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Form **990EZ**

Short Form
Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Kappa Delta Sorority - Zeta Iota Chapter

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
MSC 3564 20 N GRAND

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63103

D Employer identification number
43-1591573

E Telephone number
(901) 748-1897

F Group Exemption Number ▶ 0805

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶SLU KAPPADELTA ORG

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

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 136,889

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	Program service revenue including government fees and contracts			2	110,056
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	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)	6b	9,762		
	c	Less direct expenses from gaming and fundraising events	6c	5,006		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	4,756
	7a	Gross sales of inventory, less returns and allowances	7a	17,071		
	b	Less cost of goods sold	7b	20,302		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	-3,231
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	111,581
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	450
	14	Occupancy, rent, utilities, and maintenance			14	6,069
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	104,777
	17	**Total expenses.** Add lines 10 through 16			17	111,296
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	285
	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)			19	48,438
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	48,723

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	22,130	22	20,874
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	26,308	24	27,849
25 **Total assets**	48,438	25	48,723
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	48,438	27	48,723

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

What is the organization's primary exempt purpose?
COLLEGIATE SORORITY ACTIVITIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Holly Banark President	1 00	0		
Allison Hallums VP-MEMBER EDU	1 00	0		
Molly Malone Recruitment	1 00	0		
Caroline Damico VP-STANDARDS	1 00	0		
Margaret Slattery VP-FINANCE	1 00	0		
Grace Neary VP-PUBLIC REL	1 00	0		
Maddie Gomez VP OPERATIONS	1 00	0		
Jessie Le Secretary	1 00	0		
Shannon Groak Panhellenic Rel	1 00	0		
Katherine Melulis VP CMIT	1 00	0		

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 43-1591573
Name: Kappa Delta Sorority - Zeta Iota Chapter

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE ORGANIZATION TO FURTHER EDUCATIONAL AND SOCIAL INTERESTS WITHIN THE ST LOUIS UNIVERSITY CAMPUS (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

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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* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Kappa Delta Sorority - Zeta Iota Chapter

Employer identification number
43-1591573

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses $6339

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	PHILANTHROPY $10412

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DUES $4710

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning $3 Prepaid Expenses and Deferred Charges - Ending $416

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM - Beginning $26305 DUE FROM - Ending $27433