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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

**2013**Department of the Treasury  
Internal Revenue Service**A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14****B Check if applicable**

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization****Kappa Delta Sorority - Zeta Sigma  
Chapter**

Number and street (or P O box, if mail is not delivered to street address)

**23 Coming Street**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Charleston SC 29401****D Employer identification number****57-1056727****E Telephone number**  
**901-748-1897****F Group Exemption  
Number** ► **0805****G Accounting Method:**  Cash  Accrual  Other (specify) ►**I Website:** ► **COFC.KappaDelta.Org****J Tax-exempt status (check only one)** —  501(c)(3)  501(c) (7) (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ) ► \$ **193,467****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	<b>190,683</b>
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	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
c Less: direct expenses from gaming and fundraising events	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	<b>2,784</b>
7a Gross sales of inventory, less returns and allowances	7b	<b>2,879</b>
b Less cost of goods sold	7c	<b>-95</b>
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe in Schedule O)	9	<b>190,588</b>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13	
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	
16 Other expenses (describe in Schedule O)	17	
17 Total expenses. Add lines 10 through 16	18	<b>8,158</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	
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)	20	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	<b>78,945</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	22	<b>87,103</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

14P

**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	43,776	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	35,169	24
<b>25 Total assets</b>	<b>78,945</b>	<b>25</b>
26 Total liabilities (describe in Schedule O)	0	26
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21)</b>	<b>78,945</b>	<b>27</b>
		87,103

**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?

### 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.

### Expenses

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

28 Operate a local collegiate chapter of a national college sorority organization to further educational and social interests within the College of Charleston campus.

(Grants \$  ) If this amount includes foreign grants, check here

29 [View Details](#) / [Edit Details](#) / [Delete](#) / [Print](#) / [Email](#) / [Checklist](#)

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

1000

(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)

22. Total grants (add lines 20, 21, and 21a)  If this amount includes foreign grants, check here ► 31a

**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.

Check if the organization used Schedule C 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
<u>Aimi Nguyen</u> <u>President</u>	1.00	0	0	0
<u>Paige Baldwin</u> <u>VP Finance</u>	1.00	0	0	0
<u>Sarah Munro</u> <u>Panhellenic Delegate</u>	1.00	0	0	0
<u>Krista DeWolfe</u> <u>VP- Member Education</u>	1.00	0	0	0
<u>Rachel Hackett</u> <u>VP- Membership</u>	1.00	0	0	0
<u>Therese Spaseff</u> <u>VP- Operations</u>	1.00	0	0	0
<u>Phoebe Wheeler</u> <u>VP- Community Serv.</u>	1.00	0	0	0
<u>Sarah Fowler</u> <u>VP- Standards</u>	1.00	0	0	0
<u>Anna Goforth</u> <u>Secretary</u>	1.00	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 

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**

b Did the organization file Form 1120-POL for this year? **37b**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a**

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter **39a** **2,025**

a Initiation fees and capital contributions included on line 9 **39b** **0**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► **40a** ; section 4912 ► **40b** ; section 4955 ► **40c**

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 **40d**

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 **40e**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40f**

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 **40g**

41 List the states with which a copy of this return is filed ► **None**Telephone no. ► **901-748-1897**42a The organization's books are in care of ► **Paige Baldwin**

23 Coming Street

SC ZIP + 4 ► **29401**Located at ► **Charleston**

Yes	No
<b>42b</b>	<input checked="" type="checkbox"/>
<b>42c</b>	<input checked="" type="checkbox"/>

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 ► **42b**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► **42c**

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**

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

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

**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		
48		
49a		
49b		

**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."

(a) Name and title of each employee	(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."

(a) Name and business address of each independent contractor	(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

<b>Sign Here</b>	 Paige Baldwin Type or print name and title	11/5/14 Date
		Treasurer
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Robert L Whitehurst, CPA Firm's name ► Arnold Gallivan Levesque P.C. Firm's address ► 2810 Premiere Pkwy Ste 200 Duluth, GA 30097	Preparer's signature Robert L Whitehurst, CPA Firm's EIN ► 26-0863073 Phone no 678-570-8112
		Date 11/05/14 Check <input type="checkbox"/> if self-employed PTIN P01383986

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

►  Yes  No

Form 990-EZ (2013)

**SCHEDULE O**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

<b>Supplemental Information to Form 990 or 990-EZ</b>	
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.	
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	
Name of the organization	<b>Kappa Delta Sorority - Zeta Sigma Chapter</b>
	Employer identification number <b>57-1056727</b>

OMB No. 1545-0047

**2013**Open to Public  
Inspection**Form 990-EZ, Part I, Line 16 - Other Expenses**

<b>Description</b>	<b>Amount</b>
<b>Expenses</b>	
Office Expense	\$ 13,162
Public Relations	\$ 1,102
Repairs and Maintenance	\$ 22,946
Dues	\$ 2,320
Philanthropy	\$ 42,971
Meetings	\$ 1,540
Social	\$ 34,678
Recruitment	\$ 20,266
<b>Total \$</b>	<b>138,985</b>

**Form 990-EZ, Part II, Line 24 - Other Assets**

<b>Description</b>	<b>Beg. of Year</b>	<b>End of Year</b>
Due From Members	\$ 35,169	\$ 48,244
<b>Total \$</b>	<b>35,169</b>	<b>48,244</b>