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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ETA NU CHAPTER OF KAPPA DELTA SORORITY. Number and street (or P O box, if mail is not delivered to street address): 5151 PARK AVENUE. Room/suite: . City or town, state or country, and ZIP + 4: FAIRFIELD, CT 06825

D Employer identification number: 26-4244231. E Telephone number: . F Group Exemption Number: .

G Accounting Method: Cash [], Accrual [x], Other (specify) .

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

I Website: NA

J Tax-exempt status (check only one): 501(c)(3) [x], 501(c)(7) [], (insert no) [], 4947(a)(1) [], 527 []

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 45,791

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 [x]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total 45,791). Rows 10-17: Expenses (Total 34,923). Rows 18-21: Net Assets (Total 26,521).

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	20,793	22 30,916
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	20,793	25 30,916
26 Total liabilities (describe in Schedule O)	5,140	26 4,395
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,653	27 26,521

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?
 THE ORGANIZATION IS A SECURITY THAT SUPPORTS LOCAL ISSUES

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 and section 4947(a)(1) trusts, optional for others)

28 THE ORGANIZATION IS A SORORITY THAT SUPPORTS LOCAL ISSUES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	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
See Additional Data Table				

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

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
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
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b 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
40b Section 501(c)(3) and 501(c)(4) 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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 Sacred Heart University Telephone no (203) 371-7999 Located at 5151 Fairfield Avenue Fairfield, CT ZIP + 4 06825
42b 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
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

Yes No

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

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

Yes No

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"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation; (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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 (2013-10-16), Type or print name and title (ALEXANDRA DELEONARDIS TREASURER)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (Michael Arons), Date (2013-10-16), Check self-employed, PTIN, Firm's name (Westhill Accounting and Tax Services LLC), Firm's EIN, Firm's address (33 Dancy Drive, Stamford, CT 06902), Phone no (203) 356-9810

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID: 12000057
Software Version: 12.18.605.2
EIN: 26-4244231
Name: ETA NU CHAPTER OF KAPPA DELTA SORORITY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ROCHELLE GRAVELINE PRESIDENT	005 00	0		
VICTORIA CATUOGNO VP MEMBERSHIP	005 00	0		
KRISTEN SCILIANO VP MEMBER EDUCATION	005 00	0		
EMMA KRAFT VP COMMUNITY SERVICE	005 00	0		
KRISTINE PLUTINO VP PUBLIC RELATIONS	005 00	0		
AMY BUONACCARSI VP STANDARDS	005 00	0		
MELANIE SHEA VP OPERATIONS	005 00	0		
MADELINE KENNEDY PANHELLENIC DELEGATE	005 00	0		
ALEXANDGIRA DELEONARDIS TREASURER	005 00	0		
GINA SILVERI SECRETARY	005 00	0		

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
ETA NU CHAPTER OF KAPPA DELTA SORORITY

Employer identification number

26-4244231

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Utilities 738
		Form 990-EZ, Part I, Line 16, Other Expenses Insurance 50
		Form 990-EZ, Part I, Line 16, Other Expenses Postage 109
		Form 990-EZ, Part I, Line 16, Other Expenses Billing system 2,432
		Form 990-EZ, Part I, Line 16, Other Expenses Interest 228
		Form 990-EZ, Part I, Line 16, Other Expenses Professional fees 250
		Form 990-EZ, Part I, Line 16, Other Expenses HQ fees 225
		Form 990-EZ, Part I, Line 16, Other Expenses Alumni relations 47
		Form 990-EZ, Part I, Line 16, Other Expenses Public relations 354
		Form 990-EZ, Part I, Line 16, Other Expenses Annual fees 100
		Form 990-EZ, Part I, Line 16, Other Expenses Facility fee 1,650
		Form 990-EZ, Part I, Line 16, Other Expenses Formal expense 7,467
		Form 990-EZ, Part I, Line 16, Other Expenses Other social 307
		Form 990-EZ, Part I, Line 16, Other Expenses Founders Day 54
		Form 990-EZ, Part I, Line 16, Other Expenses Parents weekend 1,248
		Form 990-EZ, Part I, Line 16, Other Expenses Sisterhood 925
		Form 990-EZ, Part I, Line 16, Other Expenses Composite 750
		Form 990-EZ, Part I, Line 16, Other Expenses Recruiting 1,522
		Form 990-EZ, Part I, Line 16, Other Expenses Spirit week 78
		Form 990-EZ, Part I, Line 16, Other Expenses Bid Day 1,278

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses T Shirt 2,450
		Form 990-EZ, Part I, Line 16, Other Expenses Magazine 280
		Form 990-EZ, Part I, Line 16, Other Expenses Panhellenic 1,440
		Form 990-EZ, Part I, Line 16, Other Expenses Shamrock 347
		Form 990-EZ, Part I, Line 16, Other Expenses Shamrock expense 2,126
		Form 990-EZ, Part I, Line 16, Other Expenses Girls scout expense 134
		Form 990-EZ, Part I, Line 16, Other Expenses Local charities 240
		Form 990-EZ, Part I, Line 16, Other Expenses Annual Meeting 700
		Form 990-EZ, Part I, Line 16, Other Expenses Convention 1,603
		Form 990-EZ, Part I, Line 16, Other Expenses New member 2,247
		Form 990-EZ, Part I, Line 16, Other Expenses Academic 32
		Form 990-EZ, Part I, Line 16, Other Expenses Leadership 60
		Form 990-EZ, Part I, Line 16, Other Expenses Ritual 403
		Form 990-EZ, Part I, Line 16, Other Expenses Badge 1,680
		Form 990-EZ, Part I, Line 16, Other Expenses Gifts 378
		Form 990-EZ, Part I, Line 16, Other Expenses Food 97
		Form 990-EZ, Part I, Line 16, Other Expenses CDC 366
		Form 990-EZ, Part I, Line 16, Other Expenses Other 306
		Form 990-EZ, Part II, Line 26, Liabilities Other Beginning of year 5,140, End of year 4,395

TY 2012 Compensation Explanation

Name: ETA NU CHAPTER OF KAPPA DELTA SORORITY

EIN: 26-4244231

Software ID: 12000057

Software Version: 12.18.605.2

Person Name	Explanation
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