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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

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning** Jul 1 , 2011, **and ending** Jun 30 , 2012**B** Check if applicable:

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

C Name of organization

Kappa Delta Sorority Sigma PSI

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

1210 13th Ave N

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

Fargo

ND 58102

D Employer identification number

45-6013522

E Telephone number

(701) 293-6640

F Group Exemption Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____**I** Website: N/A**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527**H** 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 or a section 527 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. **\$ 62,656.****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	1,093.
	2 Program service revenue including government fees and contracts	2	3,282.
	3 Membership dues and assessments	3	27,930.
	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	14,557.	
c Less: direct expenses from gaming and fundraising events	6c	12,022.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,535.	
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	15,794.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,634.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	4,440.
	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	1,253.
	14 Occupancy, rent, utilities, and maintenance	14	1,118.
	15 Printing, publications, postage, and shipping	15	882.
	16 Other expenses (describe in Schedule O)	16	31,907.
	17 Total expenses. Add lines 10 through 16	17	39,600.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,034.	
NET ASSETS OR FUND BALANCES	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	2,891.
	20 Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	-56.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,869.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

W

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	9,485. 22	11,324.
23 Land and buildings	0. 23	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,254. 24	2,545.
25 Total assets	11,739. 25	13,869.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	8,848. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,891. 27	13,869.

Part III Statement of Program Service Accomplishments (see the instrs 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? Collegiate Chapter for Social Activities and Fundraising for charities

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28		
(Grants \$) If this amount includes foreign grants, check here	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	31 a	
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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bethany Schwandt 1210 13th Ave N Fargo ND 58102	President 4.00	0.	0.	0.
Emily Harris 1210 13th Ave N Fargo ND 58102	VP Member Education 4.00	0.	0.	0.
Katy Critser 1210 13th Ave N Fargo ND 58102	VP Membership 4.00	0.	0.	0.
Molly Schultz 1210 13th Ave N Fargo ND 58102	VP Operations 4.00	0.	0.	0.
Latrina Wilke 1210 13th Ave N Fargo ND 58102	VP Comm. Service 4.00	0.	0.	0.
Allison Conn 1210 13th Ave N Fargo ND 58102	VP Public Relations 4.00	0.	0.	0.
Elizabeth Schenfisch 1210 13th Ave N Fargo ND 58102	VP Standards 4.00	0.	0.	0.
Hilary Haugeberg 1210 13th Ave N Fargo ND 58102	Secretary 4.00	0.	0.	0.
Sarah Honzay 1210 13th Ave N Fargo ND 58102	Treasurer 4.00	0.	0.	0.
Abby Richardson 1210 13th Ave N Fargo ND 58102	Panhellenic Delegate 4.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract 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,' provide a detailed description of each activity in Schedule O		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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
38b 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 24,757.		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 North Dakota		
42a The organization's books are in care of Kappa Delta Sorority Telephone no. (701) 293-6440 Located at 1210 13th St N Fargo ND ZIP + 4 58102		
42b 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)? If 'Yes,' enter the name of the foreign country 42b		X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 42c		X
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		
44a 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
44b 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
44c Did the organization receive any payments for indoor tanning services during the year? 44c		X
44d 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		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a		X
45b 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) 45b		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

	Yes	No
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 ☐

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e 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
NONE		

e 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

11/7/12
Date

Sarah Honzay Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Jody Barrett

Preparer's signature



Date

11/07/12

Check ☒ if self-employed

PTIN

P01389326

Firm's name ▶ A. T. S.

Firm's address ▶ 219 Prairiewood Drive

Fargo

ND 58103

Firm's EIN ▶

41-1711456

Phone no

(701) 367-0653

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

2011

**Open to Public
Inspection**

Name of the organization

Kappa Delta Sorority Sigma PSI

Employer identification number

45-6013522

----- Line 8 of part one has two entries. One for interest -----

----- Income from their savings account. -----

----- The other income is due to liability accounts that -----

----- need to be adjusted from previous years. -----

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

interest income	5.
Other Income/Adjustments from Liability accounts	15,789.
Total	15,794.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

5140 Office Equipment	476.
5150 Office Supplies	3,431.
5151 Office Supplies/Copies	21.
5152 Art Supplies	21.
5157 Phone/Fax/Copies	339.
5160 Bank Charges	0.
5164 hq eMAIL ACCOUNT FEE	25.
5166 Public Relations	2,645.
5170 Annual Fixed Charges	150.
5211 Formal Expense	3,663.
5212 Formal Expense Other	0.
5221 Informal Party Expense	0.
5251 Homecoming expense	41.
5271 Parents Day Expense	2,134.
5272 Parent's Day Decorations	55.
5281 General Social Expense	174.
5290 Photography Expense	1,853.
5291 Campu Intramural Expense	50.
5310 Recruitment	703.
5315 Bid Day	832.
5330 Rush Expense Other	163.
5430 Magazine Expense	1,553.
5440 Panhellenic Expense	1,440.
5530 Girl Scouts Expense	0.
5540 Outside Philanthropies	966.
5610 Annual Meeting Tax	700.
5620 Convention Expense	0.
5640 National Academy Expense	462.
5660 New Member Education	3,373.
5661 New Member Food	0.
5675 Academic Excellence	726.
5680 Leadership	662.
5710 Ritual Supplies	540.
5730 Badge/Jewelry	433.
5741 Food Expense	198.
5742 Gifts/Presents	1,091.
5749 Membership Bad Debt	2,851.
5751 CAB Expense	0.
5760 CDC Expense	97.
5765 NLT Visit	39.
Total	31,907.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts PaidPurpose of Payment Shamrock Fundraising event for Red River Children's Advocacy Group

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Fundraising	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Red River Children's Advocacy 100 4th St S Suite #302 Fargo ND 58103	None	4,440.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
Adjustment to net assets from prior year	-56.
Total	-56.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Equipment	2,524.	2,524.
AR	-270.	21.
Total	2,254.	2,545.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
2010 Christmas Seals Income	0.	0.
2015 Golden Circle	22.	0.
2020 Dues to HQ/Pledge	155.	0.
2025 Dues to HQ/Initial	1,650.	0.
2030 Dues to HQ/National	-1,415.	0.
2035 Risk Management	-2,110.	0.
2040 Dues to HQ/National Leadership	1,400.	0.
2045 National Panhellenic Dues	-101.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Continued

Line 26 - Total Liabilities:	Beginning of Year	End of Year
2050 Magazine Sales	978.	0.
2055 Shamrock project	8,269.	0.
Total	<u>8,848.</u>	<u>0.</u>

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
4530	70.
4810	888.
4820	135.
Total	<u>1,093.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
4210	2,399.
4270	519.
4280	355.
4290	9.
Total	<u>3,282.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
4140	2,384.
4150	710.
4110	24,757.
4999	79.
Total	<u>27,930.</u>

Supporting Statement of:

Form 990-EZ/Line 6b

Description	Amount
4410	0.
4420	7,575.
4520	6,982.
Total	<u>14,557.</u>

Supporting Statement of:

Form 990-EZ/Line 6c

Description	Amount
5420	9,157.
5520	7,305.
less donation amount	-4,440.
Total	<u>12,022.</u>

Supporting Statement of:

Form 990-EZ/Line 8, amount-2

Description	Amount
2010 Christmas Seals	-52.
2015 Golden Circle	-72.
2020 Dues to HQ/Pledge	2,150.
2025 Dues to HQ/Initial	6,170.
2030 Dues to HQ/National	-1,465.
2035 Risk Management	-410.
2040 Dues to HQ/Leadership	-2,704.
2045 National Panhellenic Dues	1,178.
2050 Magazine Sales	2,725.
2055 Shamrock Project	8,269.
Total	<u>15,789.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
5130	1,118.
5163	0.
Total	<u>1,118.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
5155	652.
5165	230.
Total	<u>882.</u>

Supporting Statement of:

Form 990-EZ/Line 16, Amount-8

Description	Amount
	77.
	1,572.
	996.
Total	<u>2,645.</u>