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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)

2016

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016

, and ending 06-30-2017

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
KAPPA DELTA SORORITY - ETA XID Employer identification number
27-3013931Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
19 EAST WHEELOCK STREETE Telephone number
(901) 748-1897City or town, state or province, country, and ZIP or foreign postal code
HANOVER, NH 03755

F Group Exemption Number ► 0805

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► DARTMOUTH KAPPADELTA.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527K 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. ► \$ 86,960

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	82,134
	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	0
	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	0
	c Less direct expenses from gaming and fundraising events	6c	0
	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	4,826
	b Less cost of goods sold	7b	11,109
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-6,283
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	75,851
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	425
	14 Occupancy, rent, utilities, and maintenance	14	1,304
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	62,918
	17 Total expenses. Add lines 10 through 16 ►	17	64,647
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,204
	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	68,463
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	79,667

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 No

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 No

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 No

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 No

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 No

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 No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b No

b Did the organization file **Form 1120-POL** for this year? 38a No

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 39a 4,858

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39b 0

39 Section 501(c)(7) organizations Enter 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 4912 ► 4955 ► 40b 40e No

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 40c 40d 40e No

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 ► 40f 40g 40h 40i 40j 40k 40l 40m 40n 40o 40p 40q 40r 40s 40t 40u 40v 40w 40x 40y 40z 40aa 40ab 40ac 40ad 40ae 40af 40ag 40ah 40ai 40aj 40ak 40al 40am 40an 40ao 40ap 40aq 40ar 40as 40at 40au 40av 40aw 40ax 40ay 40az 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 40aa 40ba 40ca 40da 40ea 40fa 40ga 40ha 40ia 40ja 40ka 40la 40ma 40na 40oa 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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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	46		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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	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"			

(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
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
NONE		

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	2017-10-23 Date
	MAGGIE BAIRD VP-FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Bradley Sienkiewicz CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01550321
	Firm's name ► AGL CPA GROUP LLC				Firm's EIN ►
	Firm's address ► 2810 Premiere Pkwy Suite 200 Duluth, GA 30097				Phone no (770) 622-2982

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

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 27-3013931
Name: KAPPA DELTA SORORITY - ETA XI

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)
<p>28 OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE SORORITY ORGANIZATION TO FURTHER EDUCATIONAL AND SOCIAL INTEREST WITHIN THE DARTMOUTH CAMPS (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
KAPPA DELTA SORORITY - ETA XI**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.

2016**Open to Public
Inspection****Employer identification number**

27-3013931

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$4088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SOCIAL EXPENSES \$31595

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	RECRUITMENT \$9801

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	PUBLIC RELATIONS \$5675

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	PHILANTHROPY \$4973

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	DUES \$4045

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MISCELLANEOUS \$2466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MEETING EXPENSE \$275

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$995 Prepaid Expenses and Deferred Charges - Ending \$737

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM - Beginning \$45406 DUE FROM - Ending \$49959

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	SECURITY DEPOSIT - Beginning \$70 SECURITY DEPOSIT - Ending \$984