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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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final 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 province, country, and ZIP or foreign postal code: FAIRFIELD, CT 06825

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

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:

J Tax-exempt status (check only one): 501(c)(3), 501(c)(7), 4947(a)(1), 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. \$ 89,858

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**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
<b>22</b> Cash, savings, and investments . . . . .	15,954	<b>22</b> 45,712
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	26,320	<b>24</b> 10,353
<b>25 Total assets</b> . . . . .	42,274	<b>25</b> 56,065
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	8,485	<b>26</b> 560
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	33,789	<b>27</b> 55,505

**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?

THE ORGANIZATION IS A SORORITY 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

<b>28</b> THE ORGANIZATION IS A SORORITY THAT SUPPORTS LOCAL ISSUES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	

**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
KATHRYN GENNUSA PRESIDENT	10 00	0	0	0
TAYLOR MCDONOUGH VICE PRESIDENT NEW MEMBER EDUCATION	10 00	0	0	0
MAAVE SMITH VICE PRESIDENT OF MEMBERSHIP	10 00	0	0	0
AMANDA BRAGEL VICE PRESIDENT OF OPERATIONS	10 00	0	0	0
KATHERINE PEGNO VICE PRESIDENT OF STANDARDS	10 00	0	0	0
ELIZABETH ZAFFINA VICE PRESIDENT OF COMMUNITY SERVICE	10 00	0	0	0
DARIEN BISSON VICE PRESIDENT OF PUBLIC RELATIONS	10 00	0	0	0
KAITLIN PUPA VICE PRESIDENT OF FINANCE	10 00	0	0	0
ALISON HOAG SECRETARY	10 00	0	0	0
CHRISTINE O'BRIEN PANAHELLENIC DELEGATE	10 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

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
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
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), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of ETA NU CHAPTER Telephone no (203) 329-1131 Located at 5151 PARK 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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?
44b Did the organization operate one or more hospital facilities during the year?
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?
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)?

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 . . . . . 46 No

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 . . . . . 47

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

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

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

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

Sign Here \*\*\*\*\* Signature of officer 2016-02-17 Date KAITLIN PUPA VP OF FINANCE Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MICHAEL ARONS Preparer's signature Date 2016-02-15 Check [X] if self-employed PTIN P01296598 Firm's name WESTHILL ACCOUNTING & TAX SERVICES LLC Firm's EIN 32-0046559 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 . . . . . Yes No

## TY 2014 Transfers Personal Benefits Contracts Declaration

**Name:** ETA NU CHAPTER OF KAPPA DELTA SOROITY

**EIN:** 26-4244231

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Name of the organization  
ETA NU CHAPTER OF KAPPA DELTA SORORITY

Employer identification number

26-4244231

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	AMOUNT 4
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE SUPPLIES AMOUNT 106 DESCRIPTION POSTAGE AMOUNT 484 DESCRIPTION BILLING SYSTEM FEES AMOUNT 4,173 DESCRIPTION TAX PREPARATION AMOUNT 250 DESCRIPTION N HQ QUARTERLY BILLING AMOUNT 300 DESCRIPTION HQ TECHNOLOGY FEE AMOUNT 25 DESCRIPTION ION PUBLIC RELATIONS AMOUNT 732 DESCRIPTION ANNUAL FIXED CHARGES AMOUNT 100 DESCRIPTION PTION FACILITY FEE EXPENSE AMOUNT 4,850 DESCRIPTION FORMAL EXPENSE AMOUNT 8,276 DESCRIPTION DESCRIPTION INFORMAL EXPENSE AMOUNT 6,290 DESCRIPTION OTHER SOCIAL EXPENSE AMOUNT 320 DESCRIPTION EXPENSE A MOUNT 1,357 DESCRIPTION SISTERHOOD EXPENSE A MOUNT 1,357 DESCRIPTION COMPOSITE EXPENSE AMOUNT 500 DESCRIPTION GENERAL RECRUITMEN T EXPENSE AMOUNT 2,689 DESCRIPTION BID DAY EXPENSE AMOUNT 2,250 DESCRIPTION T-SHIR T EXPENSE AMOUNT 4,945 DESCRIPTION MAGAZINE EXPENSE AMOUNT 4,200 DESCRIPTION PANHE LLENIC EXPENSE AMOUNT 2,320 DESCRIPTION SHAMROCK DONATION AMOUNT 6,830 DESCRIPTION SHAMROCK EXPENSE AMOUNT 1,531 DESCRIPTION GIRL SCOUTS EXPENSE AMOUNT 36 DESCRIPTION N ANNUAL MEETING AMOUNT 700 DESCRIPTION CONVENTION EXPENSE AMOUNT 4,280 DESCRIPTION N NATIONAL ACADEMY AMOUNT 660 DESCRIPTION NEW MEMBER EDUCATION AMOUNT 2,840 DESCRIPTION PTION ACADEMIC EXCELLENCE AMOUNT 77 DESCRIPTION RITUAL EXPENSE AMOUNT 191 DESCRIPTION ION BADGE EXPENSE AMOUNT 2,155 DESCRIPTION GIFTS AMOUNT 554 DESCRIPTION GENERAL F OOD AMOUNT 352 DESCRIPTION CAB REIMBURSEMENTS AMOUNT 125 DESCRIPTION CDC EXPENSE AMOUNT 71 DESCRIPTION NTL VISIT AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 66,578
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID CARDS BEG OF YEAR AMOUNT 3,388 END OF YEAR AMOUNT 225 DESCRIPTION ION MEMEBER RECEIVABLE BEG OF YEAR AMOUNT 22,850 END OF YEAR AMOUNT 10,128 DESCRIPTION ION OTHER BEG OF YEAR AMOUNT 82 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION OTHER BEG OF YEAR AMOUNT 8,485 END OF YEAR AMOUNT 560