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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

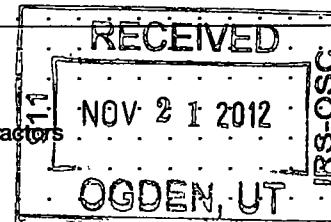
► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets 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		July 1,	, 2011, and ending	June 30	, 2012
B Check if applicable:		C Name of organization		D Employer identification number	
<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		Kappa Delta Sorority, Delta Zeta Chapter		72-6034680	
		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		F Group Exemption Number ► 0805	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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. <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	0	1	150.00
	2 Program service revenue including government fees and contracts	5b	0	2	0
	3 Membership dues and assessments			3	27,814.00
	4 Investment income			4	1,130.05
	5a Gross amount from sale of assets other than inventory	5a	0	5c	0
	b Less: cost or other basis and sales expenses	5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6 Gaming and fundraising events			6d	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	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)	6b	0			
c Less: direct expenses from gaming and fundraising events	6c	0			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
7a Gross sales of inventory, less returns and allowances	7a	0	7c	0	
b Less: cost of goods sold	7b	0			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8 Other revenue (describe in Schedule O)			8	58,582.20	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	87,676.25	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	0
	11 Benefits paid to or for members			11	0
	12 Salaries, other compensation, and employee benefits			12	0
	13 Professional fees and other payments to independent contractors			13	750.00
	14 Occupancy, rent, utilities, and maintenance			14	2,637.50
	15 Printing, publications, postage, and shipping			15	2,830.01
	16 Other expenses (describe in Schedule O)			16	65,499.03
	17 Total expenses. Add lines 10 through 16			17	71,716.54
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	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)			19	76,660.66
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	20,410.75
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			21	113,031.12



CD

**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
<b>25 Total assets</b> . . . . .	<b>87,436.76</b>	<b>25 116,811.12</b>
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	<b>(10,776.10)</b>	<b>26 (3,780.00)</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>76,660.66</b>	<b>27 113,031.12</b>

**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.

**28 This is a collegiate chapter operating as an individual unit within the organization of a National Social Sorority.****The organization's 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 . . . . . ►  **28a****29**(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) 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
<b>Caroline Schade</b>	<b>President</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Marylane Champagne</b>	<b>Treasurer</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ashlie Young</b>	<b>V.P. New Member Ed.</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Chanel Ingram</b>	<b>V.P. Membership</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Cara Rascoe</b>	<b>V.P. Operations</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Gabby Herry</b>	<b>V.P. Standards</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ryan Prince</b>	<b>V.P. Public Relations</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Jordyn Murry</b>	<b>V.P. Community Service</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Emily Veuleman</b>	<b>Secretary</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Kelsey Laudenheimer</b>	<b>Financial Advisor</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Susie Sparks</b>	<b>Council Advisor</b>	<b>0</b>	<b>0</b>	<b>0</b>

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



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	✓	
<b>Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> 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 <input type="checkbox"/>				
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		47	✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No	
48		48	✓	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No	
b	If "Yes," was the related organization a section 527 organization?	Yes	No	
49a		49a	✓	
49b		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
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? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A			
				► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			11/8/12 Date	
	Signature of officer <b>Kelsey Laudenheimer, Financial Advisor</b>			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Firm's name ► N/A Firm's address ► N/A	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed Firm's EIN ► N/A Phone no. 318-572-6023
	May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
<b>Bad Debt from Members</b>		<b>\$473.55</b>
<b>Bank Fees &amp; Interest Exp</b>		<b>\$261.81</b>
<b>Charitable Income/ Contributions</b>	<b>\$18,761.00</b>	<b>\$22,733.13</b>
<b>Common Area Maintenance (Parlor Fees)</b>	<b>\$2,370.00</b>	(see Line 14 on Form 990EZ for expense side)
<b>Equipment and Supplies</b>		<b>\$1,095.33</b>
<b>Food Expense</b>		<b>\$784.61</b>
<b>Formal Income/Expenses</b>	<b>\$6,107.00</b>	
<b>Head Quarters (HQ) Annual Fixed Charges</b>		<b>\$100.00</b>
<b>HQ Annual Meeting Tax</b>		<b>\$700.00</b>
<b>HQ Quarterly Billing Fee/Accounting Fee</b>		<b>\$200.00</b>
<b>HQ Email.org account fee</b>		<b>\$25.00</b>
<b>Housing Fund</b>	<b>\$2,078.75</b>	<b>\$2,078.75</b>
<b>Informal Income/Expenses</b>	<b>\$4,937.00</b>	<b>\$1,246.19</b>
<b>Magazine Fund-raiser (all fund sent to HQ, does not benefit our chapter )</b>	<b>\$2,333.00</b>	<b>\$2,411.00</b>
<b>Membership Discounts (for early payment)</b>	<b>(\$2,379.00)</b>	
<b>Member Fines</b>	<b>\$4,389.05</b>	
<b>New Member Education Materials</b>		<b>\$1,331.97</b>
<b>Other Special Social Events</b>		<b>\$4,365.76</b>
<b>Panhellenic Income/Expenses</b>	<b>\$2,210.00</b>	<b>\$2,260.00</b>
<b>Photography Income</b>	<b>\$4,332.00</b>	<b>\$4,112.75</b>
<b>Recruitment Income</b>	<b>\$1,629.40</b>	<b>\$2,276.23</b>
<b>T-Shirt &amp; Other Flow Thru Income/Expenses</b>	<b>\$11,814.00</b>	<b>\$17,938.29</b>
<b>Travel Expenses (for National Conference &amp; HQ Visitors)</b>		<b>\$1,104.66</b>
<b>TOTAL</b>	<b>\$58,582.20 (Line 8)</b>	<b>\$65,499.03 (Line 16)</b>

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 collect 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 it's 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 Accountt @ 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 Hosing 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