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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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 (see instructions)
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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01 , **2010, and ending** 06-30 , 20 11

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

C Name of organization
Kappa Delta Sorority, Delta Delta Chapter

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
TU Box 821004

City or town, state or country, and ZIP + 4
Troy, AL 36082

D Employer identification number
63-6061759

E Telephone number
(334) 607-4905

F Group Exemption Number ▶

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

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.TROYKD.COM

J Tax-exempt status (check only one) - ☐ 501(c) (3) ☒ 501(c)(7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 102,269

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	
	3	Membership dues and assessments		3	77,011
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	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	14,631	
	c	Less direct expenses from gaming and fundraising events	6c	11,257	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,374
	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	10,627
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	91,012
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	12,286
	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	
	14	Occupancy, rent, utilities, and maintenance		14	25,018
	15	Printing, publications, postage, and shipping		15	964
	16	Other expenses (describe in Schedule O)		16	82,783
	17	**Total expenses.** Add lines 10 through 16 ▶		17	121,051
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(30,039)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	25,573
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	(4,466)

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18P

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	46,171	22	10,705
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	46,171	25	10,705
26	**Total liabilities** (describe in Schedule O)	20,598	26	15,171
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	25,573	27	(4,466)

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 . . . . . ☐

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

What is the organization's primary exempt purpose? PLEASE SEE ATTACHMENT X1

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 MEMBERSHIP RECRUITMENT AND RETENTION

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 CHARITABLE AND EDUCATIONAL ACTIVITIES

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
Sara Porter 1481 Secretariat Drive, Helena AL 35080	President 10	0	0	0
Hope Garner 1100 Spring Cove Rd, Florence AL 35634	Treasurer 10	0	0	0
Courtney Dobbs 121 Highland Ave, Troy AL 36081	Secretary 10	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach 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 documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 11,190			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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		
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 ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ AL,			
42 a	The organization's books are in care of ▶ Hope Garner Telephone no ▶ 334-607-4905			
	Located at ▶ 1100 Spring Cove Rd Florence, AL ZIP + 4 ▶ 35634			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		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 (see instructions)	45a		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	46		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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

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

Signature of officer Hope Garner Date 3/28/12

Hope Garner, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Walter J Cotton Jr		03/27/12		P00513666

Firm's name ▶ WJ Cotton Jr Inc Firm's EIN ▶

Firm's address ▶ PO Box 284

Troy AL 36081 Phone no 334-268-1317

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

2010

Open to Public Inspection

Name of the organization

Kappa Delta Sorority, Delta Delta Chapter

Employer identification number

63-6061759

01. Description of other revenue (Part I, line 8)

Description	Amount
PLEASE SEE ATTACHMENT X1	10,627

02. List of grants and similar amounts paid (Part I, line 10)

Activity	PLEASE SEE ATTACHMENT X1
Relationship	NONE
Amount	12,286

03. Description of other expenses (Part I, line 16)

Description	Amount
Bank Fees	274
Conferences & Conventions	5,634
Member Activity Expenses	34,676
Membership Fees	20,638
Program Services Expenses	10,618
Social & Recruitment	10,943

04. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
N/P - KAPPA DELTA NATIONALS	20,598	15,171

ATTACHMENT - X1

Taxpayer Name: KAPPA DELTA SORORITY: *DELTA DELTA CHAPTER*
FEIN. 63-6061759
Period Ending. 06/30/2011
Form. 990 EZ

PART I, PAGE 1, LINES 6a, 6b & 6c — **Table 1**

SPECIAL EVENTS AND ACTIVITIES	Revenue	Expenses	Net
Shamrock Project	11,660	8,657	3,003
Magazines, Cookbooks, Other	2,971	2,600	371
Net	$ 14,631	$ 11,257	$ 3,374

PART I, PAGE 1, LINE 10 — **Table 2**

GRANTS AND ALLOCATIONS	Location	Cash Gifts	Non-Cash Gifts	Total
Alpha Delta Pi - Pike County Chapter	Troy, AL	50	-	50
Alpha Gamma Delta - Pike County Chapter	Troy, AL	50	-	50
American Cancer Society	Troy, AL	1,400	-	1,400
Chi Omega - Pike County Chapter	Troy, AL	30	-	30
Farm House Fraternity - Pike County Chapter	Troy, AL	50	-	50
Kappa Delta Foundation	Memphis, TN	2,236	-	2,236
Phi Mu Sorority - Pike County Chapter	Troy, AL	30	-	30
Pi Kappa Phi Fraternity - Pike County Chapter	Troy, AL	100	-	100
Pike Regional Child Advocacy Center	Troy, AL	7,024	-	7,024
Troy Health and Rehabilitation	Troy, AL	-	57	57
Troy Pike Cultural Arts Center	Troy, AL	500	-	500
		$ 11,471	$ 57	$ 11,528

PART I, PAGE 1, LINE 16 — **Table 3**

OTHER EXPENSES	
Bank Fees	274
Conferences & Conventions	5,634
Member Activity Expenses	34,676
Membership Fees	20,638
Program Services Expenses	10,618
Social & Recruitment	10,943
	$ 82,783

PART III, PAGE 2, PRIMARY PURPOSE - To promote education, charitable, and social purposes with no net earnings inuring to an individual or member/stakeholder.

Form **8868**
(Rev 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, 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	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	Kappa Delta Sorority, Delta Delta Chapter	63-6061759
	Number, street, and room or suite no If a P O box, see instructions TU Box 821004	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Troy, AL 36082	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

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

- The books are in the care of ▶ Jeff Cotton 219 Botts Ave Troy, AL 36081

Telephone No ▶ 334-268-1317 FAX No ▶ 866-573-4575

- 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 02-15, 20 12, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning 07-01, 20 10, and ending 06-30, 20 11

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	$
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	$
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	$

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

Form 8868 [illegible]

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ▶ X

Note: [illegible]

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I [illegible]

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print

[illegible]

Kappa Delta Sorority, Delta Delta Chap[illegible]

Employer identification number

[illegible]

PO Box 821004

[illegible]

Troy, AL 36082

Enter the Return code [illegible] 3

Application Is For	Return Code	Application Is For	Return Code
[illegible]			
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ [illegible] Pitts Ave Troy AL 36081

Telephone No. ▶ 334-[illegible] FAX No. ▶ 866 [illegible]

- [illegible] ▶
- [illegible]

[illegible] ▶ [illegible] ▶

[illegible]

4 [illegible] 05-15 [illegible]

5 [illegible] 07-01 [illegible] 06-30 [illegible]

6 [illegible]

[illegible]

7 [illegible]

All attempts [illegible] necessary [illegible] filing a [illegible] requested in a timely fashion but the information was not [illegible] to [illegible] time [illegible] the timely filing of this return.

8a [illegible] 8a $

b [illegible]

[illegible] 8b $

c **Balance due.** [illegible] 8c $

Signature and Verification

[illegible]

[illegible] ▶ [illegible] ▶ [illegible] ▶