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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

OMB No. 1545-1150

Open to Public Inspection

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.

2011 For the 2010 calendar year, or tax year beginning JUL 1. 2010 and ending JUN 30, Check if applicable C Name of organization D Employer identification number KAPPA ALPHA CHAPTER OF Address change 59-0670291 KAPPA DELTA SORORITY Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Initial return 850-224-1376 555 WEST JEFFERSON STREET Terminated City or town, state or country, and ZIP + 4 F Group Exemption Number ▶ 0805 TALLAHASSEE, FL 32301 H Check ► X if the organization is not X Cash Accrual Accounting Method Other (specify) ▶ Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3) \times 501(c) (07) \triangleleft (insert no) ___ 4947(a)(1) or [527 (Form 990, 990-EZ, or 990-PF) K Check ► In 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 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 | 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 Contributions, gifts, grants, and similar amounts received 7,1352 Program service revenue including government fees and contracts 2 91,025 Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue 6a \$15,000) 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) Less direct expenses from gaming and fundraising events 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 Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from 7c Other revenue (describe in Schedule O) 8 55 98,160 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) SCANNED JAN 1 0 2012 11 Benefits paid to or for members 11 OGDEN. UT 12 Salaries, other compensation, and employee benefits 12 6,236. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 4,045. 15 15 Printing, publications, postage, and shipping 108,826. SEE SCHEDULE O Other expenses (describe in Schedule O) 16 119,107. 17 Total expenses. Add lines 10 through 16 17 <20,947.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 43,254. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O)

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

Net assets or fund balances at end of year Combine lines 18 through 20

Form **990-EZ** (2010)

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Form 990-EZ (2010)

;e	Sheets. (see the instru	ctions for Part II)	
	KAPPA	DELTA	SORORITY	7
	KAPPA	ALPHA	CHAPTER	OF

Check if the organization used Schedule O to respond to an	ny augstion in this Part II				X
Office if the organization used defication of to respond to a	ry question in this t art ii	(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		34,911	• 22		27,430.
23 Land and buildings			23		
24 Other assets (describe in Schedule O) SEE SCHED	OULE O	8,343			3,850.
25 Total assets	_	43,254			31,280.
26 Total liabilities (describe in Schedule 0) SEE SCHED		0			8,973.
Net assets or fund balances (line 27 of column (B) must agree w		43,254	• 27		22,307.
Part III Statement of Program Service Accomp		ions for Part III)	TT-		penses for section
Check if the organization used Schedule 0 to respond to a What is the organization's primary exempt purpose? SOCIAL OR	Iny question in this Part III	TECE COPORTE	X v	501(c)(3)	and 501(c)(4)
	· 				ons and section) trusts, optional
Describe what was achieved in carrying out the organization's ethe services provided, the number of persons benefited, and other than the control of the con			De	for others	
28 SEE SCHEDULE O	lei reievant miorination for ea	on program title.			
20 OLI Benilbelli e					
(Grants \$) If this amount include	s foreign grants, check here		\Box	28a	
29	o foreign grante, enecknore	<u> </u>			
(Grants \$) If this amount include	s foreign grants, check here			29a	
30					
					
			_		
(Grants \$) If this amount include	s foreign grants, check here			30a	
31 Other program services (describe in Schedule O)		_			
	s foreign grants, check here		ᆜ	31a	
32 Total program service expenses (add lines 28a through 31 Part (V) List of Officers, Directors, Trustees, and				32	
	•	ach one even if not compensated ((see the	instructions f	or Part IV)
Check if the organization used Schedule O to respond to a		hours (c) Compensation	(4) C	ontributions	(e) Expense
(a) Name and address	(b) Title and average per week devote	1 1 1	to e	employee	account and
(a) Name and address	position	-0)	d	efit plans & leferred	other allowances
JESSICA STREATOR, 13711 HALLIFOR	D PRESIDENT	···	COIII	pensation	
DRIVE, TAMPA, FL 33624	25.00	0.		0.	0.
AUSTIN ARMSTRONG	VP MEMBERS				
	30350 3.50	0.		0.	0.
KATIE HAYES, 949 MAPLE LANE,	VP NEW MEI	MBER EDUCATIO	N		
JACKSONVILLE, FL 32207	15.00	0.	ļ <u>.</u>	0.	0.
YANI CRESPO, 6880 LOCH NESS DRIV					
MIAMI LAKES, FL 33014	6.50	0.		0.	0.
NICOLE ALEVISOS		RELATIONS	:		_
162 SPYLASS LANE, JUPITER, FL 33	7.00	0.		<u> </u>	_ 0.
MARY ELIZABETH JONES, 1185 NW SC		IC DELEGATE		^	_
LAKE, LAKE CITY, FL 32055	5.00	0.	 	0.	0.
MEG SUMMERFORD	VP OPERAT	O.		0.	
320 FOREST DRIVE, QUINCY, FL 323				<u> </u>	0.
FRANCESCA BANAKAR, 3340 AQUA RID WAY, TALLAHASSEE, FL 32309	SECRETARY 5.00	0.	ĺ	0.	0.
MALLORY WEATHERLY, 3112 ROLLING	TREASURER		ļ		<u>-</u>
ACRES PLACE, VALRICO, FL 33596	10.00	0.		0.	0.
KATHRYN WOLTER	VP COMMUN		 		· · · · · ·
4962 OLDHAM ST., SARASOTA, FL 32		o.	1	0.	0.
Oldmin Dir, Dindibolin, III 32	12:00				- <u> </u>
032172 02-02-11				Form	990-EZ (2010)

Pε	Other Information (Note the statement requirements in the instructions for Part V.)		Г	X.					
	Check if the organization used Schedule O to respond to any question in this Part V		=	10					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in								
-	Schedule O	33		X_					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			X					
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)								
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not								
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T								
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	35a	Ι,	X					
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?								
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 20	,	X					
	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		<u></u>					
	Enter amount of pointer expenditures, uncer of manoet, as described in the mortalization	37b		X					
	Did the organization file Form 1120-POL for this year?	370							
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a	1	X					
	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	300		 -					
39	Section 501(c)(7) organizations Enter.	1							
	Initiation fees and capital contributions included on line 9 . 39a 0								
	Gross receipts, included on line 9, for public use of club facilities 39b 0								
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	7							
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A								
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the								
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?								
	If "Yes," complete Schedule L, Part I	40b	N/A						
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers								
	or disqualified persons during the year under sections 4912, 4955, and 4958	.]							
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the								
	organization N/A								
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			17					
	transaction? If "Yes," complete Form 8886-T	40e		X					
41	List the states with which a copy of this return is filed NONE	24 1	276						
42 a	The organization's books are in care of ► MALLORY WEATHERLY Telephone no ► 850-2	$\frac{24-1}{3230}$	3/0						
	Located at P 333 111 3211211331	3230	<u> </u>						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes 1	<u></u>					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b		X					
	account)?	420		<u> </u>					
	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.	•							
_		42c	1	X					
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	420	! <u>.</u>	==					
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-	▶ [_					
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A							
	and enter the amount of tax-exempt interest received of accorded during the tax year			_					
			Yes	No					
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of								
77 d	Form 990-EZ	44a		X					
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead								
IJ	of Form 990-EZ	44b	1	X					
•	Did the organization receive any payments for indoor tanning services during the year?	44c		X					
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation								
-	ın Schedule O	44d							
		Form 9	90-EZ (2	010					

1	30 (0					CHAPTE				F0 0636		1	D 4
Form 99	90-EZ (2	010)	KAPP.	A	DELT <i>E</i>	SORORI	TY	- -		59-0670	129	Ye	Page 4 s No
45 Is	any rela	ited organi	zation a co	ntro	lled entity (of the organizat	ion within th	e meaning of section 51:	2(b)(13)?		45	16:	X
	-	_						with a controlled entity withi		1 512(b)(13)?			1
	If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ							45a	<u> </u>	X			
		-			-	tly, in political ca	ımpaıgn activi	ties on behalf of or in oppos	ition to candidates for p	ublic office?			v
Part		omplete Sc				ations and	coction (nt charitable tru	ete only A	46	on 501	(c)(3)
					_			must answer questions 47-4	•				
		-						on in this Part VI		<u> </u>			
												Ye	s No
		-						edule C, Part II			48	 -	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Iga Did the organization make any transfers to an exempt non-charitable related organization?								492	+	+		
		-	•			527 organization					491		
50 Cd	omplete	this table f	or the orga	anıza	tion's five	nighest compens	ated employe	es (other than officers, direc	tors, trustees and key e	mployees) who	each i	eceived	more
th	<u>an \$100</u>	,000 of co	mpensatio	n fro	m the orga	nization If there	is none, enter		1430	(4)		<u> </u>	
		(a) Nama	and addre	see of	f each emn	loyee paid more		(b) Title and average how	urs (c) Compensation	(d) Contribution to employee benefit plans		(e) Expanded	
		(a) Naille			100,000	N/A		position		deferred compensation	ot	her alio	wances
										W (II) W (IV) W (IV)			
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					aid over \$1								
							ated independ	dent contractors who each r	eceived more than \$100	,000 of compen	sation	from t	he
or	ganizati	on If there				N/A pendent contract	tor paid mara	than \$100,000	(b) Type of se	nulea	(e) Co	mpens	ation
		(a) warne	and addic	,33 U	i each muc	pendent contrac	tor paid more	tilaii ψ100,000	(b) Type of se	14100	(6) 00	inperio	atton
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d To	tal num	her of othe	rındenend	dent	contractor	each receiving	over \$100 000						
								, nzations and 4947(a)(1) nor	nexempt		_		
ch	<u>arıtable</u>	trusts mus	t attach a	com	pleted Sch	dule A	in linelisting of	somponying oak a little and atol	ments and to the heat of m	b knowledge and		Yes [<u>No</u>
		rect, and co	mplete Deci	laratio	on of prepare	r (other than officer)	is based on all	companying schedules and state nformation of which preparer has	any knowledge	11 - 1.	<i>j</i>		
Sign		Signature of	of officer	ر ر	y x	Wear	runx	<u>y</u>		Date	/+)		
Here		M	2116	ンレ	111	Meat	how	-lu		•	′		
		Type or ph	nt name and	title		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 							
D-1-1		Print/Typ	e preparer	's na	ime	Prepa	rer's signatur	e Date	Check self- emplo	If PTIN			
Paid Prepa	arer	JOE S	CHEN	CE		(//	A. A	/ Shen I AN	self- emplo		018	245	2
Use C	_		me C			GGS & I	NGRAM,	LLC	Firm's Ell		0	<u> </u>	
			dress >			HAN DRI			Phone no	/OFA	8	78-	8777
				TA	LLAHA	SSEE, F	ь 3230	8					
May the 032174 03-04-11	IRS dis	cuss this r	eturn with	the p	oreparer st	own above? See	instructions					Yes	<u>No</u> No
03-04-11											FOIM	ı yyılı-F	<i>7 (2</i> 010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

KAPPA ALPHA CHAPTER OF

Employer identification number 59-0670291

KAPPA DELTA SORORITY		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	<u></u>	108,826.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF Y	EAR END OF YEAR
DUE FROM OMEGA	8,34	3,200.
A/R MEMBERSHIP		0. 650.
TOTAL TO FORM 990-EZ, LINE 24	8,34	3,850.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES		
DESCRIPTION	BEG. OF YI	EAR 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 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection ► Attach to Form 990 or 990-EZ. Internal Revenue Service Employer identification number KAPPA ALPHA CHAPTER OF Name of the organization 59-0670291 KAPPA DELTA SORORITY 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.

Form **8868** (Rèv. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	dension
	o file any of the forms listed in Part I or Part II with the ex					
	l Benefit Contracts, which must be sent to the IRS in pap					
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		,			
Part I	,		bmit original (no copies needed).			
A corpo	ration required to file Form 990-T and requesting an autor			nplete		
Part I or					>	
	· corporations (including 1120-C filers), partnerships, REM	IICs. and t	rusts must use Form 7004 to request ar	exten	sion of time	
	come tax returns.		,			
Type or	Name of exempt organization			Emp	loyer identification	number
print	KAPPA ALPHA CHAPTER OF					
•	KAPPA DELTA SORORITY			59-0670291		
File by the due date for	North an extract and an extract the D.O. bears	ee instruc	tions.	l		
filing your	555 WEST JEFFERSON STREET					
return See instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	TALLAHASSEE, FL 32301					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 3
			T			
Applica	tion	Return	Application			Return
<u>ls For</u>	······	Code	Is For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	03	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	MALLORY WEATHEI					
	pooks are in the care of ▶ 555 W. JEFFERS	ON STI	REET - TALLAHASSEE,	FL	32301	
Telep	phone No. ► 850-224-1376		FAX No. ▶			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		•	
• If this	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group, c	heck this
box ▶	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of all	memb	ers the extension is	for.
1 Ir	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	til		
	FEBRUARY 15, 2012, to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
is	for the organization's return for:					
•	calendar year or					
•	X tax year beginning JUL 1, 2010	, an	dending JUN 30, 2011			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	n	
	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
no	onrefundable credits. See instructions.				\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	timated tax payments made. Include any prior year overp	-		3ь	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	=		3с	\$	0.
	. If you are going to make an electronic fund withdrawal v			8879-	EO for payment inst	ructions.
-	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	

023841 01-03-11