

Part II Balance Sheets (see the instructions for 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

1

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	32,537	44,102
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	11,631	11,233
25 Total assets	44,168	55,335
26 Total liabilities (describe in Schedule O)	941	941
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,227	54,394

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 . . .

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

What is the organization's primary exempt purpose?

COLLEGIATE SORORITY ACTIVITIES

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

See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	28a
29			29a
(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	
30			30a
(Grants \$)	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	
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
MERCEDES RENNISON	1 00	0		
President				
COURTENEY COLEMAN	1 00	0		
VP-MEMBER EDU				
AMANDA KLEFFNER	1 00	0		
VP-MEMBERSHIPS				
LINDSEY LEADBETTER	1 00	0		
VP-OPERATIONS				
ALYSSA KEYES	1 00	0		
VP-CMTY SERVICE				
SUMMER BURTON	1 00	0		
VP-STANDARDS				
ALICE CASSEL	1 00	0		
Secretary				
MAGGI LAAN	1 00	0		
VP-FINANCE				
REAGAN MINIKEN	1 00	0		
PANHELLENIC DEL				
AMANDA GRAVELLE	1 00	0		
VP-PUBLIC REL				

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

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)

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)?

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

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

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

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?

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?

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

39a 8,260

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

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 ► _____

42a The organization's books are in care of ► **MAGGI LAAN** Telephone no ► **(800) 536-1897**

Located at ► **514 SWEET AVENUE MOSCOW, ID** ZIP + 4 ► **83843**

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 ► _____

42b Yes No

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 Yes 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 Yes 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 Yes No

c Did the organization receive any payments for indoor tanning services during the year?

44c Yes 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 Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a Yes 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 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	<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	2017-11-06 Date			
	MAGGI LAAN 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

KAPPA DELTA SORORITY - ZETA CHI
CHAPTER**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**

62-1703449

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$8912

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SOCIAL EXPENSES \$11317

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	RECRUITMENT \$9560

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	DUES \$5165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	PARKING \$4286

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	PUBLIC RELATIONS \$2244

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MEETING EXPENSE \$1628

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MISCELLANEOUS \$1543

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$447 Prepaid Expenses and Deferred Charges - Ending \$466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM - Beginning \$11184 DUE FROM - Ending \$10767

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	SECURITY DEPOSIT - Beginning \$941 SECURITY DEPOSIT - Ending \$941