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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

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- DELTA DELTA CHAPTER	D Employer identification number 63-6061759
	Number and street (or P O box, if mail is not delivered to street address) Room/suite TU BOX 821004	E Telephone number (901) 748-1897
	City or town, state or country, and ZIP + 4 TROY, AL 36082	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.TROYKD.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. **\$ 195,259**

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	175,053
	3 Membership dues and assessments	3	
	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	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	20,206	
b Less cost of goods sold	7b	31,386	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-11,180	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	163,873	
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	3,395
	14 Occupancy, rent, utilities, and maintenance	14	13,521
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	108,945
17 Total expenses. Add lines 10 through 16	17	125,861	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,012
	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	44,520
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	4,466
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	86,998

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	38,705	22	35,797
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	20,524	24	51,226
25 Total assets	59,229	25	87,023
26 Total liabilities (describe in Schedule O)	14,709	26	25
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,520	27	86,998

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

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

What is the organization's primary exempt purpose?

COLLEGIATE SORORITY ACTIVITIES

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 OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE SORORITY ORGANIZATION (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) <input type="checkbox"/>	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 title	(b) 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
See Additional Data Table				

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

Form 990-EZ (2012) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table for 39a-39b and 42b-42c.

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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

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

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

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"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) 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"

Table with 3 columns: (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

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 (JACEY SANDERS TREASURER) and Date (2013-08-14)

Paid Preparer Use Only: Print/Type preparer's name (ROBERT L WHITEHURST CPA), Date (2013-08-21), Firm's name (ARNOLD GALLIVAN LEVESQUE PC), Firm's address (2810 PREMIERE PKWY STE 200 DULUTH, GA 30097), Firm's EIN, and Phone no (678) 570-8112.

May the IRS discuss this return with the preparer shown above? See instructions

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

2012

**Open to Public
Inspection**

Name of the organization
KAPPA DELTA SORORITY- DELTA DELTA
CHAPTER

Employer identification number

63-6061759

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 17,446 SOCIAL EXPENSES 53,575 DUES 786 PHILANTHROPY 2,369 PUBLIC RELATIONS 2,100 RECRUITING 26,200 MEETING EXPENSE 3,938 MISCELLANEOUS 2,531 TOTAL 108,945
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 4,466
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 14,709 0 OTHER LOANS RECEIVABLE 5,071 0 SECURITY DEPOSITS 744 0 DUE FROM MEMBERS 0 51,226 TOTAL 20,524 51,226
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 14,709 0 SECURITY DEPOSIT 0 25

TY 2012 Compensation Explanation

Name: KAPPA DELTA SORORITY- DELTA DELTA
CHAPTER

EIN: 63-6061759

Person Name	Explanation
JULIE MURPHY	
JACEY SANDERS	
KATIE LLOYD	
KAYLA MCCOLLUM	
ELIZA TRAWICK	
IVY WATTS	
HOPE SYFRETT	
COURTNEY WOOD	
BETHANY WILSON	

Additional Data










Software ID:

Software Version:

EIN: 63-6061759

Name: KAPPA DELTA SORORITY- DELTA DELTA
CHAPTER

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) 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
JULIE MURPHY  PRESIDENT	10 00	0		
JACEY SANDERS  TREASURER	10 00	0		
KATIE LLOYD  SECRETARY	10 00	0		
KAYLA MCCOLLUM  VP MEMBERSHI	10 00	0		
ELIZA TRAWICK  VP COMMUNITY	10 00	0		
IVY WATTS  VP MEMBERSHI	10 00	0		
HOPE SYFRETT  VP STANDARDS	10 00	0		
COURTNEY WOOD  VP OPERATION	10 00	0		
BETHANY WILSON  VP PUBLIC RE	10 00	0		