

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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Form 990

Department of the Traspury

Return of Organization Exempt From Income Tax
Under section 501(a), 527, or 4547(a)(1) of the internal Revenue Code (except private foundations).
Do not unter Social Security numbers on this form as it may be made public.

2013 Open to Public

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<u>A</u>	For the 201	3 calendar year		beginning O	7/01/13	, and ending	06/30/			
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	I	expenses. Add lit					- +			263,496
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	atement of Program Ser			
	neak ir Saneaule Olaaniaini be the arganization's missioni	s a response or note to any line in th	IS Part III	
	the Somortity Act	ivities.		
	<del></del>			
	•••			
		program services during the year which were r	ot listed on the	□
•	80 or 990-EZ? tribe these new services on Scheo	440		Yes 🔀 No
•		e significant changes in how it conducts, any p	masm	
services?				Yes X No
If "Yes," desc	oribe these changes on Schedule	a		
4 Describe the	organization's program service ad	complishments for each of its three largest pr	ogram services, as measured by	
		anizations are required to report the amount of	grants and allocations to others,	
the total expa	enses, and revenue, if any, for ea	ch program service reported.		
4a (Code:	) (Expenses \$	induding grants of \$	) (Revenue \$	
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		educational and social		
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41b (Code:	) (Expenses \$	induding grants of \$	) (Revenue \$	)
	•			
4c (Code	) (Expenses \$	induding grants of \$	)(Revenue \$	)
	-			
4d Other more	rm services. (Describe in Schedul	e Q)		
(Expenses		duding grants of \$	) (Revenue \$	)
	m service expenses			

## Form 990 (2013) Kappa Delta Somority - Beta Chi Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		Yes	No
•	complete Schedule A	1		x
2	Is the argenization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ł	
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation essement, including essements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt menagement, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			7.5
_	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
<b>~</b> 1	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	TIC		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		_	<del></del>
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expanses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, coturm (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	]		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>L</u>	1

Fam	1990 (2013) Kappa Delta Somority - Beta Chi 47-1527834		F	age 4
<u>.</u> ₽	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	_26		X
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and ocease operations? If "Yes," complete Schedule N,			
	Pat I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			i
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R		1	
	Part VI	27	1	Y

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Nate. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

_	990 (2013) Rappa Delta Somorrity - Beta Chi 47-152/834		<u> </u>	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			ᆚ
	<u>                                </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gantiling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			١.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shatter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-1"?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gfts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, old the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any tavable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	1
10	Section 501(c)(7) organizations. Enter			l
а	Initiation fees and capital contributions included on Part VIII, line 12 10a 39,315			]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities			ŀ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		i .	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule Q.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Ī	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				_

State the name, physical address, and telephone number of the person who possesses the books and records of the

219 E Franklin St.

NC 27514

901-748-1897

Chappel Hill

organization > Alless Smithdeal

Form 950 (2013) Kappa Delta Somorrity - Beta Chi 47-1527834	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	<del>1</del>
Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compansated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> </ul>	

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
   List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest
  compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name end Title	(E) Average hours per week (list any	bo	ı, urlı	unless person is both en r and a director/frustee)			(C) Reportable compensation from the	(E) Reportable compensation from related organizations (W2*1069-MSC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	ogenzaton (W2/1099-MSC)	(W2100MSL)	from the organization and related organizations
(1) Jenny Ryan									
	1.00		1	\ \	1	1 1			_
President	0.00	X	_	X	_	-	0	o	0
(2) Alex Smithdeal									
	1.00								^
VP Finance	0.00	X	-	X		├	0	<u>o</u>	0
(3) Sarah Shaw	1.00		l						
<b></b>		<b>.</b>			ľ			_	^
Secretary (4) Jessica Best	0.00	X		X	-	├	0	O	0
(4) DESSIGN DESC	1.00	1	1	1		1 1			
VP Membership	0.00	x						d	o
(s) Allie Higgins	0.00	1	$\vdash$	-	-	<del>                                     </del>	ļ	Y	
(same mygns	1.00								
VP Public Pelations	0.00	x	}	1		1 1		d	o
(6) Becca Jordan	0.00	1	$\vdash$	$\vdash$					
(4	1.00								
VP Operations	0.00	$\mathbf{x}$		1			0	d	. 0
(7) Haley Phyne	<u> </u>		<u> </u>	1	-	<del>                                     </del>	†——— <u> </u>		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00					! I			
VP New Member Edu	0.00	x					0	d	O
(8) Caroline Stewart		† <u></u>					† · · · · · · · · · · ·	<del></del>	<del>-</del>
	1.00				ļ				
VP Community Service	0.00	x				]	0	a	0
(9 Julia Hoover				Ī					
•	1.00		1						
Panhellenic Delegate	0.00	X			L		0	0	
(10)									
(11)		<u> </u>		$\vdash$		++			
	-								
DAA		1		<del></del>	—		<u>.                                    </u>		Form <b>990</b> (2013)

Pa	t VII Section A. Officers	, Directors, Tru	stee	8, K	ву Б	mpk	yee:	s, ar	nd Highest Compensated	Employees (continued)				
•	(A) Name and title	(Pi) Average hours per week (fist eny hours for related organizations below dotted line)	Èc	Ticer e	Pos check esspe	recon	Highest compensated employee	en ee)	(D) Reportable compensation from the organization (W2H099-MSC)	(E) Reportable compensation from related organizations (VV2*1099-MSC)	,	(F) Estimate amount other compensa- from treat and relatingenzati	eticn ne ticn ted	
(12)													•	
(13)														
(14)														
(15)					-				-	,				
(16)	- Prince													
(17)					_									
(18)														
(19)														
c d	Subtotal Total from continuation shee Total (add lines 1b and 1c)					1	1.	<b>&gt; &gt;</b>					-	
4	Total number of individuals (indireportable compensation from Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization. Did any person listed on line 1 for services rendered to the organization to the organization.	the organization  mmar officer, dire complete Schedi  ta, is the sum o zations greater to a receive or accr	ctor, de J of rep nan s	or tri for s cortal \$150	uster such ble o	e, ke indiv iomp ? If "	ey em volual ensa Yes,'	ploy tion 'cor	vee, or highest compensation and other compensation fro implete Schedule J for such unrelated organization or in	d mthe		3 4	Yes	No X X
Secti 1	on B. Independent Contracto Complete this table for your five compensation from the organization	e highest compe	nsate	ed in	depe	nder the	nt co	ntrac ndar	ctors that received more that ryear ending with or within	n \$100,000 of the organization's tax year				
	Name and	(A) business address							Descrip	(B) bon of services		Car	(C) rperset	ion
2	Total number of independent or received more than \$100,000 or	ontractors (includ of compensation	ing t	out n	ot lin orga	ntec	tot ton	1086	Isted above) who	0		For	n <b>99</b>	0(2013

	rt V	M State	nent of Reve	nue			sta CH	47-152/834	<u> </u>	
		Check	if Schedule (	) con	tains a	response o	or note to any line (A) Total revenue	in this Part VIII (B) Related or everyt function revenue	(C) Unidated business revenue	(D) Revenue encluded from tax under sections 512514
छ	1a	Federated car	mpaigns	1a				1000 L3		512014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership d		1b						
P. G	С	Fundrasing e		1c						
噐	đ	Related organ	rizations	1d					<b>!</b>	
Ę,	е	Obvernment grants	(contributions)	1e						
r S	f	All other contributor	rs, gifts, grants,							1
the		and similar arrounts	not included above	1f			ļ			
EO	g	Noncaeh contributor	ns included in lines 1a-	1f	\$					
SE	h	Total. Add line	es 1a-1f					<u> </u>		
Revenue						Busn Code	m Am n emma			
ever	<b>2</b> a	Manber 1	Duas & Assas	<del>amen to</del>	3		308,826	308,826		
æ	b									
Service	С									
ß	d								ļ	
Ta l	е									
Program			am service rever	ue		<u> </u>			<u> </u>	
<u> </u>	_	Total Add line				<u> </u>	308,826			<del></del>
	3		ome (including o	Maeno	as, interes	SI,				
	4	and other sm	,						<u> </u>	
			nvestment of tax	eemp	t cona pr	coeecis 🟲		<u> </u>		
	5	Royattes				<u>P</u>		-, -	- S. V	*
	-	Onne monte	(i) Real		(u)	Personal			66	
		Gross rents	<del></del>				* * (			**
		Less rental exps.			-			4.	4.	* * 1
		Rental inc. or (loss)							" "\\" - " - " - " - " - " - " - " - " -	
	7a	Gross amount from	() Securities			) Other				,
		sales of assets				, <del>G</del> B		, ,,,	The god of	/ "
	h	other then inventory Less cost or other			<del>                                     </del>		,*		1 1 3	
	_	bass & sales exps.						- '-	· · · · · · · · · · · · · · · · · · ·	
	c	Gain or (loss)			<u> </u>		*	ĺ	·	r
		Net gein or (lo	SS)		·			^ =	da dada - seeta wee	
			om fundrasing ever	ts [		<u>-</u>			, , , ,	, ,
venue		(not including \$	_	_						
§		•	eported on line 1c).				ş	,	, -% <	;
Re		See Part IV, line	•	а				,	1. 623.	'
Other	b	Less direct ex		ь					*	
0	С	Net income or	(loss) from fund	ansing '	events	<u></u>		, ,	*** ** *******************************	
			om gaming activities	r				,		
		See Part IV, line	19	a				·		
	b	Less direct ex	penses	ь			_			
	C	Net income or	(loss) from gam	ng adi	vities	_				
	10a	Gross sales of	inventory, less				•		,	
		returns and all	ovences	а		1,045				
	b	Less cost of g	poods sold	b		1,045				
	С	Net income or	(loss) from sales	of Inv	entary	<b>•</b>				<u>L</u>
		Ms	cellaneous Revenue			Blusin, Code				
	11a									
	b									
	С									-
		All other reven								
İ		Total. Add line				<b>&gt;</b>				
	12	Total revenue	. See instruction	S.			308,826	308,826	O	0

	Check if Schedule Ocontains a respo	nse or note to any line in thi	s Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundasing expenses
	Grants and other assistance to governments and			# 22 VANDED	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			<u> </u>	
_=	the U.S. See Part IV, line 22	74,164			
3	Grants and other assistance to governments,			<u> </u>	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4968(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		<u></u>		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	-			
а	Management				
b	Legal				
C	Accounting				
d	Labbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment menegement fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (C)				<u> </u>
12	Advertising and promotion		W		
13	Office expenses	<b>14,77</b> 5			ļ
14	Information technology				
15	Royalties	<del>-</del>			
16	Cocupancy				ļ
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,587			
20	Interest				
21	Payments to affiliates			<u> </u>	
	Deprecation, depletion, and amortization		-		<b></b>
	Insurance				ļ
24	Other expenses, Itemze expenses not covered	1			
	above (List miscellaneous expenses in line 24e. If	1			
	line 24e arrount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (Q)	445.000			ļ
a	Social	115,963			<del></del>
b	Recruitment	51,356		<u> </u>	<del></del>
C	Dues	2,651			<del>                                     </del>
d					
	All other expenses	600 400			<u></u>
	Total functional expenses. Addines 1 through 24e	263,496	0		0
25	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F				

Organizations that follow SFAS 117 (ASC 956), check here > X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestructed net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.  30 Capital stock or frust principal, or current funds 31 Packin or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund belances  Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.		π,	Balance Sheet		· <del></del>		
1 Cosh—non-interest bearing 2 Savings and temporary cash insestments 3 Photps and grate recentible, res 4 Accounts recentible, res 1 Learns and other reconcible from ouncert and former officers, directors, tustices, ley employes, and ingliest compensated emptoyees. Complete Part II of Stretche I. 6 Learns and other reconcible from other dequalified presens (as defined under section 4569(X)0), present destination 4569(X)00, but any employees therefore organizations of estimation 4569(X)00, but any employees therefore organizations of estimations (Complete Part II of Stretche I. 7 Notes and other reconcible from their objects berifore organizations of estimations) Complete Part II of Stretche I. 8 Investments for sale or use 9 Phopole operance and defined charges 10 Learn and other secondary organizations and destinated charges 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Investments—publicity traded securities 15 Chra assets. See Part IV, line 11 16 Total assets. Acti lines 1 through 15 (must equal line 36) 17 Accounts payable and cannot expansive to understand in the publicity of th			Check if Schedule O contains a response or note to	any line in this Part X			
2 Swrgs and temporary cash nuestress   2   3							
2 Swrgs and temporary cash nuestress   2   3		1	Cash—non-interest bearing			1	119,551
4 Accounts expectable, ret 5 Loans and other reconsistics from current and former officers, directors, tusistics, key employees, and highest companisted employees. Compidee Part II of Streatule L 6 Loans and other reconsistes from other disqualified persons (as defined under section 4592(())), persons described in exclore 4592((3)(8), and combuting employers and sporsoning organizations of section 501((4)(9), whatevey employes thereforely organizations (see institutions). Complete Part II of Streatule L 7 Notes and loans reconsible, ret 9 Prepaid expenses and deferred charges 10 Land budings, and expurred cost or other basis Complete Part V of Streatule D 10 Less complete Part V of Streatule D 10 Less complete Part V of Streatule D 11 Investments—publicity traded securities 12 Investments—publicity traded securities 12 Investments—programetised See Part IV, line 11 13 Investments—programetised See Part IV, line 11 14 Interrigible assests 15 Charle assests See Part IV, line 11 16 Total assests Actil lines 1 through 15 (must equal line 34) 17 Accurate payable and accurated expenses 18 Gents payable and accurated expenses 19 Defended revenue. 19 Defended revenue. 20 Taive-expent tonal lebitilities 21 Defended revenue. 21 Exposure or activated accurate and former officers directors, 11 tustess, key employees, highest comparated employees, and 22 Loans and other payables to current and former officers directors, 11 tustess, key employees, highest comparated employees, and 22 Loans and other payables to current and former officers directors, 12 tustess, key employees, highest comparated employees, and 23 Charle fabrillose (including fectoral increase inc. payable to unrelated third pertees 24 Unrestricted intra seeds 25 Charle liabilities and included on lines 17-249, Complete Part X of Streatule D 26 Total fabrillose increases on the payable to unrelated thride pertees 26 Total fabrillose increases on through 25, and tilenes 33 and 34. 27 Unrestriction that follow SFAS 117 (ASC 998), check here Iv and 28 Permanentl		2	Sawings and temporary cash investments			2	
tustes, key employess, and highest compensated employess. Compides Part II of Stretute L  Loars and other reconstities from other desuptified persons (as defined under section 4550(4)), person described in section 4550(4)(5), and combituing employers and sporeoring organizations (see institution). Complete Part II of Stretute L  7 Nites and loars reconstitie, nat  8 Invertices for sele or use  9 Prepart depresses and defined charges  10s Land, building, and equipment cost or other these Complete Part II of Stretute L  9 Prepart depresses and defined charges  10s Land, building, and equipment cost or other these Complete Part V of Stretute D  10s Less accumulated depresses that V of Stretute D  10s Less accumulated depresses that V is Stretute D  11 Investments—bridge seates. See Part IV, line 11  13 Investments—bridge seates. See Part IV, line 11  14 Intergrite assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines it through 15 (must equal line 34)  17 Accurate psychia and accurate expresses  18 Defined exerus  20 Take-cerruit bond licitibies  21 Excessor or actical account licitility Complete Part IV of Stretute D  22 Learns and other psychiate in compensated employees, and departed reservas or public seates in compensated employees, and departed persons. Or problet Part II of Stretute L  20 Total field behildles. Add lines it for the compensated employees, and departed persons. Or problet Part II of Stretute L  22 Cher licitities frontucing federal income tax, psychiate to invested third parties.  24 Unrestored materials and class assets  25 Cher licitities frontucing federal income tax, psychiates to invested third parties.  26 Other licitities accesses  27 Total field-		3	Pleotges and grants receivable, net			3	
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6 Loans and other receivables from other dequalified presons (as defined under section 4592(f)(f)), passons described in section 4592(f)(f)(g), and combuting employers and sporeoring organizations (see institutions). Complete Part II of Schedule L  7 Notes and loans receivable, not  8 Inventiones for sale or use  9 Prepaid expenses and deferred charges  10a Land budings, and expensed to an organization of the budings, and expensed the described of the describe							:
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## ## ## ## ## ## ## ## ## ## ## ## ##		6	Loans and other receivables from other disqualified person	ns (as defined under section	,		
sporsoring disparazitions of section 501(ck)(9) voluntary employees beneficiary organization (see institutions). Complete Part II of Schedule L. 7 7 8 1 Notes and loans receivable, not 18 9 Pepade expresses and deferred dranges 9 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D 10a 11 investments—there soutiles See Part IV, line 11 12 13 investments—there soutiles See Part IV, line 11 13 11 14 interrigible assests 11 15 15 148, 992 16 16 Total assests. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and account department 17 17 Accounts payable and account department 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19							
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Form	nggo (2013) Kappa Delta Somority - Beta Chi 47-1527834				Pag	ge 12
P	rt XI. Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Л
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30	08,	826
2	Total expenses (must equal Part IX, column (A), line 25)	2		20	ജ,∙	496
3	Revenue less expenses. Subtract line 2 from line 1	3		-	<u> 45,:</u>	330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5		_		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		Ľ	23,:	<u>143</u>
10	Net assets or fund balances at end of year. Corrone lines 3 through 9 (must equal Part X, line					
	33, cdurm (B))	10		10	38, <sub>4</sub>	<u>473</u>
P	int XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗌 Accrual 📗 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1			
	Schedule O.		1			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			- 1		
	reviewed on a separate basis, consolidated basis, or both			İ		1
	Separate basis Consolidated basis Both consolidated and separate basis		- 1		_	_
þ	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ĺ			
	separate basis, consolidated basis, or both			l		
	Separate basis Consolidated basis Both consolidated and separate basis		l			ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		İ			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	٠		. 1
	Schedule O.				_	
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and CIVIB Circular A-133?		L	3a		
b	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Fon	n <b>99</b>	0 (2013)

## **SCHEDULE** D (Farm 990)

Supplemental Financial Statements
Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

	of the organization	Employer identification number							
Kappa Delta Somority - Beta Chi				_					
Chapter				527834					
Pa	Part I, 15 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answered "Yes" to F	T							
_		(at) Conor advised funds		Funds and other accounts					
1	Total number at end of year								
	Aggregate contributions to (during year)			<del></del>					
	Aggregate grants from (during year)								
_	Aggregate value at end of year								
9	Did the organization inform all donors and donor advisors in writing that if finds are the consciously support to the consciously and a								
6	funds are the organization's property, subject to the organization's exclusional distribution of the organization informal grantees, donors, and donor advisors in w	•		∐ Yes ∐ No					
•	only for charitable purposes and not for the benefit of the donor or donor	<u> </u>							
	conferring impermissible private benefit?	auso, a la aly dia pupuse		☐ Yes ☐ No					
Pa	Ttill Conservation Easements.								
L	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7.							
1	Purpose(s) of conservation essements held by the organization (check a								
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant land	darea					
	Protection of natural habitat	Preservation of a certified historic							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conserva	<b>b</b> an						
	easement on the last day of the tax year			Heliciatithe End of the Tax Year					
а	Total number of conservation easements		2a						
b	Total acreege restricted by conservation easements		2b						
C	Number of conservation essements on a certified historic structure induc-	ded ın (a)	<b>2</b> c						
d	Number of conservation easements included in (c) acquired after 8/17/08	i, and not on a							
	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during the	•					
	tax year ▶								
	Number of states where property subject to conservation easement is to								
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		n. m					
_	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year	•						
_									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing oc	inservation easements during the year							
•	Does each conservation essement reported on line 2(d) above satisfy the	le requirements or section 17U(n)(4)(B)							
	(i) and section 170(h)(4)(B)(ii)?	do ito		∐ Yes ∐ No					
3	In Part XIII, describe how the organization reports conservation easemer balance sheet, and include, if applicable, the text of the footnote to the or	•							
	organization's accounting for conservation essements.		100000						
∜Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar /	Assets.					
العسائلسات	Complete if the organization answered "Yes" to F								
1a	If the organization elected, as permitted under SFAS 116 (ASC 968), not	to report in its revenue statement and bala	ance sheet	1					
	works of art, historical treasures, or other similar assets held for public e								
	public service, provide, in Part XIII, the text of the footnote to its financial								
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance	e sheet						
	works of art, historical treasures, or other similar assets held for public e								
	public service, provide the following amounts relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		>	<b>\$</b>					
	(fi) Assets included in Form 990, Part X		•	<b>\$</b>					
2	If the organization received or held works of art, historical treasures, or o	other similar assets for financial gain, provid	te the						
	following amounts required to be reported under SFAS 116 (ASC 958) re								
а	Revenues included in Form 990, Part VIII, line 1		•	<b>\$</b>					
b	Assets included in Form 990, Part X		•	<b>►</b> \$					

Schedule D (Form 990) 2013 Kappa. De				47-1527			Page 2	
Part III Organizations Maintainin						(continu	<b>&gt;</b> d)	
3 Using the organization's acquisition, access	on, and other records,	check any of the follow	ing that are a	significant use o	of its			
collection items (check all that apply)								
a Public exhibition	d∐	roau a. exquaude bud	grams					
b Scholarly research	e 📙	Other						
c Preservation for future generations								
4 Provide a description of the organization's o	dlections and explain I	now they further the arg	genzation's e	empt purpose ir	n Part			
XIII								
5 During the year, did the organization solicit		· ·	-	ntar			_ 🗆 👡	
assets to be sold to raise funds rather than		it of the organizations	collection?	<del></del>		Ye	s No	
	Part IV: Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form							
990, Part X, line 21.		widinso, rai	. i v, iii & o,	a iquitui	a i a i coa t	an am		
1a is the organization an agent, trustee, custoo	ian or other intermedia	ry for contributions or o	ther assets r	ot .				
included on Form 990, Part X?		•				☐ Ye	s $\square$ No	
b If "Yes," explain the arrangement in Part XII	l and complete the folk	owing table:						
		_				Amount		
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a. Did the organization include an amount on F	Form 990, Part X, line 2	21?				Ye	s 🗌 No	
b If "Yes," explain the arrangement in Part XII	Check here if the exp	danation has been prov	nded in Part X	an				
Part V Endowment Funds.								
Complete if the organization	on answered "Yes"	to Form 990, Pari	<u>t IV, line 1</u>	<u>o.                                    </u>		<del></del>		
	(at) Current year	(b) Phoryeer	(c) Two ye	ers back (d)	Three years back	(e) Four	years back	
1a Beginning of year balance			1					
b Contributions								
c Net investment earnings, gains, and				1				
losses			1					
d Grants or scholarships		ļ					<del></del>	
e Other expenditures for facilities and								
programs						<del></del>		
f Administrative expenses								
g End of year balance		(han 4n anh an (n)) ha	44					
2 Provide the estimated percentage of the cural Board designated or quasi-endowment. ►	mentyearentibalance %	(line ig, column (a)) ne	acias					
	70 16							
c Temporarily restricted endowment	%							
The percentages in lines 2a, 2b, and 2c sho								
3a Are there endowment funds not in the poss	•	on that are held and ar	hmnetered fr	r the				
organization by		o reac recarda	arii kaca ca iç			ſ	Yes No	
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If "Yes" to 3a(ii), are the related organization	ns listed as required or	Schedule R?				3b		
4 Describe in Part XIII the intended uses of the	· ·							
Rant Mi Land, Buildings, and Ed								
		to Form 990, Part	t IV, line 1	1a. See Form	1990, Part 2	X, line 10	Į.	
Description of property	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Descriptor of property (a) Cost or other bases (b) Cost or other bases (b) Accumulated (d) Book value							
	(investment)	(ath	ner)	depreciati	on			
1a Land								
<b>b</b> Buldings								
c Lessehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Odumn (d) must	equal Form 990, Part	X, column (B), line 10(c	3)		<b>&gt;</b>			

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	om 990) 2013 Kappa Delta Somority	– Beta Chi_	47-1527834	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line		
	(at) Description of security or category	(b) Book value	(c) Mathod of valu	
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial o	derivatives			<del></del>
•	ld equity interests			
(3) Other				
(A)				
(B)				
(9				
(D)				
(E)				
(F)				
(G)				
(⊢ń)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)		),**	
Part VIII	Investments Program Related.			
	Complete if the organization answered "Yes" to	o Form 990. Part IV. line	e 11c. See Form 990. Part 2	X line 13.
	(a) Description of investment	(b) Book value	(c) Mathod of value	
	(4	1	Cost or end-of-year m	erket value
(1)				
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
<u>(2)</u>				
(3)				
<u>(4)</u>				
(5)		*		
<u>(6)</u>				
(7)				
(8)			<del>- </del>	
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13.)		343×0°.57°C	
Part IX	Other Assets.  Complete if the organization answered "Yes" to	o Form COO Dart IV/ lio	o 11d Soo Form COO Port	Y line 15
	(a) Description	orumssu, raitiv, iiri	e na særamss, rati	(b) Book value
	Due From	<del></del>		48,922
(1)	DOE FICH			
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)				
_(5)				
_6)				<del></del>
_(7)				
_(8)				
_(9)				40.000
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	48,922
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" t	to Form 990, Part IV, IIn	e 11e or 11t. See Form 990	), Part X,
	line 25.			
1.	(at) Description of liability	(b) Book value	<b></b>	
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	m (b) must equal Form 990, Part X, col. (B) line 25.) ▶		l <sub>k</sub>	
	uncertain tax positions. In Part XIII, provide the text of the fo	colnate to the arganization's fir	nancial statements that recorts the	
•	liability for uncertain tax positions under FIN 48 (ASC 740)			all 🗆
	many in a baseli sa posició de las i il 4-10 y -00 7-10 y			

Şaher	MeD (Form 990) 2013 Kappa Delta Somorrity - Beta C	hi_	47-1527834	1	Page 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With	n Revenue per Retu	m		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1		
2	Arrounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a		l		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d		_		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 76	4a				
b	Other (Describe in Part XIII )	4b		_	ĺ	
C	Add lines 4a and 4b		į	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	th Expenses per R	etun	ı	
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities	2a				
b	Phor year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII )	2d		-		
e	Add lines 2a through 2d		1	2e		
3	Subtract line 2e from line 1	r ı		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	<b>4</b> b		-		
_	Add lines 4a and 4b			4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u> </u>	
Pa	rt XIII : Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; Also complete this part to provide any additional information.

Schedule D (Form 990) 2013 Kappa Delta Somortity - Beta Chi.

\*Part XIII Supplemental Information (continued)

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SCHEDULE (O (Farm 990 or 990 62) 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.

2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Kappa Delta Somomity - Beta Chi Chapter Employer Identification number 47–1527834

Form 990 - Additional Information

The organization did not donate more than 5,000 to a single organization.

Accordingly, Schedule I is not required.

Form 990, Part VI - Additional Information

No person is compensated by this organization. Hence, compensation policy is not necessary.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The governing body is elected by the organization's members bi-annually.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is prepared by an independent CPA firm and reviewed by the Organizations top officers prior to filing with the IRS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Prior Period Adjustment \$ 123,143