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DLN: 93493348002288

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Open to Public

Interna	ıl Reve	of the Treasur enue Service	► Information a	bout Form 990 and its instructions is at <u>ww</u>	w IRS gov/for			Open to Public Inspection			
A F	or th	e 2017 ca	alendar year, or tax year be	ginning 06-01-2017 , and ending 05-3	1-2018						
□ Ad		pplicable change	C Name of organization Kappa Sigma Fraternity Delta XI	Chapter		D Employ 64-041		ification number			
☐ In	itial rei	-	Doing business as	E Telephoi							
		d return on pending	Number and street (or P O box PO Box 1237	Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 1237							
			City or town, state or province, Oxford, MS 38655	country, and ZIP or foreign postal code	G Gross re	eceipts \$	516.066				
			F Name and address of prince	cinal officer	U/a\		G Gross receipts \$ 516,066 a group return for				
			Traine and address of print	cipal officer	subc	ordinates? all subordina		□Yes ☑No			
I Ta	x-exer	mpt status	501(c)(3) 2 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		ided? Io " attach a	list (se	e instructions)			
J W	ebsit	te:► N/A		7 4 (Iliselt 110)	1	ip exemption		•			
K Fori	m of o	rganızatıon	✓ Corporation ☐ Trust ☐ /	Association ☐ Other ►	L Year of form	nation 1952	M Stat	e of legal domicile			
Pa	rt I	Sumi	mary								
Activities & Governance	-		educational services, housing	n or most significant activities & social services to young men in college to	o help train th	em up to be	aware (of their community			
Gove				discontinued its operations or disposed of r				1 -			
≈ 5	1			rning body (Part VI, line 1a)			3				
ties	1		· ·	s of the governing body (Part VI, line 1b) and calendar year 2017 (Part V, line 2a)		•	5				
3	1		• •	necessary)		•	6				
AC	1		•	Part VIII, column (C), line 12		•	7				
	1			from Form 990-T, line 34			7				
	+ -	THE GINE	ated business taxable mesine			rior Year	1	Current Year			
_	8	Contribut	ions and grants (Part VIII, line	1h)				(
Ravenue	9	Program :	service revenue (Part VIII, line	· 2g)		598,	419	516,066			
∂∧ċ}	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				C			
<u>ar</u>	11	Other rev	enue (Part VIII, column (A), lı	nes 5, 6d, 8c, 9c, 10c, and 11e)				C			
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		598,	419	516,066			
	13	Grants an	nd sımılar amounts paıd (Part I	X, column (A), lines 1–3)				C			
	14	Benefits p	oald to or for members (Part I)	K, column (A), line 4)				C			
&	15	Salaries,	other compensation, employee	e benefits (Part IX, column (A), lines 5–10)		150,	190	148,185			
Expenses	16a	Professio	nal fundraising fees (Part IX, c	olumn (A), line 11e)				0			
ă	1		aising expenses (Part IX, column (E	·· · -							
ш	1			nes 11a–11d, 11f–24e)		436,		342,156			
	1		·	equal Part IX, column (A), line 25)		586,		490,341			
. 0	19	Revenue	less expenses Subtract line 18	3 from line 12	Daniu u u		638	25,725			
Net Assets or Fund Balances					Beginning	g of Current \	rear	End of Year			
Bal	1		ets (Part X, line 16)			68,	427	94,513			
물	21	Total liabi	ilities (Part X, line 26)			9,	463	9,824			
			s or fund balances Subtract li	ne 21 from line 20		58,	964	84,689			
	ŒЩ		ature Block								
know any k	ledge nowle	and belief		amined this return, including accompanying ete Declaration of preparer (other than offi	cer) is based						
Sign Here											
			Will West President Type or print name and title								
—— Paid	ч		rınt/Type preparer's name ıchard DeVoe CPA	Preparer's signature Richard DeVoe CPA			PTIN P000474	46			
	u pare	er 📙	Firm's name ▶ Devoe Carr PLLC Firm's EIN ▶ 27-4268675								
	On	l c.	ırm's address 🟲 1420 N Lamar Blvd	Ste 100	Ph	none no (662)	234-070	3			
		,	Oxford, MS 38655	2308							
May t	he IR	S discuss	this return with the preparer s	shown above? (see instructions)			<u> </u>	Yes 🗌 No			

Form	990 (2017)						Page 2
Par	t IIII Statemen	t of Program Service	e Accomplis	hments			
	Check if Sch	edule O contains a respoi	nse or note to a	any line in this Part III			. 🗆
1	•	organization's mission					
To pi		vices, housing & social se	ervices to youn	g men ın college to help	train them up to be aware of their	community are	ound
2		undertake any significar				☐ Yes 🖸	
	•	ese new services on Sch					_ 110
3	Did the organization						
_	services?	ese changes on Schedule				☐ Yes	✓ No
4	Section $501(c)(3)$ a		ns are required	to report the amount of	argest program services, as measu f grants and allocations to others, t		es
4a	(Code) (Expenses \$	490 339	ıncludıng grants of \$) (Revenue \$	516,066)	
74	See Additional Data) (Expenses 4		morading grants or \$	/ (Neverlae \$		
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		ıncluding grants of \$) (Revenue \$)	
4d	Other program serv	ices (Describe in Schedul inclu	le O)	\$) (Revenue \$)	
4e	Total program sei	vice expenses ▶	490,3	39			

or X as applicable

Checklist of Required Schedules

Page 3

No

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

18

19

Yes

11a

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space,

5

6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

12b 13 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

29

Page 4

No

Nο

No

Form 990 (2017)

22

26

27

28a

28b

28c

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35a

35h

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Part IV	Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21

21 Did dov Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b

Nο 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Nο Nο c Did the organization maintain an escrow account other than a refunding escrow at any time during the year Nο 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . Νo 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	37		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gain (gambling) winnings to prize winners?	ning 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority o	ver, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? .	. 4a		No
h	If "Yes," enter the name of the foreign country			110
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?	ion 6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F 1098-C?	orm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time d	uring		
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	arm OO	0 (2017)

-orm	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	- Code	<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b		No
	Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	Light the Chalco with which a compact this Forms 2000 is no growted to be folder.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
	▶ Devoe Carr PLLC 1420 N Lamar Blvd Oxford, MS 38655 (662) 234-0703			

(A)

Name and Title

(F)

Estimated

amount of other

FOITH 990 (2	017)
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

(B)

Average

hours per

is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Highest compensatemployee Individual trustee or director organizations MISC) MISC) related Institutional Trustee below dotted organizations emplo line) 5 00 (1) Will West O President 0 00 5 00 (2) Stephen Chandler X 0 Treasurer 0.00 5 00 (3) Barron Mayfield 0 0 Х Secretary 0 00

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Page 8

	Name and Title	Average hours per week (list any hours for related	than o	ne b	ox, ι in of tor/t	t ch unle: ficei		son	Reportable compensation from the organization (W	from related - organizations (n . d (W-	Estimated amount of othe compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 (1130)	2,1033 1130		relati organiza	ed	
											#			
										_	+			
c ·	Sub-Total	Part VII, Sectio		· .			*							
2	Total number of individuals (includir of reportable compensation from th	ng but not limited	to thos			bov	e) who	rec	eived more than	\$100,000				
												Yes	No	
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mpl	oyee,	or hi	ghest compensat	ed employee on				
4	For any individual listed on line 1a, organization and related organization	ıs the sum of rep	ortable								3		No	
	ındıvıdual					٠	•				4		No	
5	Did any person listed on line 1a reconservices rendered to the organization								-		5		No	
S	ection B. Independent Contra	ctors												
1	Complete this table for your five hig from the organization. Report comp										mpens	sation		
		(A) e and business addre		, cu.		9	With 0			(B) escription of services		(C Compen		
											$\overline{}$			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

		(2017)									Page 9
Part	VII										
		Check if Schedul	e O contains a	a respo	onse or note to an	y line in this Part (A) Total revenue		(B) Related o exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								revenue		Tevenue	512-514
SS	1 a	Federated campaigi	ns	1a							
智品	ı	Membership dues									
6r.		Fundraising events		1c							
\$ <u>\$</u>		d Related organizatio	ns	1d							
<u>≣</u>	١,	Government grants (co	ontributions)	1e							
ıs.	١,	All other contributions,	gıfts, grants,								
ëζ		and similar amounts no above	ot included	1f							
Contributions, Gifts, Grants and Other Similar Amounts	,	Noncash contribution	ns included								
들		ın lınes 1a-1f \$									
ತಿ ಕ	h	Total.Add lines 1a-1	f		•	0					
le					Busines	s Code					
พะม	2a	Membership Dues & Ass	essments				516	,066	516,066	S	
å	b ————————————————————————————————————			_							
¶C €	c			_							
Ş.	d			_							
E	е			_							
Program Service Revenue	f	All other program se	rvice revenue			F16 066					I
ΔŤ	g	Total. Add lines 2a-2f			>	516,066					
	3]	Investment income (ir	ncluding divid	ends, ı			0				
		imilar amounts) . Income from investme				>	0				
						▶	0				
			(ı) Real		(II) Personal	<u> </u>					
	6a	Gross rents									
		Less rental expenses				_					
	D	Less Terrial expenses									
	c	Rental income or (loss)									
		Net rental income or	r (locs)			_	0				
	u	Net rental income of	(ı) Securit		(II) Other						
	7a	Gross amount	(i) Securit	103	(II) Other	_					
		from sales of assets other									
		than inventory									
	b	Less cost or other basis and									
		sales expenses				_					
		Gain or (loss) Net gain or (loss)				_	0				
		Gross income from fi			<u> </u>	1					
e e		(not including \$		of							
E E		contributions reporte See Part IV, line 18		а	1						
ev.	ь	Less direct expenses	s	b		\dashv					
erl	c	Net income or (loss)	from fundrais	ıng ev	ents	_	0				
Other Revenue	9a	Gross income from g		es							
		See Part IV, line 19		а							
	b	Less direct expenses	s	b		\dashv					
		Net income or (loss)		actıvıt	ies		0				
	10a	Gross sales of invent									
		returns and allowanc	es	а	}						
	b	Less cost of goods s	old	b		_					
		Net income or (loss)					0				
		Miscellaneous			Business Code						
	11	a									
	b	,									
	c	-									
	d	All other revenue .									
	е	Total. Add lines 11a	-11d		•		0				
	12	Total revenue. See	Instructions						16.666		
						51	16,066	Ţ	16,066		

Forr	m 990 (2017)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must com	plete column (A)	
i	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	· Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	132,950	132,950	i	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	15,235	15,235		
11	Fees for services (non-employees)				
7	a Management	0			
ŀ	b Legal	14,074	14,074		
c	c Accounting	10,032	10,032		
ď	d Lobbying	0			
€	e Professional fundraising services See Part IV, line 17	0			
f	f Investment management fees	0		ı	
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0		I	
15	Royalties	0			
16	Occupancy	0			
	Travel	2,557	2,557		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	1,683	1,683		
20	Interest	0		 L	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	20,233	20,233	 L	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
1	a Social Expense	110,152	110,152	1	

44,782

31,860

23,068

83,715

490,341

b Rush Expense

d National Dues

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

c Security

44,782

31,860

23,068

83,715

490,341

0

0

Form **990** (2017)

31

32

33

34

Net

Page **11**

Check if Schedule O contains a response or note to any line in this Part IX

		Beginning of year		End of year
1	Cash-non-interest-bearing	42,527	1	13,331
2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable net		3	0

Pledges and grants receivable, net . 25.900 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

81,182 0 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net . Inventories for sale or use . 8

Assets 0 0 0 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 0 Less accumulated depreciation 10b 10c

11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 .

0 0 0 14 14 0 Intangible assets 0 15 15 Other assets See Part IV, line 11 68,427 94.513 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 5.325 17 5,779 18 18

Grants payable . . . 19 19 Deferred revenue . . .

20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 4.138 25 25 and other liabilities not included on lines 17-24)

4.045 Complete Part X of Schedule D 9.463 26 Total liabilities. Add lines 17 through 25 . 26 9,824 Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets

Fund Balances 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30

31

32

33

34

58,964

58,964

68.427

84,689

84,689

94.513

Form **990** (2017)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

separate basis, consolidated basis, or both ✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

Nο

Νo

No

Form 990 (2017)

3a

3b

2b

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both Separate basis Consolidated basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

EIN: 64-0413076

Name: Kappa Sigma Fraternity Delta XI Chapter

Software ID: 17005038
Software Version: 2017v2.2

Form 990 (2017)
Form 990, Part III, Line 4a:

To provide housing and social services to young men in college to help train them up to be aware of their community around them

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

DLN: 93493348002288 OMB No 1545-0047

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** Kappa Sigma Fraternity Delta XI Chapter 64-0413076 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Par	t III	Organizations Maintaining Col	lections of Art, F	listori	cal T	reası	ires, or	Other:	Similar A	ssets ('continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	llowing tl	hat are a	significant	use of it	s collection
а		Public exhibition		d		Loan	or excha	inge prog	rams		
b		Scholarly research		e		Othe	r				
c		Preservation for future generations									
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							lar	□ Y ₀	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, lı	ine 9, or	reporte	d an amo	unt on	Form 990, Part
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No										
b	If "Y€	es," explain the arrangement in Part XIII	and complete the fo	llowing	table		Γ		-	Amount	
c	Begir	nning balance						1c			
d	Addıt	ons during the year						1d			
е	Dıstrı	butions during the year						1e			
f	Endır	ng balance						1f			
2a	Did tl	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	v or cu	ıstodıal a	ccount lia	ıbılıty?		es 🗆 No
b	ĭf "Ve	es," explain the arrangement in Part XIII	Check here if the ex	vnlanati	on has	- heen	nrovideo	lin Part \	/III		
	art V	Endowment Funds. Complete if									<u> </u>
		Zildowiilelie i dilasi complete ii	(a)Current year		rior yea				(d)Three ye		(e)Four years back
1a	Beginn	ning of year balance			,						. , .
b	Contrib	outions									
С	Net inv	vestment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admını	ıstratıve expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balance	(line 1	g, colu	mn (a)) held as	5			
b	Perm	anent endowment ▶									
С	Temp	porarily restricted endowment >									
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3a	orgar	here endowment funds not in the posses	sion of the organizat	ion that	t are h	eld an	ıd admını:	stered for	r the	[3	Yes No
_	(ii) r	nrelated organizations			· ·					3	a(i) a(ii)
ь 4		es" on 3a(II), are the related organization ribe in Part XIII the intended uses of the	·			.′ •					3b
	rt VI	Land, Buildings, and Equipme		VIIICIICI	unus						
	U V.	Complete if the organization answ		m 990	, Part	IV, li	ne 11a.	See For	m 990, Pa	art X, II	ne 10.
	Descri	iption of property (a) Cost or oth (investme		or other	basis (other)	(c) Accı	ımulated d	epreciation		(d) Book value
1a	Land										
b	Buildin	gs									
С	Leaseh	nold improvements									
		nent									
	Other										
		lines 1a through 1e (Column (d) must e	qual Form 990, Part .	X, colur	nn (B)	, line	10(c)).	. 1	>		

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
) Financial derivatives	value		
) Closely-held equity interests	· ·		
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	b		
rt VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	al an Farm 000 Part	TV line 11 d Con Farms 000 Park V line 15	
art IX Other Assets. Complete if the organization answered 'Ye (a) Description	s on Form 990, Part	(b) Book	value
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ			
Zante. To ther clabilities. Complete it the organization ansv		11 330, 1 412 17, 1110 110 01 1111	
See Form 990, Part X, line 25.		ale value	
See Form 990, Part X, line 25. (a) Description of liability		ok value	
See Form 990, Part X, line 25. (a) Description of liability Federal income taxes		4,043	
See Form 990, Part X, line 25. (a) Description of liability Federal income taxes yroll Liabilities unding			
See Form 990, Part X, line 25. (a) Description of liability Federal income taxes roll Liabilities unding		4,043	
See Form 990, Part X, line 25. (a) Description of liability Federal income taxes yroll Liabilities unding		4,043	
See Form 990, Part X, line 25. (a) Description of liability Federal income taxes yroll Liabilities unding		4,043	
See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes yroll Liabilities unding))		4,043	
See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes yroll Liabilities bunding)))		4,043	
See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes yroll Liabilities unding)))))))))))))		4,043	
See Form 990, Part X, line 25.		4,043	

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Form 990) 2017			Page 5
Part XIII Supplemental Information (continued)			
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS				
SCHEDIII	E O Supplemental Information to Form 99	00 or 990-F7	OMB No 1545-0047	
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. Department of the Treasury Department of the Treasury Department of the Treasury Attach to Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		2017 Open to Public Inspection		
	anization rnity Delta XI Chapter e O, Supplemental Information	64-0413076	tification number	
Return Reference	Explanation			
Form 990, Part VI, Line 11b Form 990 Review Process	Review will be made by signing officers before filing			

Return Reference Form 990, No documents available to the public

Part VI, Line
19 Other
Organization
Documents
Publicly
Available

Return Explanation
Reference

Expenses

Form 990,
Part IX, Line
24e Other

Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) Fundraising = \$0

Return Explanation Deference

Expenses

Reference	
Form 990,	Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24a Othar	trial along to

24e Other

Return Explanation
Reference

Expenses

Form 990,
Part IX, Line
24e Other

Bad Debt Expense Column (A) - Total = \$2115, Column (B) - Program Services = \$2115, Colum
n (C) - Management & General = \$0, Column (D) - Fundraising = \$0

Return Explanation
Reference

Form 990,	Bank Charges Column (A) - Total = \$375, Column (B) - Program Services = \$375, Column (C)
Part IX, Line	- Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Billing Expense Column (A) - Total = \$9069, Column (B) - Program Services = \$9069, Column
Part IX, Line	(C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Chapter Supplies Column (A) - Total = \$15013, Column (B) - Program Services = \$15013, Col
Part IX, Line	umn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Conferences Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Man
	agement & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Contributions Column (A) - Total = \$5163, Column (B) - Program Services = \$5163, Column (
	C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

ľ	Form 990,	Dues and Subscriptions Column (A) - Total = \$6838, Column (B) - Program Services = \$6838,
		Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
	24e Other	

Return Explanation
Reference

Form 990,	Gifts Column (A) - Total = \$818, Column (B) - Program Services = \$818, Column (C) - Manag
Part IX, Line	ement & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	House Mother Expense Column (A) - Total = \$3300, Column (B) - Program Services = \$3300, C
Part IX, Line	olumn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

	1.1.1. F. O. I. (A) T. I. 1. 27222 O. I. (B) D. O
Form 990,	Intiation Fee Column (A) - Total = \$7662, Column (B) - Program Services = \$7662, Column (
Part IX. Line	C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	-,
1	
Expenses	

Return Explanation
Reference

Form 990,	Leadership Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Mana
Part IX, Line	gement & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Paypal Fees Column (A) - Total = \$7300, Column (B) - Program Services = \$7300, Column (C)
Part IX, Line	- Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Ittererence	
Form 990,	Philanthropy Column (A) - Total = \$16960, Column (B) - Program Services = \$16960, Column
Part IX, Line	(C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Photography Column (A) - Total = \$8561, Column (B) - Program Services = \$8561, Column (C)
Part IX, Line	- Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	

Return Explanation
Reference

Form 990,	Postage and Shipping Column (A) - Total = \$541, Column (B) - Program Services = \$541, Col
Part IX, Line	umn (C) - Management & General = \$0, Column (D) - Fundraising = \$0
24e Other	