

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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

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 - Eta Nu Chapter

Number and street (or P O box, if mail is not delivered to street address) Room/suite
5151 PARK AVENUE

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
(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: ▶ SACREDHEART 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 ▶ \$ 133,329

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1 Contributions, gifts, grants, and similar amounts received		12,915																																
	2 Program service revenue including government fees and contracts		108,884																																
	3 Membership dues and assessments																																		
	4 Investment income																																		
	5a Gross amount from sale of assets other than inventory																																		
	b Less cost or other basis and sales expenses							0																											
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																		
	6 Gaming and fundraising events																																		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																		
	b Gross income from fundraising events (not including \$ 12,915 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																		
c Less direct expenses from gaming and fundraising events																																			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																			
7a Gross sales of inventory, less returns and allowances																																			
b Less cost of goods sold																																			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																			
8 Other revenue (describe in Schedule O)																																			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																			
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																		
	11 Benefits paid to or for members																																		
	12 Salaries, other compensation, and employee benefits																																		
	13 Professional fees and other payments to independent contractors																																		
	14 Occupancy, rent, utilities, and maintenance																																		
	15 Printing, publications, postage, and shipping																																		
	16 Other expenses (describe in Schedule O)																																		
17 Total expenses. Add lines 10 through 16																																			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																		
	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)																																		
	20 Other changes in net assets or fund balances (explain in Schedule O)																																		
	21 Net assets or fund balances at end of year Combine lines 18 through 20																																		

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	66,321	22	54,161
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	17,690	24	21,407
25 Total assets	84,011	25	75,568
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,011	27	75,568

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 ORGANIZATION

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 <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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
Olivia Hagopian President	1 00	0		
Gabriella Ruvo VP-MBR EDUCATE	1 00	0		
Katie Trank VP-MEMBERSHIPS	1 00	0		
Danielle Fischbein VP-OPERATIONS	1 00	0		
Carly Doorhy VP-STANDARDS	1 00	0		
Paige Figueiredo Secretary	1 00	0		
Julia Hallisey VP-PUBLIC REL	1 00	0		
Andie Mormino VP-CMTY SERVICE	1 00	0		
Cheyenne Georges PANHELLENIC DEL	1 00	0		
Alyssa Zarcone VP-FINANCE	1 00	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

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Alyssa Zarcone Telephone no (901) 748-1897 Located at 5151 PARK AVENUE FAIRFIELD, CT ZIP + 4 06825

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		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"

(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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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	2019-11-25 Date
Alyssa Zarcone VP-FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Bradley Sienkewicz CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01550321
	Firm's name ▶ AGL CPA GROUP LLC	Firm's EIN ▶ 47-1077462			
	Firm's address ▶ 1870 BUFORD HWY STE 100 DULUTH, GA 30097	Phone no (770) 622-2982			

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 26-4244231

Name: Kappa Delta Sorority - Eta Nu 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.)	
<p>28 OPERATE A LOCAL COLLEGIATE CHAPTER OF A NATIONAL COLLEGE SORORITY ORGANIZATION TO FURTHER EDUCATIONAL AND SOCIAL INTERESTS WITHIN THE SACRED HEART UNIVERSITY ORGANIZATION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		SHAMROCK EVENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18,489			18,489
	2 Less Contributions	12,915			12,915
	3 Gross income (line 1 minus line 2)	5,574			5,574
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	841			841
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				841
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				4,733

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

Kappa Delta Sorority - Eta Nu Chapter

Employer identification number

26-4244231

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name KAPPA DELTA FOUNDATION Donee's Address 3205 PLAYERS LANE MEMPHIS TN 38125 Cash Amount Given \$17181

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 2	Donee's Name SAINT JOSEPH PARENTING CENTER Donee's Address 90 FAIRFIELD AVENUE STAMFORD CT 06902 Cash Amount Given \$14549

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6670

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SOCIAL EXPENSES \$53558

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	RECRUITMENT \$17013

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MEETING EXPENSE \$7446

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DUES \$3780

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MISCELLANEOUS \$2835

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	PUBLIC RELATIONS \$1726

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	PHILANTHROPY \$996

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$150 Prepaid Expenses and Deferred Charges - Ending \$1001

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM - Beginning \$17540 DUE FROM - Ending \$20406