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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	140,998	22 53,443
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	5,387	24 3,284
25	Total assets	146,385	25 56,727
26	Total liabilities (describe in Schedule O)	(2,806)	26 (602)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	143,579	27 56,125

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.

28			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a
32	Total program service expenses (add lines 28a through 31a)		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 Lewis President		0	0	0
Allison Willard V P of Finance		0	0	0
Kasey McDonald V P New Member Ed		0	0	0
Sunne Pace V P Membership		0	0	0
Kristen Little V P Operations		0	0	0
Jenna Mailhes V P Community Service		0	0	0
Lara Harris V P Public Relations		0	0	0
Grace Jeanfreau V.P Standards		0	0	0
Sarah Green Secretary		0	0	0
Kelsey Laudenheimer Financial Advisor		0	0	0
Carol Anne Barnes Chapter Council Advisor		0	0	0
Lisa Miller University Advisor		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		✓
34		✓
35a		✓
b		
c		
36		✓
37a	37a	
b		✓
38a		✓
b		
39	39a	
a		
b		
40a		
b		
c		
d		
e		
41		
42a	Telephone no.	
Located at	ZIP + 4	
b		
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c		
If "Yes," enter the name of the foreign country:		
43	43	
44a		
b		
c		
d		
45a		
b		

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

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	 Signature of officer	11/8/16 Date
	Kelsey Laudenheimer, Financial Advisor Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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.

OMB No 1545-0047

2015Open to Public
Inspection

Name of the organization

Kappa Delta Sorority - Delta Zeta Chapter

Employer identification number

72-6034680

Part I

Line 8 - \$36,503 in Other Revenue represents the funds raised through the organization's annual fundraiser for Prevent Child Abuse America.

Line 16 - Other Expenses consist of the following accounts

Bad Debt Expense	\$17
Billing System/ Software Fees	\$5,971
Charitable Contributions	\$28,649
Convention/ Travel Expenses	\$3,315
Educational Expenses	\$2,109
Facility Fee Expenses	\$4,105
Fundraising Expenses	\$12,057
Head Quarters Fees (charged by Organization's National HQ)	\$325
House Corporation Fund	\$106,124
Insurance Expenses	\$51
Meals/ General Food Expense	\$3,159
Member Discounts (for early payment)	\$5,212
Panhellenic Fees	\$1,835
Photography Expenses	\$7,563
Recruitment Expenses	\$4,040
Social/ Entertainment Expenses	\$34,635
T-Shirts, Gifts & Other Flow Through Items	\$14,972
TOTAL OTHER EXPENSES	\$234,139

Line 20 - Other changes in net assets or fund balances of \$106,124. This is cash/ investment balance that was being held in a restricted cash account in order to one day fund the construction of a living/meeting facility for the organization's members. It will now be maintained under a separate tax id number.

Name of the organization

Kappa Delta Sorority - Delta Zeta Chapter

Employer identification number

72-6034680

Part IILine 24 - \$3,284 represents our outstanding accounts receivable at the end of the fiscal yearLine 26 - \$602 represents total liabilities owed at the end of the fiscal year. Broken down as follows(\$2,682) - Amount owed to (or from) National Headquarters for National Dues, Risk Mgmt, Panhellenic Dues, etc\$265 - Member Payable\$3,019 - Deferred Revenue\$602 - TOTAL