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

OMB No 1545-0047 2017

Open to Public

SCANNED MAR 1 9 2019

Department of the Taeasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. 2017, and ending For the 2017 calendar year, or tax year beginning 8/01 2018 Employer identification number Check if applicable LAMBDA DELTA OF CHI OMEGA 34-6583509 Address change 618 E. SUMMIT STREET Telephone number Name change KENT, OH 44240 330-678-9000 Initial return Final return/terminated G Gross receipts \$ 169,047 Amended return H(a) Is this a group return for subordinates Name and address of principal officer Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status 501(c)(3) X 501(c) (g (insert no) 4947(a)(1) or Website: ► H(c) Group exemption number > Other P L Year of formation M State of legal domicile Corporation Trust Association Form of organization Summary Briefly describe the organization's mission or most significant activities DOMESTIC FRATERNAL Governance Othan If the organization discontinued its operations 5% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 ∘ಠ Number of independent voting members of the governing body (Part 4 0 Total number of individuals employed in calendar year 2017 (Part 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7h 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 13,721 10,307. Program service revenue (Part VIII, line 2g) 9 173,209 158,561. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17 179. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 186,947 169,047. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 99,644 75,888. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 76,247 77,591. 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 175,891 153,479. Revenue less expenses Subtract line 18 from line 12 19 11,056 15,568. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 50,268 65,836. Total liabilities (Part X, line 26) 21 0 0. 22 Net assets or fund balances Subtract line 21 from line 20 50.268 65,836. Signature Block PartIII 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.

Signature of officer Date Sign Here EMILY WIEGAND TREASURER Type or print name and title Date Print/Type preparer's name 1215/18 AL STEFANO AL STEFANOV self-employed P00358511 **Paid Preparer** ► ESCOTT & COMPANY LLC Firm's name Use Only 628 SOUTH WATER STREET Firm's EIN ► 30-0220579 Firm's address KENT, OH 44240 330-673-4819 May the IRS discuss this return with the preparer shown above? (see instructions) No

Form 990 (2017) TEEA0113L 08/08/17



Yes

Form	1 990 (2017) LAMBDA DELTA OF CHI OMEGA	34-6	58350	09	F	Page 2
Par	t.IIII Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III				_	
1	Briefly describe the organization's mission					
	DOMESTIC_FRATERNAL_SOCIETY					
2	Did the organization undertake any significant program services during the year which were not listed on the prior	r				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?		Yes	X	No
_	If 'Yes,' describe these changes on Schedule O					
4		ces, as r	measur	ed by	exper	ises
•	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to othe	rs, the	total e	xpens	ses,
	and revenue, if any, for each program service reported					
4 a	(Code) (Expenses \$) (Recode) (Expenses \$) (Recode)	evenue	\$)
	CAMPUS ACTIVITIES, CAREER DEVELOPMENT, SOCIAL EVENTS, AND MEMBER	EDUCA	TION	PRO	GRAM	IS
				-		
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		- -				
						. – – –
			^			
4 t		evenue	۶			—— ⁾
	OTHER PROGRAM EXPENSES					
	,					
						. – – –
40	: (Code) (Expenses \$ 27,633. including grants of \$) (Re	evenue	Ś			
7.	DONATIONS IN SUPPORT OF OTHER ORGANIZATIONS					—′
	DONATIONS IN SOLICIT OF CHIER ORGANIZATIONS					
		-				- – – –
		_ _				
						-
40	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 153, 478.					
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TEEA0102L 12/05/17

Yes No



PartilV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule' A	1		х
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
Section 501(c)(3) organizations. 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	4	_	
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? If 'Yes,' complete Schedule C, Part III	5		х
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? If 'Yes,' complete Schedule D, Part I	6		х
Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 services? If 'Yes,' complete Schedule D, Part IV	9		Х
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		Х
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	11 b		Х
: Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
ın Part X, line 16 ⁷ If 'Yes,' complete Schedule D, Part IX	11 d		Х
Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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	12 b		Х
•	13		X
Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
husiness investment, and program service activities outside the United States, or addregate foreign investments valued	14b		Х
	15		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	17		Х
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public ordice? If Yes', complete Schedule C, Part I Section 501(x)3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If Yes', complete Schedule C, Part II Section 501(x)3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If Yes', complete Schedule C, Part III Section 501(x)3) organization in a conservation engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If Yes', complete Schedule C, Part III 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? If Yes', complete Schedule D, Part III Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If Yes', complete Schedule D, Part III Did the organization maintain collections of works of arth, historical treasures, or other similar assets? If Yes', complete Schedule D, Part III Did the organization maintain collections of works of arth, historical treasures, or other similar assets? If Yes', complete Schedule D, Part III Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes', complete Schedule D, Part VII Did the organization sinswer to any of the following questions is "Yes', then complete Schedule D, Part VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes', complete Schedule D, Part VIII Did the or	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II Section 501(2/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If Yes, complete Schedule C, Part III Is the organization assertion 501(h) expensive procedure 98-19? If Yes, complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts? If Yes, complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If Yes, complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X, or provider credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part VII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VII Did the organization report an amount for investments—clash ascurates in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If Yes, co	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization ergoge in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II Section 501(Xg) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the fax year? If Yes, complete Schedule C, Part III Is the organization a section 501((x)4), 501((x)6), or 501((x)6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right oprovide advise on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule C, Part III Did the organization maintain collections of works of art, historical resurres, or other similar assets? If Yes, complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III Did the organization an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc 10, Part IV, III, IX, or X as applicable Did the organization did the property of a mount for land, buildings, and equipment in Part X, line 10 If Yes, complete Schedule D, Part V VIII, VIII, IX, or X as applicable Did the organization report an amount for other labilities in Part X, line 10 If Yes, complete Schedule D, Part V VIII, VIII, IX, or X as applicable Did the organization report an amount for other labilities in Part X, line 10 If Yes, complete Schedule D, Part V VIII Did the organization report an amount for other labilities in Part X, line 10 If Yes, complete Schedule D, Part X VIII Did the organization report an amount for other labil

Form 990 (2017) · LAMBDA DELTA OF CHI OMEGA [Partity | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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,' complete Schedule L, Part I	25a		
l	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? If 'Yes,' complete Schedule L, Part I	25b		
26	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? If 'Yes,' complete Schedule L, Part II	26		х
27	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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	_	Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	o If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O ,	38	Х	
BAA		Form	990 ((2017)

Chepk if Schedule Q contains a response or note to any line in this Part V 1 a Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable 1 b	Part V Statements Regarding Other IRS Filings and Tax Compliance				
1 a Enter the number reported in Bio 3 of Form 1006. Enter 3-of roit applicable b Enter the number of Forms W-2C included in line 1a. Enter 1-of rind applicable 1b 0 o Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable garring (gambling) winnings to insize winners? 2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax States ments, field for the calendary year entered with within the year vendors of the states of	Check if Schedule O contains a response or note to any line in this Part V				
b Eitler the number of Forms W-25 included in line 1a. Enter -0- if not applicable C bild the organization conjugit with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a. Eitler the number of employees reported on Form W-3. Transmittal of Wage and Tax State— 1 bild a least one is reported on line 23, 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) 3 a. Did the uniquantation have unreaded business goss income of \$1 all of your own your file year? bild first, has it lief a form 350-1 for this year? If the folion \$0, private an explanation of Schottler or other financial account in a ferregin country (such as a bank account, securities account, or other financial account)? 5 a Was the organization and in a freeder country of your districtions for filing requirements for FacEin Form 1866-17? 5 a Was the organization or 50, did the organization file if the was or is a party to a prohibited tax shelter transaction? c) If I'res, I to line 5 ao r 55, did the organization file form 8566-17? 5 a Does the organization and party organization and party organization and party organization and solicit any contributions that were not tax deductible as charitable contributions? b) If Yes, if did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible and the promise of the promise of the promise of the organization and party for goods and services provided to the pagor. 7 b) If Yes, if did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible as charitable contributions? 9 b) If Yes, if due the organization makes and page to the pools or services provided? 7 b) If Yes, if and the organization include with every solicitation an express statement that such contributions or gr				Yes	No
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Qambing) winnings to prize winners? 2 a 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 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines I a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the vigranization have unrelated business gross income of \$1,000 or more during the year? 3 a X b if "Yes," has it filed a Farm \$90.1 for this year if "No" bine 2b, provide an episation of Schedillo 0 4 a All any time during the celeral year, did the organization have an interest in or a signature or other authority over, a control of the complex of the organization have an expensation of the celeral seconds, or other financial account)? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Does the organization approach of the organization file Form 8886-17 5 a Does the organization and the very solicitation an express statement that such contributions or gifts were not tax deductible? 5 a Does the organization receive deductible as charitable contributions and partly for goods and services provided to the peging? 6 a Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the peging? 6 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the peging? 8 b John the organization receive a payment in excess of \$75 made partly as a contribution on partly organization file or missing the period of the visit of the peging organization file or form					
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Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-Mix (see instructions) 3 a Did the originization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the calendar year, did the originization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so other financial account) or the fire originization of \$1,000 or more than a signature or other authority over, a financial account in a foreign country (such as a bank account, so other financial account) or the fire originization of the foreign country (such as a bank account, so other financial accounts (FBAR) 5 a Was the originization a party to a prohibited tax shelter fransaction at any time during the tax year? 5 a Was the originization approach that originization into the foreign and any time during the tax year? 5 a Was the originization have annual gross receipts that are normally oreater than \$100,000, and did the originization solicit any contributions that were not tax deductible as charitable contributions? 5 a Was the originization have annual gross receipts that are normally greater than \$100,000, and did the originization or cluster which were originization and express statement that such contributions or girls were not tax deductible? 6 b or originizations that may receive deductible as charitable contributions? 7 b originizations that may receive deductible as charitable contributions? 8 b originizations that may receive deductible or originization and partly for goods and services provided to the payor? 9 b originizations that may receive deductible or originization and partly for goods and services provided to the payor? 9 b originizations that may receive deductible originizations are expressed to the payor? 9 b originizations that may receive deductible originizations are expressed to the payor? 9 b originizations that may receive deductible contributions under section 170(c). 9 b originizations that	ments, filed for the calendar year ending with or within the year covered by this return				
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? A lif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Did the sponsoring organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a 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? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments? If 'No,' provide an explanation in Schedule O					
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Form 990 (2017) LAMBDA DELTA OF CHI OMEGA Partivia Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 1 a Enter the number of voting members of the governing body at the end of the tax year 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 1 h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 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 Х Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15 a X 15 b b Other officers or key employees of the organization 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 16a Х taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

GRETCHEN FRITSCH 618 E.

KENT OH 44240 330-686-1079

State the name, address, and telephone number of the person who possesses the organization's books and records

SUMMIT STREET

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PartiVIII 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

- 1 a 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, and 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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per		tion (one both dire	do no box, an o ector/	truste			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) HANNAH PORACH PRESIDENT	$-\frac{2}{0}$			х				0.	0.:	0.
(2) JENNA PLETCHER VICE PRESIDENT	2			x				0.	0.	0.
(3) CAROLINE KAJDER SECRETARY	2			X				0.	0.	0.
(4) EMILY WEIGAND TREASURER	2		Î	X				0.	0.	0.
(5)										
(6)										
(9)								-		
(10)									-	
<u>(11)</u>										
(12)								-		
(13)								,		
(14)										

	(B)	Ť		· ((5)	<u> </u>	-			
(A) Name and title	Average hours per	box	, unle	check ess pe	erson	than on the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)								-	-	
(16)									· · ·	
(17)										
(18)								-		
(19)										
(20)										
(21)										
(22)		,		-						
(23)									***	
(24)										
(25)										
1 b Sub-total	L						>	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A						>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abo	ve) v	who	receiv	ved		0 of reportable comp	
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate 	<i>h individu</i> reportabl	<i>al</i> le co	mpe	ensa	ition	and	oth	er compensation		Yes No
 such individual Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes 	e compen	sat <u>ı</u> o	n fr	om	any	unre	late	ed organization or	ındıvıdual	4 X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	,' comple	te So	chec	lule	J fo	r suc	h p	erson		5 X
Complete this table for your five highest compen compensation from the organization Report compen	sated indes	epen	deni alen	t co	ntra year	ctors	tha	it received more to	han \$100,000 of ganization's tax year	r
(A) Name and business addi	ress							Description of	of services	(C) Compensation
2. Total number of independent and independent of the latest terminal distributions of the latest terminal distribution distributions of the latest terminal di	المعرفين	tod t	, the	NCC 1	ictor	l aha	,c)	who recoved man	than	
Total number of independent contractors (including b \$100,000 of compensation from the organization)		iea (י נרוכ	ose i	istec	a00\	ve) '	who received more	uiall	

	Check if Schedule O contains a	a resp	onse or note to any	line in this Part VI	<u> </u>		
	•	-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a Federated campaigns	1 a			-		
irar oun	b Membership dues	1 b					
s, G	c Fundraising events.	1 c					
ar /	d Related organizations	1 d					
s C	e Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,307.				
اع ا	g Noncash contributions included in lines 1a-1	If \$					
So an	h Total. Add lines 1a-1f	_	•	10,307.			
			Business Code				
Program Service Revenue	2a MEMBERSHIP DUES & ASSESSME	ENTS		158,561.	158,561.		
ce	c		_ _ _				
ervi	d						
n S	e						
Згаг	f All other program service revenue	<u>-</u>			•	· · · · · · · · · · · · · · · · · · ·	
Š.	g Total. Add lines 2a-2f	L	-	158,561.		 	
	3 Investment income (including divi	idends	s interest and	130,301.			
	other similar amounts)	iaciia	> Interest and	179.	179.		
	4 Income from investment of tax-ex	cempt	bond proceeds				
	5 Royalties		▶				
	(ı) Re	al	(II) Personal				
i	6 a Gross rents.						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		•				
	7 a Gross amount from sales of (i) Secur	rities	(II) Other				
	assets other than inventory						
	b Less cost or other basis and sales expenses		 				
	c Gain or (loss)						
	d Net gain or (loss)		•				
4)	8a Gross income from fundraising ev	ents.					
nue	(not including \$	· Cino					
Ve	of contributions reported on line 1	lc)					!
Other Revenu	See Part IV, line 18	á	a				
æ	b Less direct expenses	t	o				
ਰ	c Net income or (loss) from fundrai	sing e	events •		[
	9a Gross income from gaming activit See Part IV, line 19	ties					
	b Less direct expenses	t	,				
	c Net income or (loss) from gaming	activ	ities ►				,
	10a Gross sales of inventory, less retu			1			
	and allowances	ui i i s	a				
	b Less cost of goods sold	ŀ	,				
	c Net income or (loss) from sales o	f inve	ntory				
	Miscellaneous Revenue	$\neg \neg$	Business Code				
	11a						
	b						
	d All other revenue						
	e Total. Add lines 11a-11d	_	▶				
	12 Total revenue. See instructions		▶	169 047	158.740	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organiz	ations must complete column (A)

	Check if Schedule O contains a		· ·		
Do i 6b,	not includè amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members	75,888.	75,888.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	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.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		·		
a	Management				
t	Legal				- -
C	Accounting	625.	625.	· · · · · · · · · · · · · · · · · · ·	
C	Lobbying				
e	Professional fundraising services See Part IV, line 17	· ···			
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses	1,865.	1,865.	······································	
14	Information technology	-,	,		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	8,552.	8,552.		
21	Payments to affiliates	27,633.	27,633.		
22	Depreciation, depletion, and amortization	27,055.	21,033.		
23	Insurance				
	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)				
а	NATIONAL DUES	18,375.	18,375.		
_	OTHER DUES	6,358.	6,358.		
	CREDIT CARD FEES	4,839.	4,839.		
	SCHOLARSHIP AWARDS	4,548.	4,548.		
е	All other expenses	4,796.	4,796.		
25	Total functional expenses Add lines 1 through 24e	153,479.	153,479.	0.	0.
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)				

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Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 1.467 16,856. 1 Cash — non-interest-bearing 2 48,801 48,980. Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule (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) voluntary employees' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 9 Prepaid expenses and deferred charges **10 a** Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b 10 c b Less accumulated depreciation 11 11 Investments - publicly traded securities. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 50,268 65,836 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 0 26 0. Total liabilities. Add lines 17 through 25 X and complete Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 50,268 65,836 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 50,268. 33 33 Total net assets or fund balances 65,836. Total liabilities and net assets/fund balances 34 34 50,268 65,836.

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Form 990 (2017) LAMBDA DELTA OF CHI OMEGA	34-6583509	Page 1
RartIXI■ Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	169,047
2 Total expenses (must equal Part IX, column (A), line 25)	2	153,479
3 Revenue less expenses Subtract line 2 from line 1	3	15,568
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,268
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,836
Part XII Financial Statements and Reporting	<u> </u>	<u> </u>
Check if Schedule O contains a response or note to any line in this Part XII		Г
Officer in confedere of contains a respense of field to any line in the fact of		Yes No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	or reviewed on a	
b Were the organization's financial statements audited by an independent accountant?		2 b X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited of	n a senarate	
basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	m a doparate	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c
If the organization changed either its oversight process or selection process during the tax year, exin Schedule O	•	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3a X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	equired audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b
BAA		Form 990 (2017

SCHEDULE O (Form 990 or 990-EZ)

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 for the latest information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/rorm990 for the falest informati

LAMBDA DELTA OF CHI OMEGA

Employer identification number

34-6583509

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD TREASURER REVIEWS THE FORM 990 BEFORE SIGNATURE AND REMITTANCE

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

INFORMATION AND DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST