

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form 990-EZ

Short Form

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2019

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form, as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

POSTMARK DATE NOV 09 2020

SCANNED JUL 02 2021

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

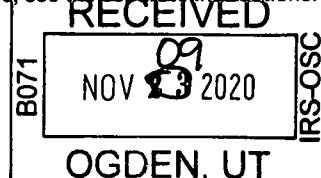
, 20

B Check if applicable	C Name of organization 21 Kappa Delta Sorority, Delta Zeta Chapter		D Employer identification number 21 726034680
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 21	Room/suite	E Telephone number 318-572-6023
<input type="checkbox"/> Name change	3405 W Deborah Dr		
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	07	F Group Exemption Number ► 21
<input type="checkbox"/> Final return/terminated	Monroe, LA 71201		
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B 21 (Form 990, 990-EZ, or 990-PF).	
I Website:	► http://ulm.kappadelta.org/		
J Tax-exempt status (check only one) –	<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		
K Form of organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **21**Check if the organization used Schedule O to respond to any question in this Part I

21	1 Contributions, gifts, grants, and similar amounts received	1	200
21	2 Program service revenue including government fees and contracts	2	
21	3 Membership dues and assessments	3	88,260
21	4 Investment income	4	1,410
	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	
	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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		
21	10 Grants and similar amounts paid (list in Schedule O)	10	
21	11 Benefits paid to or for members	11	
21	12 Salaries, other compensation, and employee benefits 21	12	
21	13 Professional fees and other payments to independent contractors 21	13	400
21	14 Occupancy, rent, utilities, and maintenance	14	2,188
21	15 Printing, publications, postage, and shipping	15	1,337
21	16 Other expenses (describe in Schedule O) 21	16	88,558
21	17 Total expenses. Add lines 10 through 16 ►	17	92,483
21	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	25,576
21	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	184,435
21	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21	21 Net assets or fund balances at end of year. Combine lines 18, through 20 ►	21	210,011

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	184,969	22 210,011
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 843
25	Total assets	184,969	25 210,854
26	Total liabilities (describe in Schedule O)	(534)	26 (843)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	184,435	27 210,011

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? _____

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, optional for others)

28	_____		
28	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	_____		
29	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	_____		
30	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) _____		
31	(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
Lauren Palowsky	0	0	0	0
President	0	0	0	0
Alexis Booth	0	0	0	0
V P of Finance	0	0	0	0
Kennedy Picard	0	0	0	0
V P of New Member Education	0	0	0	0
Lauren Fee and Molly Claire	0	0	0	0
V P of Membership	0	0	0	0
Alex Smith	0	0	0	0
V P of Operations	0	0	0	0
Sydney Curtis	0	0	0	0
V P of Community Service	0	0	0	0
Keegan Craft	0	0	0	0
V P of Public Relations	0	0	0	0
Maegan Callais	0	0	0	0
V P of Standards	0	0	0	0
Katelyn Yopp and Hattie Morgan	0	400	0	0
Secretary	0	0	0	0
Kelsey Laudenheimer	0	0	0	0
Financial Advisor & Tax Preparer	0	0	0	0
Carol Anne Barnes	0	0	0	0
Chapter Council Advisor	0	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	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	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
a Initiation fees and capital contributions included on line 9	40a	✓
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►	40c	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		
41 List the states with which a copy of this return is filed ► N/A - Federal Filing Only		
42a The organization's books are in care of ► Alexis Booth, V P of Finance	Telephone no. ► 318-953-1887	
Located at ► 215 Greenbriar Dr., West Monroe, LA	ZIP + 4 ► 71291	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? 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	✓
b 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	46	✓
		??	??

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	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."		

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 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	<input type="text" value="Alexis Booth"/> Signature of officer	<input type="text" value="11/9/20"/> Date
	<input type="text" value="Alexis Booth, V P of Finance"/> Name and title	
	<input type="text" value="Type or print name and title"/> 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
	Kelsey Laudenheimer, CPA		11/7/20		P02010206
	Firm's name ► N/A	Firm's EIN ►			
Firm's address ► 3405 W Deborah Dr, Monroe, LA 71201			Phone no	318-572-6023	

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

Name of the organization

Kappa Delta Sorority - Delta Zeta Chapter

Employer identification number

72-6034680

Part I

Line 8 - \$28,189 in Other Revenue represents the funds raised through the organization's annual fundraiser for Prevent Child Abuse America and the Louisiana Children's Baptist Home

Line 16: \$88,222 in Other Expenses consist of the following accounts

Bad Debt Expense	\$1,410
Billing System/ Software Fees	\$4,377
Charitable Contributions	\$20,983
Education & Travel Expenses	\$2,863
Fundraising Expenses	\$8,833
Head Quarters Fees (charged by Organization's National HQ)	\$1,025
Insurance Expenses	\$61
Meals/ General Food Expense	\$2,098
Member Discounts (for early payment)	\$3,679
Panhellenic Fees	\$2,715
Photography/ Composite Expenses	\$6,652
Recruitment Expenses	\$3,869
Social/ Entertainment Expenses	\$23,916
T-Shirts, Gifts, Badges & Misc	\$5,741
TAXES paid on Investment Income	\$335
TOTAL OTHER EXPENSES	\$88,558

Name of the organization	Employer identification number
Kappa Delta Sorority - Delta Zeta Chapter	72-6034680

Part II

Line 24 / Other Assets - \$843 is made up of outstanding Accounts Receivable

Line 26 / Total Liabilities - \$843 is made up of Deferred Revenue

Please note, the chapter's overall net income is unusually high because a lot of their social events had to be canceled due to the Coronavirus pandemic. The reason the total assets are so high is because the balance includes \$125,545 in a restricted savings account at National Headquarters. The purpose of this savings account is to one day fund the construction of a living/meeting facility for the organization's members. The operating and savings account are accounted for separately but consolidated for tax return purposes (as they are both owned by the chapter).