

Click on the question-mark icons to display help windows

The information provided will enable you to file a more complete return and reduce the chance the IRS has to contact you

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

July 1, 2017, and ending

June 30, 2018

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 Zeta Chapter

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

3405 West Deborah Dr

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

Monroe, LA 71201

D Employer identification number

726034680

E Telephone number

318-572-6023

F Group Exemption

Number ►

G Accounting Method

 Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 7 ) (insert no)  4947(a)(1) or  527K 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 ► \$

## 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 . . . . . 

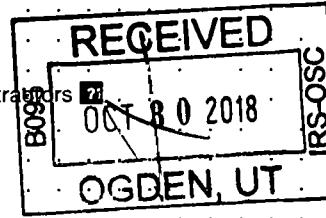
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	2,092
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	106,860
	4 Investment income . . . . .	4	1,323
	5a Gross amount from sale of assets other 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 . . . . .	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b	
	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) . . . . .	6c	
Expenses	c Less: direct expenses from gaming and fundraising events . . . . .	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	7a	
	7a Gross sales of inventory, less returns and allowances . . . . .	7b	
	b Less: cost of goods sold . . . . .	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8	36,724
	8 Other revenue (describe in Schedule O) . . . . .	9	146,999
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	10	
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	11	
	11 Benefits paid to or for members . . . . .	12	
	12 Salaries, other compensation, and employee benefits ►	13	350
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	14	2,826
	14 Occupancy, rent, utilities, and maintenance . . . . .	15	3,049
	15 Printing, publications, postage, and shipping . . . . .	16	129,570
	16 Other expenses (describe in Schedule O) ►	17	135,796
	17 Total expenses. Add lines 10 through 16 ►	18	11,203
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	19	166,075
	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) . . . . .	20	3,055
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	21	180,333
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)

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**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	164,413	22 180,333
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	3,837	24 2,366
25	<b>Total assets</b>	168,250	25 182,699
26	<b>Total liabilities</b> (describe in Schedule O)	(2,175)	26 (2,366)
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> )	166,075	27 180,333

**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 

What is the organization's primary exempt purpose? \_\_\_\_\_

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	.....		
29	.....		
30	.....		
31	Other program services (describe in Schedule O)	.....	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	.....	► 32

(Grants \$ ) If this amount includes foreign grants, check here ►  28a

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

**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
Colby Craig President		0	0	0
Katherine Oubre V P of Finance		0	0	0
Taylor Moneaux V P New Member Ed		0	0	0
Morgan Taylor V P Membership		0	0	0
Kaitlyn Picard V P Operations		0	0	0
Peyton Rivera V P Community Service		0	0	0
Joanna Franklin V P Public Relations		0	0	0
Abigail Thomas V P Standards		0	0	0
Kellyn Foster Secretary		0	0	0
Kelsey Laudenheimer Financial Advisor		0	0	0
Carol Anne Barnes Chapter Council Advisor		0	0	0
Lisa Miller University Advisor		0	0	0

**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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►		
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: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c	✓
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	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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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

	Yes	No
46		✓

**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

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

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

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

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

	Yes	No
47		✓
48		✓
49a		✓
49b		✓

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here <span style="float: right;">Date</span>	<span style="float: left;">Signature of officer</span> <span style="float: left;">Type or print name and title</span> <span style="float: right;">12/4/18</span>	
Paid Preparer Use Only	Print/Type preparer's name Kelsey Laudenheimer, CPA	
	Preparer's signature	Date 10/24/18
		Check <input checked="" type="checkbox"/> if self-employed
		PTIN P02010206
	Firm's name N/A	Firm's EIN
	Firm's address	Phone no

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

Kappa Delta Sorority - Delta Zeta Chapter

Employer identification number

72-6034680

**Part I**

Line 8 - \$36,724 in Other Revenue represents the funds raised through the organization's annual fundraiser for Prevent Child Abuse America.

Line 16 - Other Expenses consist of the following accounts

Bad Debt Expense	\$9
Billing System/ Software Fees	\$5,556
Charitable Contributions	\$30,094
Convention & Travel Expenses	\$3,163
Educational Expenses	\$2,286
Facility Fee Expenses (transferred to House Corp Savings Acct)	\$3,055
Fundraising Expenses	\$14,930
Head Quarters Fees (charged by Organization's National HQ)	\$1,025
Insurance Expenses	\$55
Meals/ General Food Expense	\$1,736
Member Discounts (for early payment)	\$3,353
Panhellenic Fees	\$1,680
Photography Expenses	\$7,074
Recruitment Expenses	\$2,325
Social/ Entertainment Expenses	\$45,147
T-Shirts, Gifts & Other Flow Through Items	\$7,601
<b>TOTAL OTHER EXPENSES</b>	<b>\$129,570</b>

Line 20 - This is the amount of facility fees (see line 16 above) that was moved from the chapter's operating account and deposited into their restricted savings account at National Headquarters. The purpose of this savings account is to one day fund the construction of a living/meeting facility for the organization's members. The operating and savings account are accounted for separately but consolidated for tax return purposes.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

Kappa Delta Sorority - Delta Zeta Chapter

72-6034680

**Part II**

Line 24 - \$2,366 represents our outstanding accounts receivable at the end of the fiscal year

Line 25 - Of the \$182,699 in total assets, \$119,587 is in a restricted savings account at National Headquarters (explained above in line 20)

Line 26 - \$2,366 represents total liabilities owed at the end of the fiscal year. Broken down as follows

\$41 - Member Payable

\$2,325 - Deferred Revenue

\$2,366 - TOTAL