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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Department of the Treasury  
Internal Revenue ServiceUnder 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

Open to Public  
Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning	7/01	, 2009, and ending	6/30	, 2010
<b>B</b> Check if applicable	<b>C</b> <b>KAPPA DELTA SORORITY</b> <b>EPSILON TAU</b> <b>P. O. BOX 2215</b> <b>CLEMSON, SC 29632-2215</b>			<b>D</b> Employer identification number
Address change				57-0698882
Name change				<b>E</b> Telephone number
Initial return				864-907-9495
Termination				
Amended return				<b>F</b> Group Exemption Number
Application pending				► 0805

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

<b>I</b> Website: ► N/A	<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (7) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>K</b> Check ► <input type="checkbox"/> 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	
<b>L</b> 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	► \$ 174,176.

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)																																																							
<p>1 Contributions, gifts, grants, and similar amounts received</p> <p>2 Program service revenue including government fees and contracts</p> <p>3 Membership dues and assessments</p> <p>4 Investment income</p> <p>5a Gross amount from sale of assets other than inventory</p> <p>  b Less cost or other basis and sales expenses</p> <p>  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</p> <p>6 Special events and activities (complete applicable parts of Schedule C) If any amount is from gaming, check here ► <input type="checkbox"/></p> <p>  a Gross revenue (not including \$ 0 of contributions reported on line 1)</p> <p>  b Less direct expenses other than fundraising expenses</p> <p>  c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</p> <p>7a Gross sales of inventory, less returns and allowances</p> <p>  b Less cost of goods sold</p> <p>  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</p> <p>8 Other revenue (describe ► )</p> <p>9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</p> <p>10 Grants and similar amounts paid (attach schedule) See Statement 1</p> <p>11 Benefits paid to or for members</p> <p>12 Salaries, other compensation, and employee benefits</p> <p>13 Professional fees and other payments to independent contractors</p> <p>14 Occupancy, rent, utilities, and maintenance</p> <p>15 Printing, publications, postage, and shipping</p> <p>16 Other expenses (describe ► See Statement 2)</p> <p>17 Total expenses Add lines 10 through 16 ►</p> <p>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</p> <p>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)</p> <p>20 Other changes in net assets or fund balances (attach explanation)</p> <p>21 Net assets or fund balances at end of year Combine lines 18 through 20 ►</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td style="text-align: right;">156,021.</td></tr> <tr><td>4</td><td style="text-align: right;">43.</td></tr> <tr><td>5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td>5c</td><td></td></tr> <tr><td>6a</td><td style="text-align: right;">18,112.</td></tr> <tr><td>6b</td><td style="text-align: right;">19,686.</td></tr> <tr><td>6c</td><td style="text-align: right;">-1,574.-</td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td>7c</td><td></td></tr> <tr><td>8</td><td></td></tr> <tr><td>9</td><td style="text-align: right;">154,490.</td></tr> <tr><td>10</td><td style="text-align: right;">35,422.</td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td></td></tr> <tr><td>13</td><td style="text-align: right;">4,290.</td></tr> <tr><td>14</td><td style="text-align: right;">1,625.</td></tr> <tr><td>15</td><td style="text-align: right;">321.</td></tr> <tr><td>16</td><td style="text-align: right;">102,446.</td></tr> <tr><td>17</td><td style="text-align: right;">144,104.</td></tr> <tr><td>18</td><td style="text-align: right;">10,386.</td></tr> <tr><td>19</td><td style="text-align: right;">84,868.</td></tr> <tr><td>20</td><td></td></tr> <tr><td>21</td><td style="text-align: right;">95,254.</td></tr> </table>	1		2		3	156,021.	4	43.	5a		5b		5c		6a	18,112.	6b	19,686.	6c	-1,574.-	7a		7b		7c		8		9	154,490.	10	35,422.	11		12		13	4,290.	14	1,625.	15	321.	16	102,446.	17	144,104.	18	10,386.	19	84,868.	20		21	95,254.
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<b>Part II Balance Sheets</b> 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)															
<p>22 Cash, savings, and investments</p> <p>23 Land and buildings</p> <p>24 Other assets (describe ► )</p> <p>25 Total assets</p> <p>26 Total liabilities (describe ► )</p> <p>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(A) Beginning of year</th> <th style="text-align: center;">(B) End of year</th> </tr> </thead> <tbody> <tr><td style="text-align: right;">65,566.</td><td style="text-align: right;">22</td></tr> <tr><td style="text-align: right;">19,302.</td><td style="text-align: right;">23</td></tr> <tr><td></td><td style="text-align: right;">24</td></tr> <tr><td style="text-align: right;">84,868.</td><td style="text-align: right;">25</td></tr> <tr><td style="text-align: right;">0.</td><td style="text-align: right;">26</td></tr> <tr><td style="text-align: right;">84,868.</td><td style="text-align: right;">27</td></tr> </tbody> </table>	(A) Beginning of year	(B) End of year	65,566.	22	19,302.	23		24	84,868.	25	0.	26	84,868.	27
(A) Beginning of year	(B) End of year														
65,566.	22														
19,302.	23														
	24														
84,868.	25														
0.	26														
84,868.	27														



**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes  No  X

**34** Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes  No  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 Yes  No

**a** 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? Yes  No  X

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes  No

**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 Yes  No  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? Yes  No  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 period covered by this return? Yes  No  X

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No  N/A

**39** Section 501(c)(7) organizations Enter

**a** Initiation fees and capital contributions included on line 9 Yes  No  4,600.

**b** Gross receipts, included on line 9, for public use of club facilities Yes  No  0.

**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A** Yes  No  N/A

**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 Yes  No

**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 Yes  No  0.

**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No  0.

**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 Yes  No  X

**41** List the states with which a copy of this return is filed ► **None**

**42a** The organization's books are in care of ► **Jana Wier** Telephone no ► **864-907-9495**  
Located at ► **CORP ADDRESS** ZIP + 4 ► **29632**

**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)? Yes  No

If 'Yes,' enter the name of the foreign country ► Yes  No

	Yes	No
<b>42b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>42c</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes  No

If 'Yes,' enter the name of the foreign country. ► Yes  No

**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** Yes  No  N/A

	Yes	No
<b>44</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>45</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No  X

**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 Yes  No  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 46-49b and complete the tables for lines 50 and 51.

**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

	Yes	No
46		
47		
48		
49a		
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as 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?

**b** 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 and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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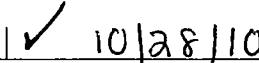
**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

**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'

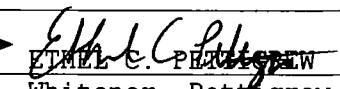
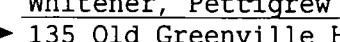
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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

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

<b>Sign Here</b>	► 	► 
	Signature of officer	Date

Treasurer

<b>Paid Preparer's Use Only</b>	Preparer's signature	► 	Date	10/26/10	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	► 	EIN	N/A	Phone no	<input type="checkbox"/>	N/A

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)



**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 TSHIRT SALES (event type)	(b) Event #2 SHAMROCK PROJE (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
		7,673.	6,931.		14,604.
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	7,673.	6,931.		14,604.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,775.	4,881.		18,656.
	10 Direct expense summary Add lines 4- through 9 in column (d)				18,656.
	11 Net income summary Combine lines 3, column (d) and line 10				-4,052.

**Part III** **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

YES	NO
9a	

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

9a	
10a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

10a	
11	

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11	
12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility  
b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_  
c If 'Yes,' enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

2009

**Federal Statements**  
**KAPPA DELTA SORORITY**  
**EPSILON TAU**

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57-0698882

8/24/10

11 19AM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	Educational		
Donee's Name:	KAPPA DELTA FOUNDATION, CHILDREN IN NEE		
Relationship of Donee:	National Organization		
Cash Amount Given:	\$	844.	
Donee's Name:	PICKENS CTY PREVENT CHILD ABUS	\$	3,376.
Cash Amount Given:		\$	
Donee's Name:	AMERICAN CANCER SOCIETY	\$	80.
Cash Amount Given:		\$	
Donee's Name:	DELTA SIGMA THETA: HAITI	\$	120.
Cash Amount Given:		\$	
Donee's Name:	DELTA SIGMA THETA: BOWL-A-THON	\$	75.
Cash Amount Given:		\$	
Donee's Name:	GAMMA SIGMA SIGMA, KARAOKE FOR CANCER	\$	35.
Cash Amount Given:		\$	
Donee's Name:	GAMMA PHI BETA	\$	30.
Cash Amount Given:		\$	
Donee's Name:	SIGMA KAPPA FOUNDATION	\$	100.
Cash Amount Given:		\$	
Donee's Name:	BETA THETA PI	\$	40.
Cash Amount Given:		\$	
Donee's Name:	Kappa Delta Foundation-Golden Circle		
Relationship of Donee:	National Organization		
Cash Amount Given:	\$	1,610.	

**Payments to Affiliates**

Name:	Kappa Delta Sorority National		
Purpose of payment:	National Assesments		
Amount:	\$	29,112.	
Payments to Affiliates		\$	29,112.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK CHARGES	\$	1,866.	
Composite		3,282.	
Conferences, Conventions, and Meetings		6,520.	
Depreciation		2,073.	
General Fund Raising Campaigns		335.	
GIFTS		39.	
HISTORIAN		171.	
INITIATION EXPENSE		2,809.	

2009

**Federal Statements**  
**KAPPA DELTA SORORITY**  
**EPSILON TAU**

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8/24/10

11 19AM

**Statement 2 (continued)**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

MISCELLANEOUS	\$ 374.
Office Expenses	1,715.
Officer visit	867.
PANHELLENIC DUES	6,996.
Philanthropy Participation	700.
PUBLICITY	718.
REFERENCE COSTS	291.
Scholarship Programs	3,483.
SISTERHOOD	2,302.
SOCIAL EVENTS	67,905.
Total	<u>\$ 102,446.</u>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

FRATERNAL ORGANIZATION OF WOMEN PROVIDING LEADERSHIP TRAINING AND SOCIAL OPPORTUNITIES