



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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)

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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 **07/01/09**, and ending **06/30/10**

B Check if applicable	C Name of organization KAPPA DELTA SORORITY BETA PI CHAPTER		D Employer identification number 59-0638774
Address change	Number and street (or P O box, if mail is not delivered to street address) 1122 E. PANHELLENIC DRIVE		Room/suite
Name change	City or town, state or country, and ZIP + 4 GAINESVILLE FL 32601		F Group Exemption Number ►
Initial return			
Termination			
Amended return			
Application pending			

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► **WWW.KAPPADELTAUF.COM**J Tax-exempt status (check only one) — 501(c) (7) (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 \$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 ► \$ **151,364****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	45,111
3 Membership dues and assessments	3	92,257
4 Investment income	4	
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 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)	6a	13,996
b Less direct expenses other than fundraising expenses	6b	6,613
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,383
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	144,751
10 Grants and similar amounts paid (attach schedule)	10	11,546
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	2,985
14 Occupancy, rent, utilities, and maintenance	14	67
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► See Statement 3)	16	145,281
17 Total expenses. Add lines 10 through 16	17	159,879
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,128
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	25,959
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	10,831

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	25,724	22	15,163
23 Land and buildings		23	
24 Other assets (describe ► See Statement 4)	235	24	168
25 Total assets	25,959	25	15,331
26 Total liabilities (describe ► See Statement 5)	0	26	4,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,959	27	10,831

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

Form 990-EZ (2009)

22

Part V Other Information (Note the statement requirements in the instructions 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
 33 X

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

b If "Yes," has it filed a tax return on **Form 990-T** for this year? Yes No
 b X

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
 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a Yes No

b Did the organization file **Form 1120-POL** for this year? Yes No
 b 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
 a If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 a X

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No
 a X

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
 a X

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
 b 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 Yes No
 c X

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

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
 e X

41 List the states with which a copy of this return is filed ► **None**42a The organization's books are in care of ► **SAMANTHA SEXTON**
1122 E PANHELLENIC DRTelephone no ► **352-377-4482**Located at ► **GAINESVILLE, FL**ZIP + 4 ► **32601**

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)?

If "Yes," enter the name of the foreign country ► _____

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 ?
 If "Yes," enter the name of the foreign country ► _____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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44 X45 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
 45 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

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

48 Is the organization operating 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 & deferred compensation	(e) Expense account and other allowances

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

Sign Here	<p>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.</p> <p>Signature of officer  Taxpayer's Copy Date </p> <p>Type or print name and title </p>
----------------------	--

Paid Preparer's Use Only	Preparer's signature 	Date 10/19/10	Check if self- employed <input type="checkbox"/>	Preparer's Identifying Number (See instr) P00352375
	Firm's name (or yours if self-employed). address, and ZIP + 4 	EIN 	Phone no 	

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

Form 990-EZ (2009)

Form 4562

Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

KAPPA DELTA SORORITY
BETA PI CHAPTERIdentifying number
59-0638774

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	67
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	67
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2009)
There are no amounts for Page 2

KAPPADELTA KAPPA DELTA SORORITY

59-0638774

FYE: 6/30/2010

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES & ASSESSMENTS	\$ 92,257
Total	\$ <u>92,257</u>

KAPPADELTA KAPPA DELTA SORORITY
59-0638774
FYE: 6/30/2010

Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
CHILD ADVOCACY CENTER P.O. BOX 1128 GAINESVILLE FL 32602	6/01/10			5, 549				
Total				5, 549				

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
OFFICE, COPYING, POSTAGE	2,191
CONVENTION & CONFERENCES	4,581
MEMBERSHIP DUES & ASSESSM	35,860
CHAPTER ACTIVITIES	102,649
Total	\$ <u>145,281</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
OFFICE FURNITURE & EQUIP	\$ 2,137	\$ 2,137
Less Accumulated Depreciation	1,902	1,969
	<u>235</u>	<u>168</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Grants Payable	\$ _____	\$ 4,500
	<u> </u>	<u>4,500</u>

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

PROVIDE OPPORTUNITIES FOR LEADERSHIP, PERSONAL DEVELOPMENT, ACADEMIC SUCCESS AND COMMUNITY SERVICE FOR MEMBERS WHILE THEY ARE ATTENDING THE UNIVERSTIY OF FLORIDA

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PAYOUT OF FUNDS RAISED FOR LOCAL CHARITIES

KAPPADELTA KAPPA DELTA SORORITY

59-0638774

FYE: 6/30/2010

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:										
1	CAMCORDER	12/15/99	1,064			1,064	5	HY 200DB	1,064	0
2	EQUIPMENT	12/15/00	799			799	5	HY 200DB	799	0
3	VIDEO CAMERA	3/03/09	274			274	7	HY 200DB	39	67
			<u>2,137</u>			<u>2,137</u>			<u>1,902</u>	<u>67</u>
Grand Totals										
			2,137			2,137			1,902	67
Less: Dispositions and Transfers										
			0			0			0	0
Less: Start-up/Org Expense										
			0			0			0	0
Net Grand Totals										
			<u>2,137</u>			<u>2,137</u>			<u>1,902</u>	<u>67</u>