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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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

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 ALPHA DELTA CHAPTER

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2000 NORTH PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
MEMPHIS, TN 38112

D Employer identification number
62-6047672

E Telephone number
(901) 748-1897

F Group Exemption Number ▶ 0805

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ RHODES KAPPADELTA ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀(insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ 104,679

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

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	46,352	22	68,070
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	112,775	24	92,078
25 Total assets	159,127	25	160,148
26 Total liabilities (describe in Schedule O).		26	2,970
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,127	27	157,178

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) <input type="checkbox"/>		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
DULCIE TROTTIER President	1 00	0		
ISABEL CELATA	1 00	0		
VP-MBR EDUCATE				
MADDIE KELLAS	1 00	0		
VP-MEMBERSHIPS				
RAINER JONES	1 00	0		
VP-OPERATIONS				
MERIT PINKER	1 00	0		
VP-STANDARDS				
REBECCA ROLDAN	1 00	0		
VP-CMTY SERVICE				
ELLEN KANAVOS	1 00	0		
VP-PUBLIC REL				
MARY BOLTON Secretary	1 00	0		
CAROLINE DOHERTY	1 00	0		
VP-FINANCE				
SAMANTHA REGALA	1 00	0		
PANHellenic DEL				

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

Table with 5 columns: (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. Row 1: 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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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 2017-11-01 Date CAROLINE DOHERTY 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 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: 62-6047672

Name: KAPPA DELTA ALPHA DELTA CHAPTER

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 INTERESTS WITHIN THE RHODES COLLEGE CAMPUS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
KAPPA DELTA ALPHA DELTA 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.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

62-6047672

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name KAPPA DELTA ALPHA DELTA HOUSE CORPORATIO Donee's Address 2000 NORTH PARKWAY MEMPHIS TN 38112 Cash Amount Given \$6400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$5702

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SOCIAL EXPENSES \$29170

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	RECRUITMENT \$23556

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	DUES \$15343

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	MEETING EXPENSE \$1743

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	PHILANTHROPY \$1267

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	PUBLIC RELATIONS \$1262

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MISCELLANEOUS \$1106

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$89 Prepaid Expenses and Deferred Charges - Ending \$206

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM - Beginning \$112686 DUE FROM - Ending \$91872

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	SECURITY DEPOSIT - Beginning \$0 SECURITY DEPOSIT - Ending \$2970