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Form 990-EZ

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

KAPPA DELTA SORORITY - DELTA LAMBDA

Number and street (or P O box, if mail is not delivered to street address)Room/suite

PO BOX 505

City or town, state or province, country, and ZIP or foreign postal code

STATESBORO, GA 30459

D Employer identification number

58-6073865

E Telephone number

(912) 489-8756

F Group Exemption Number

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:

N/A

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

\$ 190,655

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	
	3	Membership dues and assessments		3	175,115
	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		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8	15,540		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	190,655		
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	550	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15	189	
	16	Other expenses (describe in Schedule O)	16	217,147	
	17	Total expenses. Add lines 10 through 16	17	217,886	
Net Assets or Fund Balances	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,231	
	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	53,643	
	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	26,412	

Check if the organization used Schedule O to respond to any question in this Part II ☒

28			
See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here . . . ☐		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here . . . ☐		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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	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	
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		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	11,800
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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	40b	
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	40e	No
41 List the states with which a copy of this return is filed ▶ GA		
42a The organization's books are in care of ▶ KAPPA DELTA SORORITY Telephone no ▶ (912) 489-8757		
Located at ▶ 108 OLYMPIC BLVD STATESBORO, GA ZIP + 4 ▶ 30460		
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)?	42b	No
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 At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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	
49b	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 "				
(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	►	
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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.	►	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	►	☐ Yes ☐ No
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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		2017-10-24 Date		
	GRACIE ABERCROMBIE TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD N DEAL CPA	Preparer's signature	Date 2017-11-01	Check ☐ if self-employed	PTIN P01272835
	Firm's name ► LANIER WESTERFIELD DEAL & PROCTOR CPAS			Firm's EIN ► 58-1820983	
	Firm's address ► PO BOX 505 STATESBORO, GA 304590505			Phone no (912) 489-8756	

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

Software ID:

Software Version:

EIN: 58-6073865

Name: KAPPA DELTA SORORITY - DELTA LAMBDA

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.)	
28 THIS IS A COLLEGIATE CHAPTER OPERATING AS AN INDEPENDANT INDIVIDUAL UNIT WITHIN THE ORGANIZATION OF A NATIONAL SOCIAL SORORITY THE ORGANIZATION'S PURPOSE IS TO FURTHER EDUCATIONAL AND SOCIAL INTERESTS OF MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
KAPPA DELTA SORORITY - DELTA LAMBDA

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**

Employer identification number

58-6073865

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	OTHER REVENUE 15,540 TOTAL 15,540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 2,515 TRAINING 18 NATIONALS EXPENSE 16,817 PHOTOGRAPHY EXPENSE 100 SPECIAL EVENT 5,907 INTRAMURAL EXPENSE 165 ALUMNAE RELATIONS 10,604 CONVENTION EXPENSE 4,508 LEADERSHIP 60 ACADEMIC EXCELLENCE 583 PUBLIC RELATIONS 806 SPIRIT WEEK EXPENSE 1,821 P ANHELLENIC EXPENSE 4,964 RECRUITMENT EXPENSE 9,551 SISTERHOOD EXPENSE 2,123 PHILANTHROPY E XPENSE 503 OTHER EXPENSE 3,181 HOMECOMING EXPENSE 7,911 NEW MEMBER EDUCATION 1,740 FOOD EX PENSE 4,631 BID DAY EXPENSE 7,627 COMPOSITE EXPENSE 6,587 PARENTS WEEKEND EXPENSE 11,418 S HAMROCK EXPENSE 11,209 BILLING SYSTEM FEES 11,442 SOCIAL EXPENSE 8,458 INFORMAL EXPENSE 4,286 FORMAL EXPENSE 20,500 TSHIRT EXPENSE 50,765 GIFTS/PRESENTS 1,938 MAGAZINE EXPENSE 1,490 NATIONAL FINANCE CHARGE 1,025 LDC EXPENSE 1,894 TOTAL 217,147

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	MEMBER RECEIVABLE 42,542 67,718 DEFERRED EXPENSE 25 25 PREPAID CARDS 475 1,032 TOTAL 43,042 68,775

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26	MEMBER PAYABLE 25 25 DEFERRED REVENUE 42,542 67,718

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	THE ORGANIZATION'S PRIMARY PURPOSE IS TO FURTHER EDUCATIONAL AND SOCIAL INTERESTS OF MEMBERS