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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2011 calendar year, or tax year beginning July 1, , 2011, and ending June 30, , 20 12

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

C Name of organization
Kappa Delta Sorority, Delta Zeta Chapter

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2300 Pinehurst Drive

City or town, state or country, and ZIP + 4
Monroe, LA 71201

D Employer identification number
72-6034680

E Telephone number
318-572-6023

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: ► **ulm.kappadelta.org**

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 ► \$

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 ☐

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received															150.00																	
	2	Program service revenue including government fees and contracts															0																	
	3	Membership dues and assessments															27,814.00																	
	4	Investment income															1,130.05																	
	5a	Gross amount from sale of assets other than inventory															0																	
	b	Less: cost or other basis and sales expenses															0																	
	5c																0																	
	6	Gaming and fundraising events																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)															0																	
	b	Gross income from fundraising events (not including \$ 150.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															0																	
c	Less: direct expenses from gaming and fundraising events															0																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															0																		
7a	Gross sales of inventory, less returns and allowances															0																		
b	Less: cost of goods sold															0																		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															0																		
8	Other revenue (describe in Schedule O)															58,582.20																		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															87,676.25																		
Expenses	10	Grants and similar amounts paid (list in Schedule O)															0																	
	11	Benefits paid to or for members															0																	
	12	Salaries, other compensation, and employee benefits															0																	
	13	Professional fees and other payments to independent contractors															750.00																	
	14	Occupancy, rent, utilities, and maintenance															2,637.50																	
	15	Printing, publications, postage, and shipping															2,830.01																	
	16	Other expenses (describe in Schedule O)															65,499.03																	
17	Total expenses. Add lines 10 through 16															71,716.54																		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															15,959.71																	
	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)															76,660.66																	
	20	Other changes in net assets or fund balances (explain in Schedule O)															20,410.75																	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															113,031.12																	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

SCANNED DEC 28 2012

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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	83,101.02	22 116,811.12
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	4,335.74	24 0
25 Total assets	87,436.76	25 116,811.12
26 Total liabilities (describe in Schedule O)	(10,776.10)	26 (3,780.00)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,660.66	27 113,031.12

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? **It is a Social Sorority... see details below under #28**

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 This is a collegiate chapter operating as an individual unit within the organization of a National Social Sorority. The organizations purpose is to further educational, charitable, and social interest. All expenses for the chapter are reported as a single activity.	
(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) Reportable compensation (Forms 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
Caroline Schade	President	0	0	0
Marylane Champagne	Treasurer	0	0	0
Ashlie Young	V.P. New Member Ed.	0	0	0
Chanel Ingram	V.P. Membership	0	0	0
Cara Rascoe	V.P. Operations	0	0	0
Gabby Herry	V.P. Standards	0	0	0
Ryan Prince	V.P. Public Relations	0	0	0
Jordyn Murry	V.P. Community Service	0	0	0
Emily Veuleman	Secretary	0	0	0
Kelsey Laudenhelmer	Financial Advisor	0	0	0
Susie Sparks	Council Advisor	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c 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	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
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	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 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	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
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 the U.S.?	42c	✓
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 ▶ <input type="checkbox"/>		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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

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

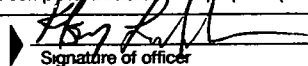
d Total number of other independent contractors each receiving over \$100,000

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

11/8/12
Date

Kelsey Laudenheimer, Financial Advisor

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ N/A	Firm's EIN ▶ N/A		Phone no. 318-572-6023	
Firm's address ▶ N/A				

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 - Delta Zeta Chapter

Employer identification number

72-6034680

DESCRIPTION	REVENUE	EXPENSE
Bad Debt from Members		\$473.55
Bank Fees & Interest Exp		\$261.81
Charitable Income/ Contributions	\$18,761.00	\$22,733.13
Common Area Maintenance (Parlor Fees)	\$2,370.00	(see Line 14 on Form 990EZ for expense side)
Equipment and Supplies		\$1,095.33
Food Expense		\$784.61
Formal Income/Expenses	\$6,107.00	
Head Quarters (HQ) Annual Fixed Charges		\$100.00
HQ Annual Meeting Tax		\$700.00
HQ Quarterly Billing Fee/Accounting Fee		\$200.00
HQ Email.org account fee		\$25.00
Housing Fund	\$2,078.75	\$2,078.75
Informal Income/Expenses	\$4,937.00	\$1,246.19
Magazine Fund-raiser (all fund sent to HQ, does not benefit our chapter)	\$2,333.00	\$2,411.00
Membership Discounts (for early payment)	(\$2,379.00)	
Member Fines	\$4,389.05	
New Member Education Materials		\$1,331.97
Other Special Social Events		\$4,365.76
Panhellenic Income/Expenses	\$2,210.00	\$2,260.00
Photography Income	\$4,332.00	\$4,112.75
Recruitment Income	\$1,629.40	\$2,276.23
T-Shirt & Other Flow Thrus Income/Expenses	\$11,814.00	\$17,938.29
Travel Expenses (for National Conference & HQ Visitors)		\$1,104.66
TOTAL	\$58,582.20 (Line 8)	\$65,499.03 (Line 16)

Name of the organization

Kappa Delta Sorority - Delta Zeta Chapter

Employer identification number

72-6034680

The majority of the funds listed above are treated as flow-through items, in which the money is collected by individual members in order for the chapter to fund a particular event. For example, if the chapter wants to order t-shirts for an event, the chapter will fund it up front, and each member who ordered a t-shirt will reimburse the chapter.

98% of the charitable contributions income is derived directly from fund-raisers that the organization puts on in order to raise money for their philanthropies. The majority of these funds were donated to the following charities:

Prevent Child Abuse America - \$12,043.44

Kappa Delta Foundation - \$2,935.86

Various other charities - \$1,140.71

Direct Expense of the Prevent Child Abuse America fundraiser - \$6,467.81

Magazine Income/ Expense is another fund-raiser the chapter organizes, however it does not directly profit our chapter, which is why it is listed here instead of on Line 6 of Form 990EZ. This is a national fund-raiser that National Kappa Delta requires of each chapter to perform. All profits from this fund-raiser are donated to the Chapter Housing Fund at Kappa Delta Sorority Head Quarters.

<NOTE> The only income that was collected and not utilized for its intended purpose was the "formal income." The chapter's formal event had to be canceled this year due to unforeseeable reasons. This is the main reason the chapter had such a large excess this year (see line 18 above). However, the chapter plans to utilize these funds in the coming year.

Cash, Savings, and Investments:

\$20,768.36 - Operating Account @ Iberia Bank & Bill Highway

1,741.71 - Deposits in Transit in Operating Acct @ Iberia Bank

77,792.97 - Investment Account at Kappa Delta Head Quarters (Restricted for Housing Fund)

16,508.08 - Checking Account @ Progressive Bank (Restricted for Housing Fund)

Total: \$116,811.12 (Line 22)

<NOTE> \$94,301.05 of the cash balance is Restricted Cash, and is being held to one day fund living quarters for our organization's members.

LINE 20: The \$20,410.75 is the deposit we made into our Chapter Housing Fund at National Headquarters (our restricted cash account).

Liabilities:

\$1,575.00 - Due to National Headquarters for Risk Management Fee

2,205.00 - Due to National Headquarters for Leadership Training Fee

\$3,780.00 (Line 26) Total Liabilities