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Form	990

Department of the Treasury

Internal Revenue Service

## **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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public Inspection

A	Fo	r the	2009 calend	lar year, d	or tax year beginning 07	-01 , 2009, a	nd ending		06-	30 ,20 10	
В	Ch	eck if	applicable	Please	C Name of organizationKAPPA DELTA SORORITY 2	ZETA GAMMA		•	C	Employer identification no.	
	Ad	dress	change	use IRS label or	Doing Business As CHAPTER					71-0673722	
Ō		me ch	•	print or	Number and street (or P O box if mail is not delivered to stree	et address)	Roc	om/suite		Telephone number	
ñ		tıal ret	•	type. See	404 WEST MAPLE STREET	,				(479)444-8820	
Ħ		rmınat		Specific	City or town, state or country, and ZIP + 4					Gross receipts	
H			d return	Instruc- tions.	FAYETTEVILLE, AR 72701				ľ	s 263,771	
H				E Namo	and address of principal officerChristy Sams	-				3 203,771	
ш	Αþ	piicati	on pending		· · ·		H(a	) Is this a g affiliates	roup ret	turn for	
_	_				W Maple, Fayetteville, AR 72701						
<u> </u>				M 201(c)(	7 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		H(b	) Are all att	illates li tach a li	ncluded? Yes No ist (see instructions) 0805	
<u> </u>			: ► N/A			<u> </u>					
			organization X		n	L Year of format	tion 1989	M Stat	e of lega	al domicile AR	
P	art		Summar	•			<del></del>				
		1	Briefly descr	ibe the or	ganization's mission or most significant activities	University	/ Sorori	ty			
A											
	3				·						
i	,					<u> </u>	<u></u>				
V 6	•	2	Check this b	ox 🕨 🗌 ıl	the organization discontinued its operations or dispos	sed of more thar	n 25% of its	net assets			
ţ ,	۱ ا	3	Number of v	oting men	nbers of the governing body (Part VI, line 1a)				3	0	
e r		4	Number of I	ndepende	nt voting members of the governing body (Part VI, line	: 1b)			4	0	
s c	:	5			oyees (Part V, line 2a)				5	0	
8.	•	6			teers (estimate if necessary)				6		
		7a			pusiness revenue from Part VIII, column (C), line 12.				7a	0	
			•		s taxable income from Form 990-T, line 34				7b	0	
_	$\dashv$		ivet urirelate	d busines	s taxable income from Form 930-1, line 34				70		
R		٥	Cambularitan		ohe (Dark VIIII Ima dh.)		-	Prior Year		Current Year	
e		8			nts (Part VIII. line 1h)		· •	222	,785	263,771	
ė		9								0	
n	1	10			- 1   1 · · · · · ·   <b>-</b>					0	
e		11	Other reveni	ue (Part V	II, column (၃), lines ဉ, 6d, ရွင္ႏွရင္ျ 10c, နက္မွ 11e)					0	
		12			nes 8 through 11 (must equal Part VIII, column (A), line			222	,785	263,771	
		13	Grants and	sımılar am	ounts paid (Rart IX, column (A), lines 1-3£					0	
E		14	Benefits paid	d to or for	members (Part 🛇 🌀 🖟 🖎 , lihe 4)					0	
X		15			nsation, employee benefits (Part IX, column (A), lines 5					0	
p e				-	ig fees (Part IX, column (A), line 11e)					0	
n	1				nses (Part IX, column (D), line 25)▶		· •			<u></u>	
s		17		• .	X, column (A), lines 11a-11d, 11f-24f)		_	212	040	212 752	
s								•	,940	213,752	
					ines 13-17 (must equal Part IX, column (A), line 25) .				,940	213,752	
		19	Hevenue les	s expense	s Subtract line 18 from line 12	• • • • • • • •			,845	50,019	
Net Asse	ets			<b>.</b>			Beginni	ng of Currer		End of Year	
or		20	Total assets				•	23	,784	73,804	
Fund Bal-		21	Total liabilitie		•		•			0	
ance		22			ances Subtract line 21 from line 20		•	23	,784	73,804	
P	art		Signatu								
					ry, I declare that I have examined this return, including accompan ec <del>t, and c</del> omp <u>lete</u> Declaration of preparer (other than officer) is						
_				100	Decisiation of preparer (other than ornicer) is	Dased Off all lillorill	ation of winci	ii preparei ii	as any r	M/h a / la	
Sig	ın			NVV&	HIN A				-17	<i>(190110</i>	
He	re		Signatu	re of office					Dat	e/	
			Chri	stv Sar	ns, FINANCE						
				print name			<del></del>				
_			Dro		Date	Г	Check If	Prepa	rer's ide	entifying number	
			Preparer's signature	) Kl	gine & young Date		self-	(see i	nstructio		
Paid	d		Signature	, ,	() n y		employed >	┙╽			
Pre	pai	rer's		кеді	<del></del>	16-2010	<del> 1</del>				
Use	0	nly	Firm's name		Regina R Young CPA	. <u> </u>	EIN	<b>&gt;</b>			
			if self-emple address, and		501 E Maple Street	Street					
					Fayetteville, AR 72701		Phone	eno ▶ 47	-444		
_					h the preparer shown above? (see instructions)		· · · · · ·	<u></u>	<u> </u>	🗌 Yes 🛛 No	
For	Pr	rivacy	Act and Pa	perwork l	Reduction Act Notice, see the separate instructions	i.			EEA	Form <b>990</b> (2009)	

	n 990 (2009) KAPPA DELTA SORORITY ZETA GAMMA	71-0673722	Page 2
Pa	rt III Statement of Program Service Accomplishments		
- 1	Briefly describe the organization's mission		<u>-</u>
	University Sorority		
	·		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	∐ Yes ½	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	О., с	<b>7</b>
	services?	∐ Yes <u>t</u> x	∐No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expen		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report the amount of grant and section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(1) trusts are required to report and a section 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	ants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	(0.1		
4a	(Code) (Expenses \$213,752 including grants of \$) (Revenue)		
	The chapter maintains a meeting place for members of the sorority at the U		
	Arkansas. The chapter uses dues to promote the development of the members	through its	
	dedication to philinthropic projects.		
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	_
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenu	ıe \$	)
		-	<del></del> ′
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$	)
	<u></u>		
		<del>_</del>	
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O )		
70	(Expenses \$ including grants of \$ ) (Revenue \$	١	
40	Total program service expenses ▶ 213,752		
-10	1 out to Aire extenses to TT3 / 12		

Part IV

**Checklist of Required Schedules** 

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 Х 2 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X. line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 489 If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No 13 13 Х X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 1 . . . . . . . . . . . . . . . . . 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 20

### Part IV Checklist of Required Schedules (continued)

-		l .	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		İ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ì	Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ь		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	İ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ĺ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3 <sup>2</sup> If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			_==_
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19° Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2009) KAPPA DELTA SORORITY ZETA GAMMA 71-0673722 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х qaming (gambling) winnings to prize winners?...................... 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . . . . . . . 2ь Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.............. 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 4a Х 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 5a If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f Х For all contributions of qualified intellectual property, did the organization file Form 8899 as required?......... 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h X Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Sponsoring organizations maintaining donor advised funds. b 10 Section 501(c)(7) organizations. Enter 2,404 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against

12a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	-		
Ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		$\overline{\mathbf{x}}$
6	Does the organization have members or stockholders?	6	- 1	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code )			
			Yes	No
l0a	Does the organization have local chapters, branches, or affiliates?	10a	х	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
3	Does the organization have a written whistleblower policy?	13		<u>x</u>
4	Does the organization have a written document retention and destruction policy?	14		<u>x</u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	15a	Ì	Х
b		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a	1	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed AR			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Chapter Treasurer (479)521-6512			
	404 W Maple St Fayetteville, AR 72701			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complète this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (D) (B) (C) Æ) (F) Name and Title Position (check all that apply) Reportable Average Reportable **Estimated** e fi p - 0 ; hours per I t d I t compensation compensation amount of o f K e y nrı dur i se v t c i e t de o u o l r from related week from other ghpi e e n y e t a e the organizations compensation m emp-oyee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations e Mauree Nantze CHAIRMAN 2.00 0 0 0 Christy Sams FINANCE 2.00 X 0 0 0

Pa	Tt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)		,	
•	, (A)												
	Name and Title	Average hours per week	Posit Itd nri	1 t	0		Hce Iom	F	Reportable compensation from	Reportable compensation from related		stimate	of
		WEEK	dur lse vet de r de r a r	s u t s t t t e u e	f i c e		gmployeest sated	r m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	oi a	other mpensa from th ganizati nd relati ganizati	ition ne iion ied
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													·
1b	Total						• • •	<b>•</b>	0	0	1	•	0
2	Total number of individuals (including but not limited to	o those liste	d abov	ve) v	who	rece	eived r	nore	than \$100,000 in				
	reportable compensation from the organization >	_								0			
3	Did the organization list any <b>former</b> officer, director or	trustee, key	emplo	yee	, or	high	est co	mpe	ensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule J fo	-	•	-		_		-			3		X_
4	For any individual listed on line 1a, is the sum of repor	-					_						
	the organization and related organizations greater than												v
5	Individual										4		X
•	services rendered to the organization? If "Yes," comple	-		-			_				5		х
Se	tion B. Independent Contractors				•						ь.		
1	Complete this table for your five highest compensated compensation from the organization	ındepender	nt cont	ract	ors	hat	receiv	ed n	nore than \$100,000	) of	-		
	(A) Name and business address				•		_	-	(B) Description of	services	Comr	(C) ensatio	
_									Sestimation of				<u>.                                    </u>
					_			•					
		<del></del>											
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization	l to the	ose	liste	d ab	ove) v	vho	received					

Page 9

Part \	VIII	Statement of Revenue					
•	•	,		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512,513, or 514
Contri- butions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	263,771	•			
	h	Total. Add lines 1a-1f		263,771			
Program Service Revenue		All other program service revenue					
	9	Total. Add lines 2a-2f			<u></u>		
	4	Investment income (including dividends, interest other similar amounts)	oceeds ►				
		(i) Real	(II) Personal				
	b c	Gross Rents					
		0.5	(II) Other				
O t h	b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses					
r R e v e n u	b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18					
е		Gross income from gaming activities  See Part IV, line 19					
		Net income or (loss) from gaming activities					
	10a b	Gross sales of inventory, less returns and allowances					
	C	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a b c				<u> </u>		
	l .	All other revenue					
	l	Total. Add lines 11a-11d	-		_	_	
	12	Total revenue. See instructions	<u></u> . ▶	263,771	0	0	0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colur				
	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		<del></del>		<u></u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			<del></del>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		- · · · - · - · - · - · · · · · · · · ·		
7	Other salaries and wages		<u> </u>		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			<del></del>	
Ь	Legal	<del></del>		<u>-</u>	
C	Accounting	3,500	3,500		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_ g	Other	0.013			
12 13	Advertising and promotion	2,013	2,013		1
	Office expenses	6,336	6,336		
14 15	Information technology				
16	Royalties	1 541	1 641		
17	Travel	1,541	1,541		
18	Payments of travel or entertainment expenses		<del></del>		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	<del></del>			<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	404	404		
23	Insurance	303	201		
24	Other expenses Itemize expenses not				
-•	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	Bank Service Charges	197	197		
b	Dev and Philanthrophies	141,543	141,543		-
c	Social Expenses	38,348	38,348		
d	Billing Fees Omega	17,145	17,145		
е	Miscellaneous	50	50		
f	All other expenses	2,675	2,675		
25	Total functional expenses. Add lines 1 through 24f	213,752	213,752	0	0
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Part	X	Balance Sheet			
			(A)		(B)
		`	Beginning of year		End of year
	1	Cash - non-interest-bearing	19,836	1	55,347
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,544	4	18,457
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of		1 1	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A s		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 14,776		1 ‡	
	Ь	Less accumulated depreciation 10b 14,776	404	10c	
	11	Investments - publicly traded securities	<u>_</u>	11	
İ	12	Investments - other securities See Part IV, line 11	_	12	
	13	Investments - program-related See Part IV, line 11	_	13	•
	14	Intangible assets	_	14	
	15	Other assets See Part IV, line 11		15	•
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,784	16	73,804
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	
Ļ	19	Deferred revenue		19	
a	20	Tax-exempt bond liabilities		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key			
		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
e	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ 🗓 and			
NF		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets	23,784	27	73,804
ď	28	Temporarily restricted net assets		28	
A s B	29	Permanently restricted net assets		29	
5 B   5 a		Organizations that do not follow SFAS 117, check here ▶ □			
• I		and complete lines 30 through 34.			
a   n	30	Capital stock or trust principal, or current funds		30	
С	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ĭ	33	Total net assets or fund balances	23,784	33	73,804
	34	Total liabilities and net assets/fund balances	23,784	34	73,804

<b>-</b>	000	(2009)	
-orm	qqn	(2009)	

KAPPA DELTA SORORITY ZETA GAMMA

71-0673722

Page **12** 

Par	t XI Financial Statements and Reporting			
-	,		Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
Ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	Ì
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
	EEA	Form	990 (	2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

### **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

2009

Open to Public Inspection

**Employer identification number** 

		DELTA SORORIT								0673722			
Pa	rt I	Reason for	r Public Chari	ty Status (All organiza	ations mus	t complete	this part)	See instr	uctions			_	
The	orga	nization is not a priva	ate foundation bec	ause it is (For lines 1 thr	rough 11, d	heck only	one box )						
1				association of churches		ın <b>section</b>	170(b)(1)(	A)(i).					
2				(1)(A)(ii). (Attach Schedu									
3		A hospital or a coop	perative hospital se	ervice organization descr	rbed in <b>se</b>	ction 170(I	ь)(1)(A)(iii)	).					
4		A medical research	organization opera	ated in conjunction with	a hospital	described i	ın <b>section</b>	170(b)(1)	<b>(A)(iii).</b> En	iter the hos	spital's n	ame,	
		city, and state		<del> </del>									
5	X	•		fit of a college or univers	sity owned	or operate	ed by a gov	vernmenta	al unit desi	cribed in			
	_	section 170(b)(1)(A	•										
6			-	r governmental unit des									
7		•	•	a substantial part of its	support fro	m a gover	nmental u	nit or from	the gene	ral public			
	_	described in <b>sectio</b> i											
8	Ц			on 170(b)(1)(A)(vi). (Com	-								
9	Ш	-		(1) more than 33 1/3%					•	-	s		
				empt functions - subject		-							
				e and unrelated business				11 tax) fro	m busine:	sses			
				e 30, 1975 See <b>section</b>		-		( )( -)					
10		-	·	ed exclusively to test for	-	-				_			
11	Ш		•	ed exclusively for the be		-			•				
				ported organizations des						e <b>section</b>			
		_	_	es the type of supporting			-		· ·				
		a	<b>b</b> [_] Typ	·		-Functiona				<del>-</del>	III-Othei	•	
е	П	•	-	organization is not contr		•			•				
			-	ers and other than one o	or more pu	plicly supp	orted orga	inizations	aescribea	in section			
		509(a)(1) or section		latarmination from the ID	C 4b.a4 .4 .a.	a Tuma I. T	Francii es	Turne III eu					
f				letermination from the IR					apporting				Γ
~		•		zation accepted any gift									• • ∟
g		following persons?	oo, nas me organ	zation accepted any gitt	Or Cornino		arry or tire						
		4.	directly or indirect	y controls, either alone o	or together	with nerso	ne describ	ed in (ii)				Yes	No
				dy of the supported orga							11g(i)	103	140
				scribed in (i) above?							11g(ii)		
				on described in (i) or (ii)							11g(iii)		
h				ut the supported organization							[3()		
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization	7	organization	(v) Did y	ou notify	(vi)	ls the	(vii)	Amount	of
		organization		(described on lines 1-9	1 ''	sted in your	the organ			tion in col	s	upport	
				above or IRC section (see instructions))	governing	document?	col (i) sup	or your port?		zed in the S ?			
				,	Yes	No	Yes	No	Yes	No	1		
		_											
								_	1				
									ļ		<u> </u>		
			ļ		<u> </u>	ļ			<u> </u>	ļ	<b></b>		
_	_			1	1				‡		]		
Tota	1		§	1	Ŧ	}	<b>‡</b>		Ŧ	}	4		

71-0673722

Pa	Complete only if you checked the	-		ections 170(b)(	(1)(A)(IV) and `	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	128,777	170,597	205,838	222,785	263,771	991,768
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	128,777	170,597	205,838	222,785	263,771	991,768
5	The portion of total contributions by each						
	person (other than a governmental unit or			1			
	publicly supported organization) included			1			
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			<u></u>			
6	Public support. Subtract line 5 from In 4						991,768
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	( <b>b</b> ) 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
7	Amounts from line 4	128,777	170,597	205,838	222,785	263,771	991,768
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .						991,768
12	Gross receipts from related activities, etc (	see instructions)				12	
13 <del>Coo</del>	First five years. If the Form 990 is for the organization, check this box and stop here	e . <u></u>	<u></u>	rth, or fifth tax year	as a section 501(	c)(3) 	▶□
	Public Support percentage for 2009 (line 6,			- (s)\		14 1	00.00 %
14 15		, ,	•				00.00 % %
	Public support percentage from 2008 Sche						76
16a	33 1/3% support test - 2009. If the organi						▶ 🏻
b	and <b>stop here.</b> The organization qualifies a						▶ ⋈
	33 1/3% support test - 2008. If the organic box and stop here. The organization quality						▶□
170		• •					
174	10%-facts-and-circumstances test - 20	<del>-</del>					
	more, and if the organization meets the "fa organization meets the "facts-and-circums						▶□
ь	10%-facts-and-circumstances test - 20		-				
-	more, and if the organization meets the "fa	-					•
	organization meets the "facts-and-circums						
18	Private foundation. If the organization did		•		•		

Sche	edule A (Form 990 or 990-EZ) 2009	KAPPA	DELTA SOR	ORITY ZETA G	AMMA		71-0673722	2 Page
Pa	art III Support Schedu	le for Orga	nizations D	escribed in S	ection 509(a)	(2)	-	
•	(Complete only if you	checked the bo	ox on line 9 of	Part I)				
Se	ction A. Public Support							
Cal	endar yèar (or fiscal year begin	ning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_								
1	Gifts, grants, contributions, and membership fees received (Do	not include						
	any "unusual grants")							
2	Gross receipts from admissions,	, merchan-	•	-				
	dise sold or services performed							
	lities furnished in any activity that to the organization's tax-exempt							
_		` ' <del> </del>						
3	Gross receipts from activities that an unrelated trade or bus unde							
	an unleated trade or bus unde	- Sec 313			-		<del> </del>	<del></del>
4	Tax revenues levied for the orga							
	benefit and either paid to or exp							
	its behalf	· · · · · -						
5	The value of services or facilities							
	furnished by a governmental un	it to the						
	organization without charge							
6	Total. Add lines 1 through 5		. <u> </u>					
7a	Amounts included on lines 1, 2,	and 3						
	received from disqualified perso							
b	Amounts included on lines 2 and							
	ed from other than disqualified p							
	that exceed the greater of \$5,00 of the amount on line 13 for the	vear						
c	Add lines 7a and 7b	· —						
				‡		-		
8	Public support (Subtract line 7d line 6)	c from		Ī		<b>{</b>		
Sec	ction B. Total Support		•••••	I	1		<u></u>	
	endar year (or fiscal year begin	ning in) b	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		(4) 2003	( <b>b</b> ) 2000	(6) 2007	(4) 2000	(e) 2003	(I) IOIAI
	Gross income from interest, divi						<del></del>	
IVa	payments received on securities							
	rents, royalties and income from	n sımılar						
	sources				ļ	_		
ь	Unrelated business taxable inco	me (less						
_	section 511 taxes) from business	ses						
	acquired after June 30, 1975	· • • • • <u> </u>				_		
C	Add lines 10a and 10b							
11	Net income from unrelated busin							
	activities not included in line 10th whether or not the business is re							
	carried on							
				_				,
12	Other income Do not include ga							
	(Explain in Part IV)							
12	Total aumment / Add lines 0, 10s							
13	Total support. (Add lines 9, 10d and 12)							
	•			1		. 504/	Va\	
14	First five years. If the Form 990 organization, check this box and	) is for the orga	nization s first,	secona, tnira, tou	πn, or tiπn tax yea	ir as a section 50 i(	C)(3)	▶ □
Se	ction C. Computation of							
15	Public support percentage for 2				n (f))		15	9/
16	Public support percentage from						16	<u></u> / <sub>9/</sub>
	ction D. Computation of				· · · · · · · · · · · ·	<u> </u>	10	
					anluman (6))		17	
17	Investment income percentage						<del></del>	
18	Investment income percentage	irom <b>Zuus</b> Sche	equie A, Part II	ı, ııne ı/			18	
19a	33 1/3% support tests - 2009.							. —
	17 is not more than 33 1/3%, ch	eck this box ar	na stop here. 1	ne organization o	uaines as a publi	cly supported orga	nization	▶ ⊔
Ь	33 1/3% support tests - 2008.	If the organizati	on did not che	ck a box on line 1	4 or line 19a, and	l line 16 is more tha	n 33 1/3%, and	_
	line 18 is not more than 33 1/3%	6, check this bo	x and stop he	re. The organizati	on qualifies as a p	oublicly supported o	organization	▶ ∐
20	Drivata Equadation: If the area	but		14 10	40h abaat Mara la			<b>►</b> I I

#### SCHEDULE C

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	s Complete Part III			
Na	me of organization			Employer	identification number
K.	APPA DELTA SORORITY ZETA GAM			71-067	
Pa	rt I-A Complete if the organ	ization is exempt under sect	ion 501(c) or	is a section 527 or	ganization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours				<u> </u>
					···
Pa		ization is exempt under sect			
1	Enter the amount of any excise tax incur	•			
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495				
4a	Was a correction made?				🗌 Yes 📙 No
<u>b</u>	If "Yes," describe in Part IV		/		7=1
	······································	ization is exempt under sect		cept section 501(c)	(3).
1	Enter the amount directly expended by t				
	activities				
2	Enter the amount of the filing organization	•			
	527 exempt function activities			▶ \$_	
3	Total exempt function expenditures Add				
_	line 17b				
4	Did the filing organization file Form 1120				
5	State the names, addresses and employ		' <del>-</del> '		-
	were made For each organization listed				
	contributions received that were prompt		<del>-</del>	•	gregated
	fund or a political action committee (PAC	) if additional space is needed, provid	e information in F	<u>raπ IV</u>	<del></del>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
	<del>-</del>				

Sch	edule C (Form 990 or 990-EZ) 2009 KAPPA DELTA				71-0673	· ·
Pá	complete if the organization	n is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ction
	under section 501(h)).					
	Check ▶ ☐ if the filing organization belongs to	_				
В	Check ▶ ☐ If the filing organization checked to			pply		
		ying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	, , ,	•				
Ь						<del></del>
С	· · · · · · · · · · · · · · · · · · ·					
d	Circi circi pi parpara cirportantares					
е	Total on the parpoor of portaination (and a miss.)					
f	Lobbying nontaxable amount Enter the amount	from the following	table in both			
	columns				ļ <u>.</u>	
	If the amount on line 1e, column (a) or (b) is:		nontaxable amour	nt is :	1	
	Not over \$500,000	_	nount on line 1e		1	
	Over \$500,000 but not over \$1,000,000		15% of the excess		1	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g						
h						
i	Subtract line 1f from line 1c If zero or less, ente					
j	If there is an amount other than zero on either li		•	•	•	_
	section 4911 tax for this year?					🗌 Yes 📗 No
	(Some organizations that	made a section 50				
	Lobby	ing Expenditures	During 4-Year Ave	eraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	( <b>b</b> ) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	<b>V</b>	(a)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amoun
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	-	_	
referendum, through the use of			Ī
		ĺ	
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			•
Media advertisements?			ĺ
Mailings to members, legislators, or the public?			
Publications, or published or broadcast statements?			
Grants to other organizations for lobbying purposes?			
Direct contact with legislators, their staffs, government officials, or a legislative body?			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
Other activities? If "Yes," describe in Part IV			
Total Add lines 1c through 1i			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	
If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ī	Ì	
t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c	:)(5),	or se	ection
501(c)(6).			
			Yes
Were substantially all (90% or more) dues received nondeductible by members?			1
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	, line	3 is	answered
Dues, assessments and similar amounts from members		1	
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
Current year		2a	
Carryover from last year		2b	
Total		2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
and political expenditure next year?		4	
Taxable amount of lobbying and political expenditures (see instructions)		5	
Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, I			

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

	or tre organization	Employer toenunication number
KAI	PPA DELTA SORORITY ZETA GAMMA	71-0673722
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	v, me /
•		
		•
		storic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
<b>a</b>	Total number of conservation easements	2a
Ь	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes
	the organization's accounting for conservation easements	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	•
	provide the following amounts relating to these items	, passio 501 1100;
	(i) Revenues included in Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2		
-	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, following amounts required to be reported under SEAS 115 relating to these storms.	, provide trie
_	following amounts required to be reported under SFAS 116 relating to these items	<b>.</b> •
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · · · <b>&gt;</b> \$

	dule D (Form 990) 2009 RAPPA DELTA SO					/1-06/3		Page 2
Pa	rt III Organizations Maintaining						sets (cont	linued)
3	Using the organization's acquisition, accession	, and other records,	check any	of the follo	wing that are a sig	Inificant use of its		
	collection items (check all that apply)							
а	☐ Public exhibition	<b>d</b> 🗌 Loa	n or exchan	ge progra	ıms			
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain	how they fui	ther the o	rganization's exem	nt purpose in		
	Part XIV		•		•			
5	During the year, did the organization solicit or i	receive donations of	art. historica	al treasure	s. or other similar			
•	assets to be sold to raise funds rather than to l						. $\square$ Yes	. □ No
Pa	rt IV Escrow and Custodial Arra						<u>· u ···</u>	
	Part IV, line 9, or reported an amou	_				, , , , , , , , , , , , , , , , , , , ,		
1a	Is the organization an agent, trustee, custodian			outions or	other assets not			
	included on Form 990, Part X?						. Tyes	. □ No
ь								
•	ii res, explain the arrangement iii rait XIV ar	id complete the lollo	wing table			Amo	u.mt	<del></del>
_	Pagunung balanca				<u> </u>	c	Jurit	
	Beginning balance					<del></del>	-	
	Additions during the year				<del></del>	d		
_	Distributions during the year				<del></del> -	e		
f	Ending balance					f		
	Did the organization include an amount on For	m 990, Part X, line 2				• • • • • • • • • •	. U Yes	i ∐ No
	If "Yes," explain the arrangement in Part XIV							
ra	rt V Endowment Funds. Complete	<u> </u>					1	
		(a) Current year	(b) Prior	year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance					<u> </u>	<u> </u>	
þ	Contributions					<u> </u>	<u> </u>	
С	Net investment earnings, gains, and losses .					<u></u>	<u> </u>	
d	Grants or scholarships						<u> </u>	
е	Other expenditures for facilities			ŀ		1	1	
	and programs					Ī	<u> </u>	
f	Administrative expenses					<u> </u>	<u> </u>	
g	End of year balance					1		
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment ▶	%						
Ь	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organizati	on that are I	neld and a	administered for the	9		
	organization by						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li						3b	<del></del>
4	Describe in Part XIV the intended uses of the o	•						
Pa	rt VI Investments - Land, Buildi			e Form 99	30. Part X. line 10			
	Description of investment	(a) Cost or ot			<del></del>	Assumulated	(d) Pask	
	Description of theestment	(investm	- 1		1 ''	Accumulated depreciation	(d) Book v	raiue
1a	Land	<del>-   ` ` · -</del>			(		<del></del>	
b	Buildings				-	<del></del>		
c	Leasehold improvements	<b>——</b>						
ď	Equipment		14,776		<del></del>	14,776		
e	Other STMD		11,110			14,110		
	I. Add lines 1a through 1e (Column (d) must ed		X column (s	3) line 10	(c))			
. <b>–</b> .a	raa iiros ra iriiougii le (Colullii (u/Illusi et	quai i Oiiii 330, Fall	A, COMMENT (S	2/3 III IC 10	(-,,			

organization's liability for uncertain tax positions under FIN 48

Fait VIII	investinents - Other Securities.	ree Form 990, Fart X, line 12		
•	(a). Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial der	ivatives			
Closely-held	equity interests			
Other				
				<u> </u>
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.	ee Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	<b>(c)</b> Method of value Cost or end-of-year ma	
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line	15		
	(a) I	Description		(b) Book value
_				
	<del>-,,-</del>			
	nn (b) must equal Form 990, Part X, col (B) line 1		<u></u>	
Part X	Other Liabilities. See Form 990, Part X, II		<b></b>	
1	(a) Description of liability	(b) Amount	4	
Federal incor	me taxes		4	
			4	
			4	
			4	
			4	
		<u> </u>	4	
_			_	
			_	
			_	
			_	
	(b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Fo	otnote In Part XIV, provide the text of the footnote	e to the organization's financial s	statements that reports the	

	dule D (Form 990) 2009 KAPPA DELTA SORORITY ZETA GAMMA	71-0673722	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
• 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	_
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<del></del>
	Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities	$\dashv$ $\parallel$	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV )	-	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV )	$\dashv$	
	Add lines 4a and 4b	— <u> </u>	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part i, line 12)	<u> </u>	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	<del></del>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
_	Donated services and use of facilities		
a L	Prior year adjustments	<del>- </del>	
ь	Other losses		
C	Other (Describe in Part XIV )	$\dashv$	
d	Add lines 2a through 2d	-   _	
е 3	Subtract line 2e from line 1	<del></del>	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
•			
a	Investment expenses not included on Form 990, Part VIII, line 7b	$\dashv$ $\dagger$	
P		- 1	
	Add lines 4a and 4b	4c	
5 1852	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	TXIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	•	
this	part to provide any additional information		

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

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

OMB No 1545-0047 2009

Inspection

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

KAPPA DELTA SORORITY ZETA GAMMA	
01. Form 990 governing body review (Part VI, line 11)	
The tax return and monthy compiled financial statements are give	en to the governing body to
review prior to being filed.	
02. Governing documents, etc, available to public (Part VI, line	e 19)
Documents are made available to the pubic upon request of the in	ndividual.

	Federal Supporting	g Statements		2009	PG01	
Name(s) as shown on return		•		FEIN	·	
KAPPA DELTA SORORITY ZETA GAMMA					673722	
Form 990, Schedule D, Part VI, Line le Statement #D1e <u>Investments - Other</u>						
Description	Cost/basis	Cost/basis			Book	
<u>of Investment</u>	(Investment)	(Other)	Dep:	<u>r</u>	<u>Value</u>	
Equipment	0	0		0	0	
Total	0	0		0	0	

990	Overflow Statement	<b>2009</b> Page 1
Name(s) as shown on return		FEIN
KAPPA DELTA SORORI	TY ZETA GAMMA	71-0673722

### Other Expenses

Description		Amount	
Credit Card Fees		\$	2,188
Postage			25
Telephone			462
	Total:	\$	2,675

#### Form 4562

**Depreciation and Amortization** (Including Information on Listed Property)

▶ See separate instructions.

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment Sequence No 67

Identifying number KAPPA DELTA SORORITY ZETA GAMMA FORM 990 - 1 71-0673722 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . . . 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . . . . . . . . . . . . . . Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 R Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . . . 9 q 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 . . . . . . . . Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . ▶ 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 MACRS Depreciation (Do not include listed property ) (See instructions ) **Section A** MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . . . . . . . 404 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e)Convention (f) Method (q) Depreciation deduction period service only-see instructions) 19a 3-year property Ь 5-year property 7-year property 10-year property e 15-year property 20-year property 25-year property 25 yrs S/L Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L MM S/L Nonresidential real 39 yrs property MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (see instructions) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 404 and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . . 22

For assets shown above and placed in service during the current year, enter the