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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A I	For the	e 2015 ca	lendar year, or tax year beg	inning 06-01-2015 $$, and ending	05-31-20	16			
ВС	heck if a	applicable	C Name of organization Kappa Sigma Fraternity Delta	XI Chapter			D Empl	oyer ic	lentification number
Г Ad	ddress cl	hange	, , , , , , , , , , , , , , , , , , , ,	64-0	64-0413076				
ГΝ	ame cha	ange	Doing business as						
┌ In	ııtıal retu	um					E Teleph	one n	ımher
	nal		Number and street (or P O box PO Box 1237	x if mail is not delivered to street address	s) Room/s	uite	Е текері	ione ne	imber
		rmınated							
_	mended		City or town, state or province, Oxford, MS 38655	, country, and ZIP or foreign postal code			G Gross	receipt	s \$ 553,197
j Aj	pplicatio	n pending							<u> </u>
			F Name and address of	f prıncıpal officer		H(a) Is th			
						H(b) Are a	rdinates?		「Yes √No s 「Yes √No
						inclu		illiate.	5 165 110
		mnt status) ◀ (insert no)		If"N	o," attac	h a lıs	t (see instructions)
		mpt status) = (Insert no) 4947(a)(1) or	527	H(c) Grou	ıp exemp	tıon n	umber ►
J V	Vebsit	e:► N/A							
K Fo	rm of or	rganızatıon	Corporation Trust Asso	ciation 🔽 Other ►		L Year of fo	rmation 1	952	M State of legal domicile MS
Pa	art I	Sum	mary						
				sion or most significant activities					
			e educational services, hous y around them	ing & social services to young me	en in coll	ege to help tra	in them i	ıp to b	e aware of their
3	<u>-</u>	Ommanic	y around them						
Ē	-								
je i		Charleth				-6	F 0/ - 5 : b =		
Governance	'	Check th	is box 🖣 II the organizatio	n discontinued its operations or d	isposed	or more than 2	5 % OI ILS	neca	issets
	3	Number	of voting members of the gov	verning body (Part VI, line 1a) .				з	3
Activities &	4	Number	of independent voting member	ers of the governing body (Part VI	I, line 1b)		4	0
Ξ.	5	Total nur	nber of individuals employed	d ın calendar year 2015 (Part V, lı	ıne 2a)			5	11
्र व	6	Total nur	nber of volunteers (estimate	e if necessary)				6	
	7a	Total unr	elated business revenue fro	m Part VIII, column (C), line 12				7a	0
	b N	let unrela	ted business taxable incom	e from Form 990-T, line 34 .				7b	
						Pric	r Year		Current Year
	8	Contri	butions and grants (Part VI)	II, lıne 1h)					0
Ravenue	9	Progra	m service revenue (Part VI	II, line 2g)			200	,512	553,197
9.50	10	Invest	ment income (Part VIII, co	lumn (A), lines 3, 4, and 7d) .					0
ш	11			(A), lines 5, 6d, 8c, 9c, 10c, and					0
	12	Totalı 12)	evenue—add lines 8 through	h 11 (must equal Part VIII, colum	nn (A), lir	ne	200	,512	553,197
	13		and similar amounts haid (Part IX, column (A), lines 1-3)					0
	14			art IX, column (A), line 4)					
	15			ployee benefits (Part IX, column (4.5.	
\$		5-10)		(,	,,,		34	,407	145,040
Expenses	16a	Profes	sional fundraising fees (Par	t IX, column (A), line 11e)		-			0
ਡੋ	b	Total fu	ndraising expenses (Part IX, colum	nn (D), line 25) ► 0					
_	17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24e) .			356	,573	437,544
	18	Total e	expenses Add lines 13-17	(must equal Part IX, column (A),	line 25)		390	,980	582,584
	19	Reven	ue less expenses Subtract	line 18 from line 12	<u> </u>	-	-190	,468	-29,387
\$ 00 00 00 00 00 00 00 00 00 00 00 00 00						Beginning o	of Current	Year	End of Year
Net Assets or Fund Balances	20	Totala	assets (Part X. line 16)				136	,713	108,891
t As	21							,000	61,565
22	22			ract line 21 from line 20				,713	47,326
Pa	rt II		ature Block					<u>′ </u>	,
my l	knowle		pelief, it is true, correct, and	e examined this return, including a complete Declaration of prepare					
		****	**			2(016-10-12		
Sig	n	Signa	ture of officer				ate		
Her			Burns President						
		Туре	or print name and title						
Pai	id		rınt/Type preparer's name hıllıp A Carr CPA	Preparer's signature Phillip A Carr CPA			eck if -employed	PTIN P003	359378

Firm's name 🕨 Devoe Carr PLLC

Firm's address ► 1420 N Lamar Blvd Ste 100

Oxford, MS 386552308 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

Firm's EIN 🕨

Phone no (662) 234-0703

. ✓ Yes ☐ No

orn	990 (2015)	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission ovide educational services, housing & social services to young men in college to help train them up to be aware of their community of them	ty
<u> </u>	d them	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 582,584 including grants of \$) (Revenue \$ 553,197)	
	To provide housing and social services to young men in college to help train them up to be aware of their community around them	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 582,584	
TC	Total program service expenses F 302,307	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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		No
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, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses 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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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? <i>If "Yes," complete Schedule J.</i>	23	No
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
С	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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	No
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	No
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 "Yes," complete Schedule L, Part II	26	No
27	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	No
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)		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		
		28a	No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31	No
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	No
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	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No
		For	m 990 (2015)

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
24	Tax Statements, filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
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		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly 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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
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.			
9	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
a	additional information the organization must report on Schedule O	13a	L_	No
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L.	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodule O	1 1 1 1	I	I

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O. contains a response or note to any line in this Part VI.

Se	ction A. Governing Body and Management			-,
<u> </u>	ction A. Governing body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No.
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	\vdash		
	more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		No
	in Schedule O how this was done	12c		Νo
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
18 19	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O). Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records Devoe Carr PLLC 1420 N Lamar Blvd Oxford, MS 38655 (662) 234-0703

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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

- ◆ 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
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ 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 W-2 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, or 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 organization compensated any current officer, director, or trustee

Carpella Carpella											
(1) Davis Bittner	(A) Name and Title	A verage hours per week (list any hours for related organizations below	more pers and	than on is a dii	(do one bot recto	not box h ar or/tr	c, unle office ustee	ess er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related
Column C				8			B. P.				
X		0 00	х						0	0	0
(3) Ranny Randolph			×						0	0	0
X											
			x						0	0	0
Form 990 (2015)		0 00									
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Form 990 (2015)								\vdash			
				<u> </u>							Form 990 (2015)

t VII	Section A. Officers,	Directors,	Trustees, k	Cev Employ	ees, and Hig	hest Com	pensated Emplo	vees	(continued
-------	----------------------	------------	-------------	------------	--------------	----------	----------------	------	------------

	(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee) organ						Repor comper from organiza		(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee			2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b c d	Sub-Total	=										
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho receive	d more th	nan	
3	Did the organization list any f oon line 1a? <i>If "Yes," complete</i> S					key	emplo	yee,	, or highes	t compen		Yes No
4	For any individual listed on line organization and related organ individual	e 1a, ıs the sum	of repo	rtabl	e co						on from the uch	4 No
5	Did any person listed on line 1 services rendered to the organ			•				•	_	anızatıon		5 No
Se	ection B. Independent Co	ntractors										
1	Complete this table for your fix compensation from the organiz	zation Report co										n's tax year
	N	(A) lame and business	address							Des	(B) scription of services	(C) Compensation
												+

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V	4 🕈 🕈 1	Statement of Revenue		th Dt VIII			_
		Check if Schedule O contains a respo	nse or note to any lu	ne in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or	Unrelated	Revenue
					exempt	business	excluded from
					function revenue	revenue	tax under sections
							512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
<u> Бг</u>	l c	Fundraising events 10					
ts,							
<u>ia</u>	d	Related organizations 1d					
ij iš	e	Government grants (contributions) 1e					
tior r S	f	All other contributions, gifts, grants, and similar amounts not included above					
the But		Noncash contributions included in lines					
Ē	g	1a-1f \$					
Cont and	h	Total. Add lines 1a-1f	<u></u>	0			
			Business Code				
⊒⊓e	2a	Membership Dues & Assessments	Business code	553,197	553,197		
wer	ь	Plemberanip Dues & Assessments		333,197	353,197		
達							
MCE	°		<u> </u>				
Se C	d						
Ē	e						
Program Serwoe Revenue	f	All other program service revenue					
ž	ا ا	Total. Add lines 2a-2f		553,197			
	3	Investment income (including divider					
		and other similar amounts)	•	0			
	4	Income from investment of tax-exempt bond	proceeds	0			
	5	Royalties	🕨	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental					
	l c	expenses Rental income					
	_	or (loss)					
	d	Net rental income or (loss)		0			
	_	(i) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
	_	sales expenses Gain or (loss)					
	C d	Net gain or (loss)	_	0			
**		Gross income from fundraising					
μ		events (not including					
 >		\$					
æ		of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>		a					
Other Revenue	ь	Less direct expenses b					
_		Net income or (loss) from fundraising	events	0			
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	.	a					
		Less direct expenses b		ol			
		Net income or (loss) from gaming act	villes				
	100	Gross sales of inventory, less returns and allowances .					
		а					
	ь	Less cost of goods sold ${f b}$					
	С	Net income or (loss) from sales of inv	entory 🛌	0			
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
				0			
	12	Total revenue. See Instructions .	· · · · •	553,197	553,197		

	IX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must com	nlete column (A)	
<u> </u>	Check if Schedule O contains a response or note to any line in the				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	·		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	129,296	129,296		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	15,744	15,744		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	9,190	9,190		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	4,888	4,888		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,491	1,491		
20	Interest	74	74		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	6,677	6,677		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Social Expense	191,901	191,901		
b	Bad Debt Expense	52,745	52,745		
c	National Dues	48,273	48,273		
d	Rush Expense	39,593	39,593		
е	All other expenses	82,712	82,712		
25	Total functional expenses. Add lines 1 through 24e	582,584	582,584	0	0
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 30.532 Cash-non-interest-bearing 2 Savings and temporary cash investments . 2 0 3 3 Pledges and grants receivable, net . . 136,713 78,357 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 0 8 8 Inventories for sale or use . . . 9 9 0 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 0 b Less accumulated depreciation . **10**c 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . 14 14 0 2 15 15 136,713 16 108,891 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . 60.000 **17 17** 57.827 Accounts payable and accrued expenses . 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,738 60.000 61.565 26 26 **Total liabilities.**Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 76,713 32 47,326 Retained earnings, endowment, accumulated income, or other funds 33 76,713 33 47,326 Total net assets or fund balances Total liabilities and net assets/fund balances 136.713 108,891

Form	990 (2015)			ı	Page 12
Par	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•	<u> </u>	<u>l</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		į	553,197
2	Total expenses (must equal Part IX, column (A), line 25)	2			582,584
3	Revenue less expenses Subtract line 2 from line 1	3			-29,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			76,713
5	Net unrealized gains (losses) on investments	5			70,715
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			47,326
Par	t XIII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O				
3a	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 OMB Circular A-133?	ne	За		No
b	If "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		

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DLN: 93493286008126

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public

ernal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
Name of the orga Kappa Sigma Fratern			Emple	oyer identification number
11 3	•		64-0	413076
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
Total num	ber at end of year			
A ggregate year)	e value of contributions to (during			
A ggregate	e value of grants from (during year)			
Aggregate	e value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advis	ed Yes No
used only for		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose Yes No
art III Cons	servation Easements. Compl	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
	•	ne organization (check all that apply)		
·	tion of land for public use (e g , recre on of natural habitat	<u> </u>		cally important land area historic structure
_	tion of open space	, Treservation or a	ceremea	motoric structure
,		held a qualified conservation contribution in	the form	of a conservation
	the last day of the tax year	nela a quamica conservation contribution in		or a conservation
				Held at the End of the Year
_	r of conservation easements	onts	2a	
_	e restricted by conservation easemoniservation easemoniservation easements on a certified		2b 2c	
		c) acquired after 8/17/06, and not on a	<u>2</u> c	
	cture listed in the National Register	c) acquired after 0/17/00, and not on a	2d	
Number of co	onservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
Number of st	rates where property subject to cons	ervation easement is located 🗠		
	nanization have a written policy regained enforcement of the conservation of	rding the periodic monitoring, inspection, har easements it holds?	ndling of	┌ Yes
Staff and vol year	unteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
▶				
A mount of ex	openses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
► \$				
	onservation easement reported on li ction 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
balance shee	-	ts conservation easements in its revenue ar t of the footnote to the organization's financia asements		•
		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
7.5.1		ed "Yes" on Form 990, Part IV, line 8.	nuo otat	amont and halance check
works of art,	historical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, anote to its financial statements that describe	or resea	irch in furtherance of public
works of art,		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education, o these items		
(i) Revenue ind	cluded on Form 990, Part VIII, line	1	► \$_	
(ii) Assets inclu	uded in Form 990, Part X		► \$_	
If the organiz	zation received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items		ial gain, provide the
a Revenue incl	luded on Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	Organization (continued)	ns Maintaining	Collections of A	Art, Hi	storica	l Treas	sures, o	r Oth	ner Simil	ar A	ssets	
3	Using the organization collection items (chec		ession, and other re	cords, c						ant us	e of its	
а	Public exhibition			d	☐ Lo	an or ex	change pi	rogran	ns			
b	Scholarly research	h		е	Γο.	ther						
c	Preservation for fu	ıture generatıons										
4	Provide a description of Part XIII	of the organization's	s collections and ex	oplain ho	w they fu	rther the	e organıza	tıon's	exempt pu	rpose	: In	
5	During the year, did th	e organization solic	it or receive donati	ons of a	rt, hıstorı	cal trea	sures or o	thers	ımılar _	_	_	
	assets to be sold to ra			as part	of the org	ganızatıd	n's collec	tion?		Yes	No	
Par			ngements. Inswered "Yes" o	n Form	990, Pa	rt IV, lı	ne 9, or	repo	rted an aı	mour	nt on Form	990,
1a	Is the organization an included on Form 990,		todian or other inte	rmediar	y for cont	rıbutıons	or other	asset		_ Yes	⊱ ∏ No	
b	If "Yes," explain the	e arrangement in Pa	art XIII and comple	te the fo	llowing ta	able				Am	ount	
c	Beginning balance							1c				
d	Additions during the	e year					Γ	1d				
e	Distributions during	the year						1e				
f	Ending balance							1f				
2a	Did the organization in	clude an amount o	n Form 990, Part X,	line 21	, for escr	ow or cus	todial ac	count	liability? [_ Yes	⊢ No	
Ь	If "Yes," explain the ai	rrangement in Part	VIII Check here if	the evn	lanation h	nas heer	provided	ın Pai	+ ¥!!!			Г
Pai			te if the organiza									
		,	(a)Current year		rior year		wo years ba)Three years		(e)Four year	s back
1a	Beginning of year bala	nce										
b	Contributions											
c	Net investment earnin	· · ngs, gains, and										
d	Grants or scholarship	s										
e	Other expenditures fo and programs											
_						+		+				
f	Administrative expens							-				
g	End of year balance			<u> </u> (:			\					
2	Provide the estimated	_	current year end ba	iance (ii	ne 1g, co	iuiiii (a)) lielu as					
a	Board designated or qu											
b	Permanent endowment											
С	Temporarily restricted The percentages on lir		should equal 100%									
3a	Are there endowment forganization by (i) unrelated organization		_			held and	administ	ered fo	or the	3a	Yes a(i)	No
b	(ii) related organization If "Yes" on 3a(II), are t	ns the related organiza		 uıred on	 Schedule	R? .				За	i(ii)	
4	Describe in Part XIII t			endowr	nent fund	s						
Par		n gs, and Equip ne organization a	ment. Inswered 'Yes' to	Form ^o	990. Par	t TV. lın	e 11a.Se	e Fo	rm 990. P	Part >	C. line 10.	
		n of property	monoreu ree te		Cost or o	ther basis tment)		er bası	Accur	mulate	d (d)Book	value
1a	Land			[
b	Buildings			[
C	Leasehold improvement	ts		. [
d	Equipment											
	Other						<u> </u>					
ıota	I. Add lines 1a through :	ıe (Column (d) mus	t equal Form 990, Pa	rt X, colu	ımn (B), li	ne 10(c)	.)	• •			D (Form 990	

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orgar	nization answered 'Ye	es' on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value		lethod of valuation nd-of-year market value
(1)Financial derivatives				,
(2)Closely-held equity interests (3)Other				
Table (Caluma (h) anna anna Farra (000 Bart V and (0) fan 12)	P			
Part VIII Investments—Program Related.				
Complete if the organization answered "	Yes' on Form 990), Part IV, line 11c. _{Se}		
(a) Description of investment		(b) Book value		ethod of valuation nd-of-year market value
				•
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on	Form 990 Part IV line	11d See Form	990 Part X line 15
(a) Descrip				(b) Book value
				_
				_
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)			
Part X Other Liabilities. Complete if the organ	nization answered	l 'Yes' on Form 990,	Part IV, line	11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value			
Federal income taxes		_		
Payroll Liabilities	3,7	38		
		\dashv		
		_		
		_		
		\dashv		
		_		
	ĺ			
	3,7			

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	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 ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4 c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e]
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Information (continued)							
Return Reference	Explanation						

Schedule D (Form 990) 2015

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Kappa Sigma Fraternity Delta XI Chapter	
	64-0413076

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Review will be made by signing officers before filing
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part IX, Line 24e Other Expenses	Billing Expense Column (A) - Total = \$4538, Column (B) - Program Services = \$4538, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Chapter Supplies Column (A) - Total = \$12498, Column (B) - Program Services = \$12498, Col umn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Composite Column (A) - Total = \$6835, Column (B) - Program Services = \$6835, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Dues and Subscriptions Column (A) - Total = \$670, Column (B) - Program Services = \$670, C olumn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Gifts Column (A) - Total = \$3652, Column (B) - Program Services = \$3652, Column (C) - Man agement & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	House Mother Expense Column (A) - Total = \$3444, Column (B) - Program Services = \$3444, C olumn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Paypal Fees Column (A) - Total = \$7049, Column (B) - Program Services = \$7049, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Philanthropy Column (A) - Total = \$5461, Column (B) - Program Services = \$5461, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Pledge Fees Column (A) - Total = \$1909, Column (B) - Program Services = \$1909, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Postage and Shipping Column (A) - Total = \$322, Column (B) - Program Services = \$322, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Security Column (A) - Total = \$36334, Column (B) - Program Services = \$36334, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0