

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- ▶ 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.

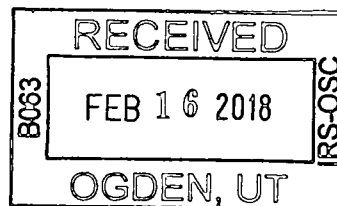
A For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C KAPPA DELTA SORORITY - THETA NU CHAPTER 690 WALDRON STREET WEST LAFAYETTE, IN 47906
D Employer identification number 30-1010604	E Telephone number (901) 748-1897
F Group Exemption Number 0805	
G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶	
I Website: ▶ PURDUE.KAPPADELTA.ORG	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 148,544.	

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	125,250.
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
5b Less cost or other basis and sales expenses	5b	
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b 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	6,543.
6c Less direct expenses from gaming and fundraising events	6c	1,972.
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,571.
7a Gross sales of inventory, less returns and allowances	7a	16,751.
7b Less cost of goods sold	7b	19,599.
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-2,848.
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	126,973.
10 Grants and similar amounts paid (list in Schedule O)	10	See Schedule O
11 Benefits paid to or for members	11	10,281.
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	450.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	See Schedule O
17 Total expenses. Add lines 10 through 16	17	88,563.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	99,294.
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	27,679.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	20,549.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	48,228.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)



Part II	Balance Sheets (see the instructions for Part II)
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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	22,658.	22 45,468.
23	Land and buildings		23
24	Other assets (describe in Schedule O) See Schedule O	743.	24 3,196.
25	Total assets	23,401.	25 48,664.
26	Total liabilities (describe in Schedule O) See Schedule O	2,852.	26 436.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,549.	27 48,228.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? See Schedule O

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

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(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE SORORITY ORGANIZATION TO FURTHER EDUCATIONAL AND SOCIAL INTEREST WITH THE PURDUE UNIVERSITY CAMPUS. (Grants \$) If this amount includes foreign grants, check here	☐	28 a
29	 (Grants \$) If this amount includes foreign grants, check here	☐	29 a
30	 (Grants \$) If this amount includes foreign grants, check here	☐	30 a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	☐	31 a
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

[illegible]

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		X
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)		X
35 a 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)?		X
35 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		
35 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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
39 a 15,222.		
b Gross receipts, included on line 9, for public use of club facilities		
39 b 0.		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A ; section 4955 N/A		
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		
40 b		
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		
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		X
40 e		
41 List the states with which a copy of this return is filed None		

42 a The organization's books are in care of **MORGAN ADAM** Telephone no. **(901) 748-1897**
 Located at **690 WALDRON STREET WEST LAFAYETTE IN** ZIP + 4 **47906**

	Yes	No
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		X
42 b		
42 c		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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 ☐ **N/A**

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44 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		X
44 c Did the organization receive any payments for indoor tanning services during the year?		X
44 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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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)		X

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

	Yes	No
46		X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

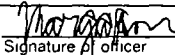
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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		2/6/18	
	Signature of officer	Date	
Paid Preparer Use Only	MORGAN ADAM		VP-FINANCE
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date
	Bradley Sienkiewicz, CPA	Bradley Sienkiewicz, CPA	2/06/18
	Firm's name	AGL CPA GROUP, LLC	Check ☐ if self employed PTIN P01550321
	Firm's address	2810 Premiere Pkwy Suite 200 Duluth, GA 30097	Firm's EIN 47-1077462 Phone no (770) 622-2982

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

2016

Open to Public
Inspection

Name of the organization **KAPPA DELTA SORORITY - THETA NU
CHAPTER**

Employer identification number
30-1010604

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Donee's Name: **YCWA GREATER LAFAYETTE**
Donee's Address: **605 N 6TH ST
LAFAYETTE IN 47901**

Cash Amount Given: \$ **10,281.**

Form 990-EZ, Part I, Line 16
Other Expenses

DUES	\$ 1,025.
MEETING EXPENSE	9,807.
MISCELLANEOUS	4,391.
Office Expenses	7,240.
PHILANTHROPY	12,140.
PUBLIC RELATIONS	823.
RECRUITMENT	12,283.
SOCIAL EXPENSES	40,854.
Total	\$ 88,563.

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

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 743.	\$ 3,196.
Total	\$ 743.	\$ 3,196.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
DUE TO	\$ 2,852.	\$ 436.
Total	\$ 2,852.	\$ 436.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

COLLEGIATE SORORITY ACTIVITIES

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
GIANA CIVITO President	1	\$ 0.	\$ 0.	\$ 0.

Name of the organization **KAPPA DELTA SORORITY - THETA NU
CHAPTER**

Employer identification number
30-1010604

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
KARI MURPHY CAB	1	\$ 0.	\$ 0.	\$ 0.
MADELYN STREET VP-MBR EDUCATE	1	0.	0.	0.
ELIZABEH GAJDZIK CAB	1	0.	0.	0.
SARAH HOOD VP-MEMBERSHIPS	1	0.	0.	0.
TRACY ORSBORNE CAB	1	0.	0.	0.
MARY BOSLETT VP-OPERATIONS	1	0.	0.	0.
ANA COELLO VP-CMTY SERVICE	1	0.	0.	0.
GIANG TRAN CAB	1	0.	0.	0.
SAM DOWELL VP-PUBLIC REL	1	0.	0.	0.
ANNA KIDWELL VP-PUBLIC REL	1	0.	0.	0.
AMANDA ROCK VP-STANDARDS	1	0.	0.	0.
WHITNEY WALKER VP-STANDARDS	1	0.	0.	0.
TESS MARSHALL Secretary	1	0.	0.	0.
GWEN WIECZOREK CAB	1	0.	0.	0.
MORGAN ADAM VP-FINANCE	1	0.	0.	0.
GINA KERR CAB	1	0.	0.	0.

Name of the organization **KAPPA DELTA SORORITY - THETA NU
CHAPTER**

Employer identification number
30-1010604

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
ALISON KILEY PANHELLENIC DEL	1	\$ 0.	\$ 0.	\$ 0.
LIZ MOREHOUSE CAB	1	0.	0.	0.
ALLISON O'BRIAN ACADEMIC EXCEL	1	0.	0.	0.
MEGAN SEWELL ALUMNAI REL	1	0.	0.	0.
RACHEL PHILLIPS HOUSE MANAGER	1	0.	0.	0.
CATHI SNOW PARISH CAB	1	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>