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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 07-01-2011, and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KAPPA DELTA SORORITY - GAMMA DELTA EAST TENNESSEE STATE UNIVERSITY	D Employer identification number 62-6047661
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 23034 807 UNIVERSITY PARKWAY	E Telephone number (423) 571-6180
	City or town, state or country, and ZIP + 4 JOHNSON CITY, TN 37614	F Group Exemption Number 0805

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.KD-GAMMADDELTA.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 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. **\$ 115,164**

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	84,399
	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 \$1,245 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	30,765	
c Less direct expenses from gaming and fundraising events	6c	7,008	
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	23,757	
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	108,156	
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	
	14 Occupancy, rent, utilities, and maintenance	14	30
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	92,914
17 Total expenses. Add lines 10 through 16	17	92,944	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,212
	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	34,977
	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	50,189

Part II Balance Sheets

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

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,810	22	41,947
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	11,167	24	8,345
25 Total assets	34,977	25	50,292
26 Total liabilities (describe in Schedule O)	0	26	103
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,977	27	50,189

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?
 THE ORGANIZATION IS A LOCAL CHAPTER OF A NATIONAL COLLEGIATE SOCIAL FRATERNITY
 WHOSE PURPOSE IS TO PROVIDE MEALS, HOUSING AND SOCIAL PROGRAMS FOR THE LOCAL SOCIAL
 FRATERNITY MEMBERS

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

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

28 PROVIDED MEALS, HOUSING, AND SOCIAL PROGRAMS FOR THE LOCAL SOCIAL FRATERNITY MEMBERS-A TOTAL OF 80 MEMBERS FOR THE YEAR (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
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
See Additional Data Table				

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

Form 990-EZ (2011) questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and tax shelter transactions.

Table with columns for question number, Yes, and No, corresponding to questions 33 through 45b.

Yes **No**

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 **Yes** **No**

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.

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 **Yes** **No**

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

48 **Yes** **No**

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

49a **Yes** **No**

b If "Yes," was the related organization a section 527 organization?

49b **Yes** **No**

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: *****
 Date: 2012-11-01
 Type or print name and title: ELYSSA CHAMPION, PRESIDENT

Paid Preparer's Use Only
 Preparer's signature: S SCOTT VOYNICH CPA
 Date: _____
 Check if self-employed:
 Preparer's taxpayer identification number (See instructions): P00014238
 Firm's name (or yours if self-employed), address, and ZIP + 4: ROBINSON GRIMES & COMPANY PC, PO BOX 4299, COLUMBUS, GA 31914
 EIN: 58-1374304
 Phone no: (706) 324-5435

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization KAPPA DELTA SORORITY - GAMMA DELTA EAST TENNESSEE STATE UNIVERSITY

Employer identification number 62-6047661

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.

Table with 6 columns: (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.

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	(b) Event #2	(c) Other Events	(d) Total Events
		<u>SHAMROCK</u> (event type)	_____ (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	28,300		2,465	30,765
	2 Less Charitable contributions			1,245	1,245
	3 Gross income (line 1 minus line 2)	28,300		1,220	29,520
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,763			5,763
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(5,763)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				23,757	

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

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

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

Name ▶

Address ▶

- 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 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

2011

**Open to Public
Inspection**

Name of the organization
KAPPA DELTA SORORITY - GAMMA DELTA
EAST TENNESSEE STATE UNIVERSITY

Employer identification number

62-6047661

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CHAPTER DUES AND FEES AMOUNT 2,675 DESCRIPTION CHAPTER OPERATIONS AMOUNT 90,078 DESCRIPTION KITCHEN EXPENSES AMOUNT 161 TOTAL TO FORM 990-EZ, LINE 16 92,914
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 11,167 END OF YEAR AMOUNT 8,345
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 103

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: KAPPA DELTA SORORITY - GAMMA DELTA
EAST TENNESSEE STATE UNIVERSITY

EIN: 62-6047661

Declaration: 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.

Additional Data**Software ID:****Software Version:****EIN:** 62-6047661**Name:** KAPPA DELTA SORORITY - GAMMA DELTA
EAST TENNESSEE STATE UNIVERSITY**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
CAITLIN COLLINS 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-STANDARDS 1 00	0	0	0
CHALLYE HAYS 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-COMMUNITY SERVICE 1 00	0	0	0
JORDAN LOVETERE 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-NEW MEMBER EDUCATION 1 00	0	0	0
KALLAM MCKAY 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-PUBLIC RELATIONS 1 00	0	0	0
JENNIFER WILSON 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	TREASURER 1 00	0	0	0
SARAH PHELPS 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	SECRETARY 1 00	0	0	0
HILLARY WALTERS 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-OPERATIONS 1 00	0	0	0
ELYSSA CHAMPION 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	PRESIDENT 1 00	0	0	0
CHELSEA RIDLEY 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	VP-MEMBERSHIP 1 00	0	0	0
MICHELLE KELLY 807 UNIVERSITY PKWY JOHNSON CITY,TN 37614	PANHELLENIC DELEGATE 1 00	0	0	0