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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010

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A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

KAPPA ALPHA CHAPTER OF
KAPPA DELTA SORORITY

Number and street (or P O box, if mail is not delivered to street address)

555 WEST JEFFERSON STREET

Room/suite

City or town, state or country, and ZIP + 4

TALLAHASSEE, FL 32301

D Employer identification number

59-0670291

E Telephone number

850-224-1376

F Group Exemption

Number 0805

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

I Website: N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (07) (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

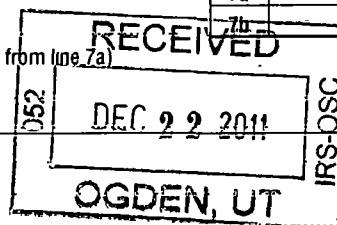
\$ 98,160.

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

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	7,135.
	3	Membership dues and assessments	3	91,025.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	98,160.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	6,236.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,045.
	16	Other expenses (describe in Schedule O)	16	108,826.
	17	Total expenses. Add lines 10 through 16	17	119,107.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<20,947.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,254.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,307.



SEE SCHEDULE O

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	34,911.	27,430.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	8,343.	3,850.
25 Total assets	43,254.	31,280.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	8,973.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,254.	22,307.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? **SOCIAL ORGANIZATION, COLLEGE SORORITY**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JESSICA STREATOR, 13711 HALLIFORD DRIVE, TAMPA, FL 33624	PRESIDENT	25.00	0.	0.
AUSTIN ARMSTRONG, 115 SADDLEVIEW RUN, ATLANTA, GA 30350	VP MEMBERSHIP	3.50	0.	0.
KATIE HAYES, 949 MAPLE LANE, JACKSONVILLE, FL 32207	VP NEW MEMBER EDUCATION	15.00	0.	0.
YANI CRESPO, 6880 LOCH NESS DRIVE, MIAMI LAKES, FL 33014	VP STANDARDS	6.50	0.	0.
NICOLE ALEVISOS, 162 SPYLASS LANE, JUPITER, FL 33477	VP PUBLIC RELATIONS	7.00	0.	0.
MARY ELIZABETH JONES, 1185 NW SCENIC LAKE, LAKE CITY, FL 32055	PANHELLENIC DELEGATE	5.00	0.	0.
MEG SUMMERFORD, 320 FOREST DRIVE, QUINCY, FL 32351	VP OPERATIONS	2.50	0.	0.
FRANCESCA BANAKAR, 3340 AQUA RIDGE WAY, TALLAHASSEE, FL 32309	SECRETARY	5.00	0.	0.
MALLORY WEATHERLY, 3112 ROLLING ACRES PLACE, VALRICO, FL 33596	TREASURER	10.00	0.	0.
KATHRYN WOLTER, 4962 OLDHAM ST., SARASOTA, FL 32301	VP COMMUNITY SERVICE	12.00	0.	0.

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

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

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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 Date 12/16/11
 Signature of officer: *Mallory & Weatherly*
 Type or print name and title: *Mallory Weatherly*

Paid Preparer Use Only

Print/Type preparer's name JOE SCHENCK	Preparer's signature <i>Joseph J. Schenck, CPA</i>	Date <i>12-1-11</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00282452</i>
Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶	Phone no	(850) 878-8777	
Firm's address ▶ 1713 MAHAN DRIVE TALLAHASSEE, FL 32308				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Name of the organization

KAPPA ALPHA CHAPTER OF
KAPPA DELTA SORORITYEmployer identification number
59-0670291**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:****DESCRIPTION OF OTHER EXPENSES:****AMOUNT:**

ADWARDS	80.
BANK CHARGES	100.
INTRAMURALS EXPENSE	92.
MISCELLANEOUS	991.
SOCIAL EXPENSES	44,191.
RUSH & INITIATION	16,296.
PLEDGE CLASS	21,804.
SUPPLIES	9,477.
OFFICER VISITS	173.
DIRECT EXPENSE	10,979.
INSURANCE	4,643.
TOTAL TO FORM 990-EZ, LINE 16	108,826.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM OMEGA	8,343.	3,200.
A/R MEMBERSHIP	0.	650.
TOTAL TO FORM 990-EZ, LINE 24	8,343.	3,850.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE - MANHUNT	0.	8,973.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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 990-EZ 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

KAPPA ALPHA CHAPTER OF
KAPPA DELTA SORORITY

Employer identification number
59-0670291

THE ORGANIZATION IS A COLLEGE SORORITY. AS A SOCIAL
ORGANIZATION, EXPENSES ARE PRIMARILY FOR SOCIAL FUNCTIONS,
RECRUITMENT OF MEMBERS, PARTICIPATION OF MEMBERS IN CAMPUS
AND COMMUNITY ACTIVITIES, AND DUES TO NATIONAL ORGANIZATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization KAPPA ALPHA CHAPTER OF KAPPA DELTA SORORITY	Employer identification number 59-0670291
	Number, street, and room or suite no. If a P.O. box, see instructions. 555 WEST JEFFERSON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Enter the Return code for the return that this application is for (file a separate application for each return)

0	3
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Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MALLORY WEATHERLY

- The books are in the care of ►
- 555 W. JEFFERSON STREET - TALLAHASSEE, FL 32301**

Telephone No. ► **850-224-1376**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box
- ☐
- . If it is for part of the group, check this box
- ☐
- and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.LHA **For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)