

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KAPPA ALPHA ORDER GAMMA UPSILON CHAPTER	D Employer identification number 75-6059991
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2208 BRYAN STREET	E Telephone number (972) 832-3502
		City or town, state or country, and ZIP + 4 COMMERCE, TX 75428	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)(7) (Insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 68,690

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	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																													
	2 Program service revenue including government fees and contracts																													
	3 Membership dues and assessments							68,690																						
	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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																													
	a Gross revenue (not including \$ of contributions reported on line 1)																													
b Less direct expenses other than fundraising expenses																														
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
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)																														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8								68,690																						
Expenses	10 Grants and similar amounts paid (attach schedule)																													
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																													
	13 Professional fees and other payments to independent contractors																													
	14 Occupancy, rent, utilities, and maintenance																													
	15 Printing, publications, postage, and shipping																													
	16 Other expenses (describe)																													
17 Total expenses. Add lines 10 through 16								69,205																						
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	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)																													
	20 Other changes in net assets or fund balances (attach explanation)																													
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																													

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		2,061	1,546
23 Land and buildings			
24 Other assets (describe)			
25 Total assets		2,061	1,546
26 Total liabilities (describe)		0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		2,061	1,546

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: 2010-11-02

Type or print name and title: CHANCE HALE 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:** 75-6059991**Name:** KAPPA ALPHA ORDER GAMMA UPSILON 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
ROBERT MARTINEZ 2208 BRYAN STREET COMMERCE, TX 75428	I 0 00	0	0	0
TREVOR NORRIS 2208 BRYAN STREET COMMERCE, TX 75428	II 0 00	0	0	0
MATT KING 2208 BRYAN STREET COMMERCE, TX 75428	III 0 00	0	0	0
DANIEL KAMPFER 2208 BRYAN STREET COMMERCE, TX 75428	IV 0 00	0	0	0
DANIEL ANDERSON 2208 BRYAN STREET COMMERCE, TX 75428	V 0 00	0	0	0
CHANCE HALE 2208 BRYAN STREET COMMERCE, TX 75428	VI 0 00	0	0	0
ADAM TOVAR 2208 BRYAN STREET COMMERCE, TX 75428	VII 0 00	0	0	0
CRAIG SOKOL 2208 BRYAN STREET COMMERCE, TX 75428	VIII 0 00	0	0	0
WAYNE GRABOW 2208 BRYAN STREET COMMERCE, TX 75428	IX 0 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: KAPPA ALPHA ORDER GAMMA UPSILON CHAPTER

EIN: 75-6059991

Item No.	1
Class of Activity	
Donee's Name	KAPPA ALPHA ORDER
Donee's Address	P O BOX 1865 LEXINGTON, VA 24450
Amount (FMV)	19,854
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 GAMMA UPSILON CHAPTER

EIN: 75-6059991

Description	Amount
ENTERTAINMENT, SOCIAL & BANDS	700
RUSH & RECRUITMENT	805
TELEPHONE	3,492
CHARITY & PHILANTHROPY	1,750
IFC & INTRAMURALS	185
SUPPLIES	2,456
COMPOSITE	826
PROVINCE COUNCILS, CONVENTION & MEETING EXPENSES	1,085
FOOD & BEVERAGE EXPENSE	2,357
REPAIRS AND MAINTENANCE EXPENSE	1,356

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: KAPPA ALPHA ORDER GAMMA UPSILON CHAPTER

EIN: 75-6059991

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.