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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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DELTA ZETA SORORITY - GROUP RETURN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
202 EAST CHURCH STREET

City or town, state or country, and ZIP + 4
OXFORD, OH 45056

D Employer identification number
23-7042797

E Telephone number
(513) 523-7597

G Gross receipts $ 13,521,214

F Name and address of principal officer
MICHELLE SMITH PRESIDENT
202 EAST CHURCH STREET
OXFORD, OH 45056

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

H(b) Are all affiliates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0310

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DELTAZETA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1902 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BUILD UP THE CHARACTER AND CULTIVATE THE TRUEST AND DEEPEST FRIENDSHIP AMONG ITS MEMBERS TO STIMULATE ONE ANOTHER IN PURSUIT OF KNOWLEDGE AND ATTAIN HIGH STANDARDS OF MORALITY AND NOBLE PRINCIPLES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	541,151
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	11,580,415	12,550,970
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,177	13,006
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	615,394	528,145
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,211,986	13,092,121
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	433,969	487,459
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	78,740	52,054
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,584,892	12,126,806
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,097,601	12,666,319
19	Revenue less expenses Subtract line 18 from line 12	114,385	425,802

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	4,789,681	5,196,291
21	Total liabilities (Part X, line 26)	232,075	212,883
22	Net assets or fund balances Subtract line 21 from line 20	4,557,606	4,983,408

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date: 2012-02-15

CYNTHIA MENGES EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ PricewaterhouseCoopers LLP				Firm's EIN ▶
Firm's address ▶ 720 EAST PETE ROSE WAY SUITE 400 CINCINNATI, OH 45202				Phone no ▶ (513) 723-4700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO BUILD UP THE CHARACTER AND CULTIVATE THE TRUEST AND DEEPEST FRIENDSHIP AMONG ITS MEMBERS TO STIMULATE ONE ANOTHER IN PURSUIT OF KNOWLEDGE AND ATTAIN HIGH STANDARDS OF MORALITY AND NOBLE PRINCIPLES

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 ☑ 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 services? . . . . . ☐ Yes ☑ 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 expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

BUILDING CHARACTER AND CULTIVATING FRIENDSHIPS AMONG MEMBERS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	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," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	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**		
b	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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**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 organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a	619,673		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 0		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 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 ☐ Another's website ☑ Upon request

19 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOHN J GOTTSCHALL CONTROLLER
DELTA ZETA 202 E CHURCH ST
OXFORD, OH 45056
(513) 523-7597

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NONE NONE	0 0			X				0		0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0		0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b	12,550,970			
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	12,550,970			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	13,006		13,006	
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶	0			
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a 928,320				
	b	Less direct expenses . . . b 410,443				
	c	Net income or (loss) from fundraising events . . ▶	517,877		517,877	
	9a	Gross income from gaming activities See Part IV, line 19 . a 28,918				
	b	Less direct expenses . . . . . b 18,650				
	c	Net income or (loss) from gaming activities . . . ▶	10,268		10,268	
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	13,092,121		541,151	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	487,459			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	52,054			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
a Fees for services (non-employees) Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	735,495			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	767,262			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	200,486			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a FOOD	104,299			
b CHAPTER FEES	4,542,395			
c OTHER CHAPTER EXPENSES	2,595,348			
d MEMBERSHIP EXPENSES	3,045,818			
e UTILITIES & REPAIRS	135,703			
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	12,666,319			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	4,098,931	1	4,552,031
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	690,750	4	644,260
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	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)	4,789,681	16	5,196,291
Liabilities	17	Accounts payable and accrued expenses	232,075	17	212,883
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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 persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	232,075	26	212,883
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,557,606	27	4,983,408
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,557,606	33	4,983,408
	34	Total liabilities and net assets/fund balances	4,789,681	34	5,196,291

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	13,092,121
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,666,319
3	Revenue less expenses Subtract line 2 from line 1	3	425,802
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,557,606
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,983,408

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		No
b	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 . .	3b		

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA ZETA SORORITY - GROUP RETURN

Employer identification number
23-7042797

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

		(a) Event #1 SEE ATTACHED (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	928,320			928,320
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	928,320			928,320
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	410,443			410,443
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				410,443
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				517,877

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue	26,861	2,057		28,918
Direct Expenses	2 Cash prizes			8,215	8,215
	3 Non-cash prizes				
	4 Rent/facility costs	9,906			9,906
	5 Other direct expenses	25	504		529
	6 Volunteer labor	☑ 100 000 % Yes 100 000 % ☐ No	☑ 100 000 % Yes 100 000 % ☐ No	☑ 100 000 % Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				18,650
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				10,268

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableKS

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	100 000 %

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

Name ▶ MICHELLE CALLAHAN

Address ▶ 4401 NEWTON CIRCLE
HAYS, KS 67601

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

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? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA ZETA SORORITY - GROUP RETURN

Employer identification number
23-7042797

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST RITAS SCHOOL FOR THE DEAF1720 GLENDALE MILFORD RD CIN,OH 45215	31-0537509		13,094				
(2) DELTA ZETA FOUNDATION202 E CHURCH STREET OXFORD,OH 45056	31-0940640		186,767				
(3) CHILDREN'S MIRACLE NETWORK4525 SOUTH 2300 EAST SLC,UT 84117	87-0387205		8,731				
(4) Lee County Humane Society1140 Ware Drive Auburn,AL 368323533	63-0713052		8,950				
(5) THE PAINTED TURTLE CAMP1300 4TH ST STE 300 SANTA MONICA,CA 90401	95-4512481		14,611				
(6) LEXINGTON SPEECH AND HEARING CENTER350 HENRY CLAY BLVD LEXINGTON,KY 40502	61-0593951		6,611				
(7) APPALACHIAN COMMUNICATIONS DISORDER CLINIC400 UNIVERSITY HALL DRIVE PO BOX 32041 BOONE,NC 28608	56-1176030		5,371				
(8) AMERICAN CANCER SOCIETY1050 E INDUSTRIAL BLVD 3 CUMBERLAND,MD 21502	58-0659875		5,066				
(9) THE MEYER CENTER 1132 RUTHERFORD ROAD GREENVILLE,SC 20609	57-0381503		9,834				
(10) SPEECH AND HEARING CENTER OF NORTHERN CALIFORNIA1234 DAVISADERO ST SAN FRANCISCO,CA 94115	94-1322198		7,557				
(11) OTHER 5000			222,877				

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 10

3 Enter total number of other organizations . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA ZETA SORORITY - GROUP RETURN

Employer identification number
23-7042797

Identifier	Return Reference	Explanation
TAX RETURN REVIEW POLICY	FORM 990, PART VI, QUESTION 11A	The Form 990 for the Delta Zeta Sorority Group Return is prepared by PricewaterhouseCoopers, LLP, an accounting firm Once prepared, the return is reviewed by the Business controller and then the Executive Director before it is signed and filed with the Internal Revenue Service

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	DELTA ZETA SORORITY GROUP DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA ZETA SORORITY - GROUP RETURN

Employer identification number
23-7042797

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DELTA ZETA FOUNDATION 31-0949640	SCHOLARSHIP	OH	501(c)(3)	7	DELTA ZETA		
(2) DELTA ZETA HOUSING CORPORATION 31-1353726	HOUSING MGT	OH	501(c)(7)		NA		
(3) DELTA ZETA HOUSING CORP - GRP 31-1420978	HOUSING MGT	OH	501(c)(7)		NA		
(4) DELTA ZETA SORORITY 35-0267676	SORORITY	OH	501(c)(7)		NA		

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e	Yes	
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA ZETA FOUNDATION	1B	186,767	
(2) DELTA ZETA SORORITY	1E	989,334	
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

DELTA ZETA SORORITY
GROUP ID # 23-7042797
GROUP EXEMPTION # 0310
CHAPTERS TO BE INCLUDED ON THE 990
FOR THE 2010-2011 SCHOOL YEAR - COLLEGIATE CHAPTERS

CHAPTER	ID #	SCHOOL	LOCATION
ALPHA	31-6050454	MIAMI UNIVERSITY	OXFORD, OH
ALPHA ALPHA	36-6208374	NORTHWESTERN UNIV.	EVANSTON, IL
ALPHA BETA	36-2215874	ILLINOIS UNIVERSITY	CHAMPAIGN, IL
ALPHA GAMMA	63-0057010	ALABAMA, UNIVERSITY OF	UNIVERSITY, AL
ALPHA RHO	31-1251894	OHIO WESLEYAN	DELAWARE, OH
ALPHA SIGMA	59-6211838	FLORIDA STATE	TALLAHASSEE, FL
ALPHA THETA	61-0449109	KENTUCKY UNIVERSITY	LEXINGTON, KY
ALPHA UPSILON	01-6030660	MAINE, UNIVERSITY OF	ORONO, ME
BETA ALPHA	05-6035605	RHODE ISLAND	KINGSTON, RI
BETA DELTA	57-6025719	SOUTH CAROLINA	COLUMBIA, SC
BETA GAMMA	61-6034389	LOUISVILLE, UNIVERSITY OF	LOUISVILLE, KY
BETA KAPPA	42-0212375	IOWA STATE UNIV.	AMES, IA
BETA LAMBDA	62-6048197	TENNESSEE UNIV.	KNOXVILLE, TN
BETA TAU	47-6057633	NEBRASKA WESLEYAN	LINCOLN, NE
BETA XI	63-6050314	AUBURN	AUBURN, AL
DELTA	35-0882883	DEPAUW UNIVERSITY	GREENCASTLE, IN
DELTA ALPHA	95-6122409	CAL. STATE - LONG BEACH	LONG BEACH, CA
DELTA BETA	59-2379328	TAMPA UNIVERSITY	TAMPA, FL
DELTA DELTA	23-7017723	GEORGIA STATE UNIV	ATLANTA, GA
DELTA OMEGA	48-0762486	FORT HAYS STATE	HAYS, KS
DELTA OMICRON	27-2091413	NORTHWESTERN OKLAHOMA	ALVA, OK
DELTA PHI	73-6102858	NORTHEASTERN STATE	TAHLEQUAH, OK
DELTA SIGMA	43-6050115	TRUMAN STATE	KIRKSVILLE, MO
DELTA TAU	23-2615350	TEMPLE UNIVERSITY	PHILADELPHIA, PA
DELTA THETA	74-6061440	HOUSTON, UNIVERSITY OF	HOUSTON, TX
DELTA UPSILON	55-0359568	MARSHALL UNIVERSITY	HUNTINGTON, WV
DELTA XI	84-0505147	NORTHERN COLORADO	GREELEY, CO
EPSILON	35-0867626	INDIANA UNIVERSITY	BLOOMINGTON, IN
EPSILON DELTA	55-6023553	CONCORD COLLEGE	ATHENS, WV
EPSILON EPSILON	94-1537485	CAL. STATE - FRESNO	FRESNO, CA
EPSILON GAMMA	23-7063281	CENTRAL MO. STATE	WARRENSBURG, MO
EPSILON IOTA	55-6019447	FAIRMONT STATE	FAIRMONT, WV
EPSILON KAPPA	91-1873182	WISCONSIN/WHITEWATER	WHITEWATER, WI
EPSILON NU	43-1526970	MISSOURI STATE	SPRINGFIELD, MO
EPSILON OMEGA	39-6075664	WISCONSIN/EAU CLAIRE	EAU CLAIRE, WI
EPSILON OMICRON	37-6048930	WESTERN ILLINOIS UNIV	MACOMB, IL
EPSILON SIGMA	38-6089379	WAYNE STATE UNIVERSITY	DETROIT, MI
EPSILON TAU	54-6052512	LONGWOOD COLLEGE	FARMVILLE, VA
EPSILON THETA	25-6062878	CLARION UNIVERSITY	CLARION, PA
EPSILON UPSILON	73-6103142	CENTRAL OKLAHOMA ST.	EDMOND, OK
EPSILON XI	71-6057128	CENTRAL ARKANSAS	CONWAY, AR
EPSILON ZETA	23-6447610	DREXEL UNIVERSITY	PHILADELPHIA, PA
GAMMA ALPHA	34-6556253	BALDWIN WALLACE	BEREA, OH
GAMMA BETA	06-1071077	CONNECTICUT	STORRS, CT
GAMMA CHI	35-6042412	BALL STATE UNIVERSITY	MUNCIE, IN
GAMMA DELTA	25-6063997	PENN STATE UNIVERSITY	UNIVERSITY PARK, PA
GAMMA KAPPA	34-0727591	KENT STATE UNIVERSITY	KENT, OH
GAMMA LAMBDA	27-1694153	SAN JOSE STATE	SAN JOSE, CA
GAMMA NU	37-0695918	EASTERN ILLINOIS	CHARLESTON, IL
GAMMA OMEGA	37-0856580	SOUTHERN ILLINOIS	CARBONDALE, IL
GAMMA OMICRON	33-0319268	SAN DIEGO STATE	SAN DIEGO, CA
GAMMA PHI	25-6104079	INDIANA UNIVERSITY - PA	INDIANA, PA
GAMMA PI	38-6090519	WESTERN MICHIGAN	KALAMAZOO, MI
GAMMA PSI	38-6091503	CENTRAL MICHIGAN	MT PLEASANT, MI
GAMMA RHO	36-6131622	NORTHERN ILLINOIS	DEKALB, IL
GAMMA SIGMA	38-2861254	EASTERN MICHIGAN	YPSILANTI, MI
GAMMA TAU	34-6555836	BOWLING GREEN	BOWLING GREEN, OH
GAMMA XI	85-0267958	NEW MEXICO STATE	UNIV. PARK, NM
IOTA	42-0811514	IOWA	IOWA CITY, IA

IOTA ALPHA	74-6063028	TEXAS STATE	AUSTIN, TX
IOTA DELTA	25-6081464	EDINBORO UNIVERSITY	EDINBORO, PA
IOTA PHI	88-6004455	NEVADA/LAS VEGAS	LAS VEGAS, NV
IOTA PSI	23-7147921	TEXAS / ARLINGTON	ARLINGTON, TX
IOTA RHO	23-7123789	WEST CHESTER UNIV.	MALVERN, PA
IOTA THETA	23-6446047	MANSFIELD STATE	MANSFIELD, PA
IOTA UPSILON	23-7027936	CAL STATE - FULLERTON	FULLERTON, CA
IOTA XI	23-7014645	MISSOURI/ST. LOUIS	FLORRISSANT, MO
KAPPA	91-0565636	WASHINGTON, UNIV. OF	SEATTLE, WA
KAPPA ALPHA	23-7087450	NICHOLLS STATE	THIBODAUX, LA
KAPPA BETA	23-7334978	NORTHERN KENTUCKY	COVINGTON, KY
KAPPA CHI	23-7149371	YOUNGSTOWN STATE	YOUNGSTOWN, OH
KAPPA EPSILON	23-7334979	PLYMOUTH STATE	PLYMOUTH, NH
KAPPA IOTA	23-7295602	WRIGHT STATE UNIVERSITY	FAIRBORN, OH
KAPPA MU	23-7332953	SHEPHERD COLLEGE	SHEPERSTOWN, WV
KAPPA PHI	23-7158353	NORTH CAROLINA/CHARLOTTE	MATTHEWS, NC
KAPPA PSI	23-7333665	SHIPPENSBURG UNIV	SHIPPENSBURG, PA
KAPPA RHO	23-7335600	KUTZTOWN UNIVERSITY	KUTZTOWN, PA
KAPPA TAU	23-7087449	MOREHEAD STATE UNIV	MOREHEAD, KY
KAPPA THETA	23-7166683	VIRGINIA POLYTECH.	BLACKSBURG, VA
KAPPA XI	25-1533298	DUQUENSE UNIVERSITY	PITTSBURGH, PA
LAMBDA ALPHA	31-0912209	ARKANSAS TECH. UNIV.	RUSSELVILLE, AR
LAMBDA BETA	31-0912214	SOUTHERN INDIANA UNIV.	EVANSVILLE, IN
LAMBDA DELTA	31-0940924	VIRGINIA, UNIVERSITY OF	CHARLOTTESVILLE, VA
LAMBDA GAMMA	31-0912213	JACKSONVILLE STATE	JACKSONVILLE, AL
LAMBDA KAPPA	31-0912216	ALABAMA-HUNTSVILLE, UNIV OF	HUNTSVILLE, AL
LAMBDA LAMBDA	31-0912211	NEW JERSEY, COLLEGE OF	TRENTON, NJ
LAMBDA NU	31-0912210	AUBURN - MONTGOMERY	MONTGOMERY, AL
LAMBDA OMICRON	51-0148406	ANGELO STATE UNIVERSITY	SAN ANGELO, TX
LAMBDA PHI	23-7396120	APPALACHIAN STATE	BOONE, NC
LAMBDA PI	51-0148410	GEORGIA COLLEGE	MILLEDGEVILLE, GA
LAMBDA PSI	51-0148414	COLUMBUS STATE	COLUMBUS, GA
LAMBDA RHO	23-7255004	ILLINOIS STATE	NORMAL, IL
LAMBDA SIGMA	31-0912218	WINTHROP COLLEGE	ROCK HILL, SC
LAMBDA THETA	31-0912212	MICHIGAN TECH.	HOUGHTON, MI
LAMBDA XI	31-0912215	TEXAS A&M UNIVERSITY	COLLEGE STATION, TX
OMICRON	25-0971488	PITTSBURGH	PITTSBURGH, PA
OMICRON ALPHA	74-2537175	ST. MARY'S UNIVERSITY	SAN ANTONIO, TX
OMICRON BETA	22-3071203	RICHARD STOCKTON STATE	POMONA, NJ
OMICRON DELTA	05-0450867	BRYANT COLLEGE	SMITHFIELD, RI
OMICRON EPSILON	71-0697543	ARKANSAS STATE UNIV.	JONESBORO, AR
OMICRON GAMMA	31-1282408	OHIO UNIVERSITY	ATHENS, OH
OMICRON LAMBDA	31-0924074	NORTH CAROLINA STATE	RALEIGH, NC
OMICRON MU	57-0949076	SO. CAROLINA-UPSTATE	SPARTANBURG, SC
OMICRON OMICRON	43-1618984	LINDENWOOD COLLEGE	ST CHARLES, MO
OMICRON PI	52-1816699	FROSTBURG STATE UNIV.	FROSTBURG, MO
OMICRON SIGMA	52-1830026	GALLAUDET UNIVERSITY	WASHINGTON D C.
OMICRON XI	56-1792096	MARS HILL COLLEGE	MARS HILL, NC
OMICRON ZETA	54-1574038	RANDOLPH MACON COLLEGE	RICHMOND, VA
PI	36-3512419	EUREKA COLLEGE	EUREKA, IL
PI ALPHA	74-3065774	FLORIDA UNIVERSITY	JACKSONVILLE, FL
PI BETA	13-4214289	HARTFORD, UNIVERSITY OF	WEST HARTFORD, CT
PI DELTA	47-0936756	WAKE FOREST UNIVERSITY	WINSTON-SALEM, NC
PI EPSILON	13-4287559	CLEMSON	CLEMSON, SC
PI GAMMA	43-1979810	CAL. STATE - NORTHRIDGE	NORTHRIDGE, CA
PI KAPPA	27-5002171	UNIVERSITY OF IDAHO	MOSCOW, ID
PI LAMBDA	27-5002130	UNIVERSITY OF TENNESSEE/CHATTANOOGA	CHATTANOOGA, TN
PI THETA	27-5002098	ROLLINS COLLEGE	WINTER PARK, FL
PI ZETA	36-4569386	ARIZONA STATE	TEMPE, AZ
RHO	85-0941349	DENVER, UNIVERSITY OF	DENVER, CO
SIGMA	72-6027573	LOUISIANA STATE UNIV.	BATON ROUGE, LA
THETA	31-4303575	OHIO STATE UNIVERSITY	COLUMBUS, OH
THETA ETA	47-6034958	CREIGHTON UNIVERSITY	OMAHA, NE
THETA IOTA	56-6061332	WESTERN CAROLINA	CULLOWHEE, NC
THETA KAPPA	23-7054826	NEW ORLEANS, UNIV. OF	MATAIRIE, LA
THETA MU	41-6053929	ST. CLOUD UNIVERSITY	ST. CLOUD, MN

THETA NU	41-6043123	MINNESOTA STATE/MOORHEAD	MOORHEAD, MN
THETA OMEGA	56-6076616	BARTON COLLEGE	WILSON, NC
THETA OMICRON	23-7184259	TEXAS / PAN AMERICAN	PHARR, TX
THETA PHI	54-6064858	OLD DOMINION	NORFOLK, VA
THETA PSI	34-6577260	ASHLAND UNIVERSITY	ASHLAND, OH
THETA RHO	95-6208166	CAL. STATE - LOS ANGELES	LOS ANGELES, CA
THETA THETA	36-6135718	DEPAUL UNIVERSITY	CHICAGO, IL
XI BETA	61-1120076	EASTERN KENTUCKY	RICHMOND, KY
XI CHI	31-1207432	ROBERT MORRIS COLLEGE	CORVALLIS, PA
XI DELTA	54-1457031	RADFORD UNIVERSITY	RADFORD, VA
XI ETA	38-2591810	NORTHWOOD INSTITUTE	MIDLAND, MI
XI IOTA	23-2345913	MUHLENBERG COLLEGE	ALLENTOWN, PA
XI LAMBDA	31-1207426	SAN FRANCISCO UNIVERSITY	HERCULES, CA
XI NU	06-4621953	TARLETON STATE UNIVERSITY	STEPHENVILLE, TX
XI OMEGA	35-1826964	PURDUE UNIVERSITY	W LAFAYETTE, IN
XI OMICRON	31-1207429	LOYOLA-MARYMONT	LOS ANGELES, CA
XI PHI	31-1207431	MISSOURI/KANSAS CITY	KANSAS CITY, MO
XI PSI	38-2888009	GRAND VALLEY STATE UNIV	ALLENDALE,MI
XI RHO	16-1277189	CLARKSON UNIVERSITY	POTTSDAM, NY
XI TAU	23-2542865	MILLERSVILLE UNIVERSITY	MILLERSVILLE, PA
XI THETA	31-1007161	NORTH CAROLINA-WILMINGTON	WILMINGTON, NC
XI UPSILON	04-3029066	NORTHEASTERN	BOSTON, MA
XI XI	91-1902111	NORTH GEORGIA COLLEGE	DAHLONEGA, GA
ZETA BETA	39-6060231	WISCONSIN/STOUT, UNIV. OF	MENOMONIE, WI
ZETA EPSILON	25-6063376	CALIFORNIA UNIV. - PA	CALIFORNIA, PA
ZETA KAPPA	34-6556517	OHIO NORTHERN UNIVERSITY	ADA, OH
ZETA LAMBDA	56-6060837	EAST CAROLINA	GRENVILLE, NC
ZETA NU	38-6091504	FERRIS STATE	BIG RAPIDS, MI
ZETA PHI	25-6072787	SLIPPERY ROCK STATE	SLIPPERY ROCK, PA
ZETA PI	31-1207438	GEORGIA	ATHENS, GA
ZETA PSI	75-6056635	STEPHEN F. AUSTIN UNIV.	NACOGDOCHES, TX
ZETA RHO	43-6050177	WILLIAM JEWELL COLLEGE	LIBERTY, MO
ZETA XI	56-6060836	LENOIR RHYNE COLLEGE	HICKORY, NC
ZETA ZETA	75-6036425	WEST TEXAS A & M	CANYON, TX

OMICRON NU	N/A	WINDSOR	ONTARIO, CANADA

Delta Zeta Sorority
July 1, 2010 - June 30, 2011
Fundraising Event Schedule G detail

Part II		Totals	General Philanthropy	General Fundraising	Shows/ lip sink/skits/ games	Tournaments	Food & product sales	Pancake breakfast/ super & Restaurant sales	Haunted Trails/House/ festivals	car wash	turtle tug	Auction	Working for a vendor	donations / Prize Money
1	Gross Receipts	928,319 70	133,824.92	88,291 49	203,576.95	136,755 16	89,242 89	42,150 68	25,148.62	5,149.04	132,279.75	21,702 67	5,118 44	45,079 09
2	Less Charitable Contributions	487,459.18	98,239 83	25,819 07	137,152 72	39,589 10	18,511.19	13,791.70	28,599.77	234 50	86,348 13	4,258 73	688 60	34,225.84
3	Gross Revenue Line 1 minus line2	440,860 52	35,585 09	62,472 42	66,424 23	97,166 06	70,731 70	28,358 98	(3,451 15)	4,914 54	45,931.62	17,443.94	4,429 84	10,853 25
4	Cash Prizes	9,315 01	0 00	0 00	7,368 01	86 07	86 07	516 45	0 00	0 00	86.07	951.99	0 00	220 35
5	Non-Cash Prizes	8,397 07	577 20	499.23	3,759.89	1,441 70	0 00	0 00	737 70	0 00	695.38	685.97	0 00	0 00
6	Rent/Facility	40,533 85	2,553 38	125 96	1,592 39	32,219.93	0 00	712 82	1,930 66	0.00	1,312 64	86 07	0 00	0 00
9	Other Direct Expenses	352,197 26	121,998.04	18,156.34	50,909 60	27,299 97	35,707 25	8,356 31	6,994 52	452 72	49,181 13	974.18	0 00	32,167 20
	Direct Expense Summary add lines 4 through 7	(410,443 19)	(125,128 62)	(18,781 53)	(63,629.89)	(61,047.67)	(35,793.32)	(9,585.58)	(9,662.88)	(452.72)	(51,275.22)	(2,698 21)	0.00	(32,387.55)
	Net Income summary Combine lines 3 and 8	30,417.33	(89,543 53)	43,690.89	2,794.34	36,118.39	34,938.38	18,773.40	(13,114.03)	4,461 82	(5,343.60)	14,745 73	4,429.84	(21,534.30)

General Philanthropy	These are fundraising events held on a campus for a specific 501-C3 charitable group. All funds after expenses are donated to that organization (i.e. Walk-a-thon, Dance-marathon etc)
General Fundraising	These are fundraising events held on a campus that a portion of the money raised is sent to a 501-C3 charitable group Balance after expenses and donations are used for chapter expenses
Shows /Skits/games/lip sink	self explanatory
Tournaments	The tournaments are usually golf or bowling tournaments
Food & Product Sales	The chapter sells merchandise (i e cookie dough, Yankee candles, packaged pizzas, candy bars etc)
Pancake Breakfast / Super/ Restaurant sales	The chapter hosts a meal and sells the food, or works for a restaurant for tips
Haunted House/ Trails/ festivals	self explanatory
Car Wash	self explanatory
Turtle Tug	Tug of War between teams
Auction	The chapter collects items that they then auction off
Working for Vendor	The chapter members work for an organization (i e ballpark, amusement park etc)
Donations/prize money	Money that the chapter asked for donations or money that was awarded to or by the chapter for events hosted on their campus (i e Home coming float, Greek week winner etc)

Part III		(a) Bingo	(b) pull tabs/instant bingo/progressive bingo	(c) other	(d) Total gaming (add (a) through col (c)	
1	Gross Revenue	26,860.96	2,057.25	0 00	28,918.21	
2	Cash Prizes	0.00	0 00	8,215.00	8,215 00	*Kansas Dept. of Revenue Charitable Gaming sheets do not break out cash prizes
3	Noncash Prizes	0 00	0.00	0.00	0.00	
4	Rent/Facility costs	9,906 23	0 00	0 00	9,906 23	
5	other direct expenses	25 00	503 84	0.00	528 84	
6	volunteer Labor	yes 100%	yes 100%	yes		
		no	no	no		
7	Direct expense summary, Add lines 2 through 5 in column (d)				(18,650 07)	
8	Net gaming income summary Combine line 1, column d, and line 7				10,268.14	

9	Kansas
a	yes
10 a	no
11	yes
12	no
13 a	0 00
b	100%
14	Michelle Callahan 4401 Newton Circle Hays, KS 67601
15 a	no
17 a	no