sale of assets other than inventory																																													
	b	Less cost or other basis and sales expenses																																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																													
	6	Gaming and fundraising events																																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																													
	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)																																													
	c	Less direct expenses from gaming and fundraising events																																													
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																													
	7a	Gross sales of inventory, less returns and allowances																																													
	b	Less cost of goods sold																																													
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																													
	8	Other revenue (describe in Schedule O)																																													
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶															128,836																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)															27,540																														
	11	Benefits paid to or for members																																													
	12	Salaries, other compensation, and employee benefits																																													
	13	Professional fees and other payments to independent contractors															6,893																														
	14	Occupancy, rent, utilities, and maintenance																																													
	15	Printing, publications, postage, and shipping																																													
	16	Other expenses (describe in Schedule O)															84,535																														
17	Total expenses. Add lines 10 through 16 ▶															118,968																															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															9,868																														
	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)															18,026																														
	20	Other changes in net assets or fund balances (explain in Schedule O)															0																														
	21	Net assets or fund balances at end of year Combine lines 18 through 20															27,894																														

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	18,026	22 27,894
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	18,026	25 27,894
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,026	27 27,894

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?
COLLEGIATE SOCIAL FRATERNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, optional for others)

28
 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOWEN MOORE	0 00	0	0	0
I				
TYLER FENNELL	0 00	0	0	0
II				
LUKE SLAPPEY	0 00	0	0	0
III				
MATTHEW HARTNETT	0 00	0	0	0
IV				
CHARLIE BUTTS	0 00	0	0	0
V				
NOAH MALONE	0 00	0	0	0
VI				
GEORGE DUNWODY	0 00	0	0	0
VII				
PARKER FOLLMER	0 00	0	0	0
VIII				
JOSH WILSON	0 00	0	0	0
IX				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of NOAH MALONE Telephone no (478) 283-7375 Located at 200 SOUTH LIBERTY STREET MILLEDGEVILLE, GA ZIP + 4 31061

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 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 Signature of officer	2019-10-01 Date
NOAH MALONE NUMBER VI Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LUCAS PENIX	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01792749
	Firm's name ▶ RAETZ & HAWKINS PC CPAS			Firm's EIN ▶ 54-1298267	
	Firm's address ▶ 128 SOUTH RANDOLPH STREET LEXINGTON, VA 244500916			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: 58-1508645

Name: KAPPA ALPHA ORDER
EPSILON NU CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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; optional for others.)	
28 COLLEGIATE SOCIAL FRATERNITY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: KAPPA ALPHA ORDER
EPSILON NU CHAPTER

EIN: 58-1508645

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.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

KAPPA ALPHA ORDER
EPSILON NU CHAPTER

Employer identification number

58-1508645

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME KAPPA ALPHA ORDER AFFILIATE ADDRESS P O BOX 1865 LEXINGTON, VA 24450 PURPOSE OF PAYMENT MEMBER DUES & ASSESSMENTS AMOUNT OF PAYMENT 27,540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION FOOD & BEVERAGE EXPENSE AMOUNT 7,016 DESCRIPTION ENTERTAINMENT SOCIAL & BANDS AMOUNT 9,217 DESCRIPTION RUSH & RECRUITMENT AMOUNT 2,030 DESCRIPTION CHARITY & PHILANTHROPY EXPENSE AMOUNT 5,913 DESCRIPTION IFC & INTRAMURALS AMOUNT 734 DESCRIPTION SUPPLIES EXPENSE AMOUNT 6,941 DESCRIPTION TRAVEL EXPENSES AMOUNT 1,465 DESCRIPTION SPECIAL EVENTS EXPENSE AMOUNT 19,540 DESCRIPTION COMPOSITE EXPENSE AMOUNT 1,715 DESCRIPTION PROVINCE COUNCILS, CONVENTION & MEETINGS EXPENSES AMOUNT 310 DESCRIPTION EQUIPMENT RENTAL EXPENSE AMOUNT 576 DESCRIPTION ALUMNI EXPENSE AMOUNT 500 DESCRIPTION STORAGE UNIT AMOUNT 6,758 DESCRIPTION GRADUATION EXPENSES AMOUNT 3,830 DESCRIPTION ACADEMIC EXPENSES AMOUNT 17,990 TOTAL TO FORM 990-EZ, LINE 16 84,535