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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		JULY 1	, 2011, and ending	JUNE 30	, 2011
<input checked="" type="checkbox"/> 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		<b>C Name of organization</b> <b>KAPPA DELTA SORORITY, INC - SIGMA TAU CHAPTER</b> <b>Number and street (or P O box, if mail is not delivered to street address)</b> <b>805 NE RUBY STREET</b> <b>City or town, state or country, and ZIP + 4</b> <b>PULLMAN, WA 99163</b>		<b>D Employer identification number</b> <b>91-0586728</b> <b>E Telephone number</b> <b>F Group Exemption Number</b> ► <b>0805</b>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ► _____				<b>H Check</b> ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> ► _____					
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 7 ) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Check</b> ► <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.					
<b>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.</b>				► \$ <b>\$111,562</b>	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)</b> Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>					
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	\$103,637
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a	5c	
	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)			
	6	Gaming and fundraising events		6d	\$581
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$ _____ 0 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	\$7,925		
c	Less: direct expenses from gaming and fundraising events	6c	-7,344		
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			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
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	
	15	Printing, publications, postage, and shipping		15	\$233
	16	Other expenses (describe in Schedule O)		16	\$80,122
	17	<b>Total expenses.</b> Add lines 10 through 16		17	\$80,355
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	\$23,863
	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	\$16,342
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		21	\$40,205

For Paperwork Reduction Act Notice, see the separate instructions.

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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	\$11,724	22 \$41,705
23	Land and buildings		23
24	Other assets (describe in Schedule O)	4,618	24 1,041
25	<b>Total assets</b>	\$16,342	25 \$42,746
26	Total liabilities (describe in Schedule O)		26 2,541
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	\$16,342	27 \$40,205

**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? **SOCIAL SORORITY**

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 ORGANIZATION'S PURPOSE IS TO FURTHER EDUCATIONAL, CHARITABLE, & SOCIAL INTERESTS		
	(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	<b>Total program service expenses</b> (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
TARA NORTHEY 805 NE RUBY ST., PULLMAN, WA 99163	PRESIDENT/5	0	0	0
ERIN PHELAN 805 NE RUBY ST., PULLMAN, WA 99163	VP-NEW MEMBER ED/5	0	0	0
TYLER SCHARMANN 805 NE RUBY ST., PULLMAN, WA 99163	VP RECRUITMENT/5	0	0	0
KAITLYN KELLY 805 NE RUBY ST., PULLMAN, WA 99163	VP OPERATIONS/5	0	0	0
ALEXIS DYDASCO 805 NE RUBY ST., PULLMAN, WA 99163	VP COMMUNITY SVC/5	0	0	0
JADEN JOHNSON 805 NE RUBY ST., PULLMAN, WA 99163	VP PUBLIC RELATIONS/5	0	0	0
LINDSAY FRACAS 805 NE RUBY ST., PULLMAN, WA 99163	VP STANDARDS/5	0	0	0
KARI MAHJOUBIAN 805 NE RUBY ST., PULLMAN, WA 99163	TREASURER/5	0	0	0
JACLYN GRIGGS 805 NE RUBY ST., PULLMAN, WA 99163	SECRETARY/5	0	0	0
NIKI FAUSSET 805 NE RUBY ST., PULLMAN, WA 99163	PANHELLENIC DELEGATE/5	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	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a 300	
39 Section 501(c)(7) organizations. Enter:	39b 0	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911 ► ; section 4912 ► ; section 4955 ►	40b	
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 ►		
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. ► NONE		
42a The organization's books are in care of ► KAPPA DELTA SORORITY Telephone no. ► Located at ► 805 NE RUBY ST., PULLMAN, WA ZIP + 4 ► 99163	42b	✓
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)? 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.	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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		
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	✓

			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	<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

			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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	
49a	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) 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	► <i>Shannon M Gleason</i>	Date
	Signature of officer	
	► <i>Kirsten Clemons - TREASURER</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Shannon M Gleason	<i>Shannon M Gleason</i>	8/23/12		P01494169
	Firm's name ► Gleason Accounting Services		Firm's EIN ►		
Firm's address ► 217 Halberton Dr, Franklin, TN 37069		Phone no	615-599-4098		

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, INC. - SIGMA TAU CHAPTER

Employer identification number

91-0586728

**PART I, LINE 16, OTHER EXPENSES - THESE EXPENSES INCLUDE GENERAL, ADMINISTRATIVE EXPENSES AND OPERATIONAL**

**COSTS INCLUDING OFFICE SUPPLIES, INSURANCE, CONVENTION EXPENSES, SOCIAL EXPENSES, NATIONAL ORGANIZATION**

**BILLINGS, ETC. A COMPLETE LIST IS DETAILED ON ATTACHMENT A**

**PART II, LINE 24, OTHER ASSETS - THIS ASSET CONSISTS OF MEMBER RECEIVABLES**

**PART II, LINE 26, TOTAL LIABILITIES - REPRESENTS AMOUNTS COLLECTED AND DUE TO THE NATIONAL ORGANIZATION AND**

**DEFERRED REVENUE.**

KAPPA DELTA SORORITY - SIGMA TAU CHAPTER  
91-0586728  
2011 FORM 990EZ - PART I- ATTACHMENT A - OTHER EXPENSES

EXPENSES

OFFICE SUPPLIES	3,540
PROFESSIONAL FEES	2,537
OMEGA FINANCIAL FEES	2,123
PUBLICITY	2,988
FIXED CHARGES	100
MAINTENANCE	150
SOCIAL	22,256
PHOTOGRAPHY	3,870
RECRUITMENT	6,205
MAGAZINES	1,757
PANHELLENIC	6,213
LOCAL CHARITIES	2,140
CONVENTION EXPENSE	2,948
NEW MEMBER EDUCATION	4,419
ACADEMIC EXCELLENCE	350
LEADERSHIP	660
RITUAL SUPPLIES	139
PINS/BADGES	580
FOOD	982
MEMBERSHIP BAD DEBTS	645
CAB EXPENSE	5,558
GUEST EXPENSE	334
SPECIAL EVENTS	4,522
MISCELLANOUS EXPENSE	<u>5,106</u>
<b>TOTAL-OTHER EXPENSES (Line 16)</b>	<u><b>80,122</b></u>