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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/1/2009, and ending 6/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Eta Nu Chapter of Kappa Delta Sorority</u>		D Employer identification number <u>26-4244231</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number
		<u>5151 PARK AVENUE</u>		
City, town, or country State ZIP + 4		F Group Exemption Number ▶ <u>0805</u>		
<u>FAIRFIELD CT 06825</u>				

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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: ▶ N/A

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 54,397

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received															0
	2	Program service revenue including government fees and contracts															
	3	Membership dues and assessments															52,498
	4	Investment income															0
	5a	Gross amount from sale of assets other than inventory					0										
	5b	Less: cost or other basis and sales expenses					0										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>															
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)					0										
6b	Less: direct expenses other than fundraising expenses					0											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										0						
7a	Gross sales of inventory, less returns and allowances																
7b	Less: cost of goods sold																
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																
8	Other revenue (describe ▶ <u>See Attached Statement</u>)															1,899	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															54,397	
Expenses	10	Grants and similar amounts paid (attach schedule)															0
	11	Benefits paid to or for members															
	12	Salaries, other compensation, and employee benefits															
	13	Professional fees and other payments to independent contractors															752
	14	Occupancy, rent, utilities, and maintenance															
	15	Printing, publications, postage, and shipping															
	16	Other expenses (describe ▶ <u>See Attached Statement</u>)															42,020
17	Total expenses. Add lines 10 through 16															42,772	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														11,625	
	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)														0	
	20	Other changes in net assets or fund balances (attach explanation)														0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														11,625	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		12,839
23	Land and buildings		
24	Other assets (describe ▶ _____)	0	0
25	Total assets	0	12,839
26	Total liabilities (describe ▶ <u>OTHER</u>)	0	1,214
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	11,625

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose?		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28 (Grants \$ 0) If this amount includes foreign grants, check here . <input type="checkbox"/>	28a	0
29 (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	0
30 (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
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	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	54,397
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	40e	X
41	List the states with which a copy of this return is filed. ▶ CT		
42 a	The organization's books are in care of ▶ BRITTANY CROWE Telephone no. ▶ (781) 626-0887 Located at ▶ 5151 FAIRFIELD AVENUE City FAIRFIELD ST CT ZIP + 4 ▶ 06825		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 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
- 47 Did the organization engage in lobbying activities? 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
- 49 a 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ Title _____ City ST ZIP _____ Hr/WK 00 0 0 0				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00 0 0 0				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00 0 0 0				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00 0 0 0				
Name _____ Str _____ Title _____ City ST ZIP _____ Hr/WK 00 0 0 0				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		

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

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

Sign Here
 Signature of officer: Date: 7/13/11
 Type or print name and title: BRITTANY CROWE, TREASURER

Preparer's Use Only
 Preparer's signature: Date: 7/13/2011 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Westhill Accounting and Tax Services, LLC
 184 North Street, Stamford, CT 06902 EIN: _____ Phone no: (203) 356-9810

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

Part I, Line 8 (990-EZ) - Other Revenue

1,899

Description		Amount
1	FUNDRAISING	1,334
2	SHAMROCK INCOME	565
3		
4		
5		
6		
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

42,020

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	NEW MEMBER FEE	13	1,440
14	INITIATION EXPENSE	14	9,249
15	DUES REIMBURSEMENT	15	100
16	INSURANCE RENEWAL	16	50
17	NPC DUES	17	35
18	BILLING FEE	18	50
19	EQUIPMENT PURCHASES	19	244
20	OFFICE SUPPLIES	20	183
21	POSTAGE	21	39
22	BANK CHARGES	22	256
23	PUBLICITY	23	71
24	ANNUAL FIXED CHARGE	24	825
25	FORMAL SOCIALS	25	2,566
26	INFORMAL SOCIAL	26	137
27	MIXER EXCHANGE	27	2,910
28	RECRUITMENT	28	1,749
29	BID DAY EXPENSE	29	1,776
30	TSHIRTS	30	38
31	PANHELIC EXPENSE	31	1,200
32	SHAMROCK EXPENSE	32	1,534
33	CONVENTION EXPENSE	33	431
34	PRESIDENTS/EMERGING LEADERS	34	206
35	NEW MEMBER EDUCATION MATERIAL	35	1,434
36	RITUAL EQUIPMENT	36	591
37	FOOD	37	211
38	GIFTS	38	127
39	CAB EXPENSE	39	68
40	CDC EXPENSE	40	16
41	SPECIAL EVENTS	41	95
42	CHAPTER DUES EXPENSE	42	50
43	BUSINESS EXPENSES	43	50
44	OTHER	44	12,682
45	BADGE EXPENSE	45	1,607
46		46	
47		47	
48		48	
49		49	
50		50	
51		51	
52		52	
53		53	
54		54	
55		55	
56		56	
57		57	
58		58	

Part II, Line 26 (990-EZ) - Liabilities

0

1,214

	Description	Beginning	End
1	OTHER		1,214
2			
3			
4			
5			
6			
7			
8			
9			
10			