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Form 990-EZ

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B

Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C

Name of organization
DELTA SIGMA PHI HOUSE CORPORATION

Number and street (or P O box, if mail is not delivered to street address)
P O BOX 1497

Room/suite

City or town, state or country, and ZIP + 4
LAFAYETTE, IN 47902

D

Employer identification number
35-0870942

E

Telephone number

F

Group Exemption Number

▶

▶ 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 Organization type (check only one)—

501(c)(7)

▶(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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$169,218

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	11,874
	2	Program service revenue including government fees and contracts						2	148,562
	3	Membership dues and assessments						3	
	4	Investment income						4	1,782
	5a	Gross amount from sale of assets other than inventory				5a	7,000	5c	-2,722
	b	Less cost or other basis and sales expenses				5b	9,722		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here						6c	
	a	Gross revenue (not including \$_____of contributions reported on line 1)				6a			
	b	Less direct expenses other than fundraising expenses				6b			
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c	
	7a	Gross sales of inventory, less returns and allowances				7a		7c	
	b	Less cost of goods sold				7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe _____)						8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)						9	159,496
	10	Grants and similar amounts paid (attach schedule)						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	4,220
Net Assets	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	
	16	Other expenses (describe _____)						16	144,625
	17	Total expenses (add lines 10 through 16)						17	148,845
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	10,651
	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	652,087
	20	Other changes in net assets or fund balances (attach explanation)						20	-5,134
	21	Net assets or fund balances at end of year (combine lines 18 through 20)						21	657,604

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)		
What is the organization's primary exempt purpose? PROVIDING FURNISHED COLLEGE STUDENT HOUSING, INCLUDING ROUTINE MAINTENANCE AND RENOVATIONS TO THE MEMBERS OF DELTA DELTA CHAPTER OF DELTA SIGMA PHI				
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, or other relevant information for each program title				
28 N/A (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 (attach schedule)				
(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)				
(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

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		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	33	No		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No		
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 your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a			
37a					
b	Did the organization file Form 1120-POL for this year?	37b	No		
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 unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a	0		
b	Gross receipts, included on line 9, for public use of club facilities	39b	0		
40a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____				
d	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?	40e	No		
41	List the states with which a copy of this return is filed ▶ IN				
42a	The books are in care of ▶ GIRARDOT STRAUCH CO Telephone no ▶ (765) 423-5313				
	316 MAIN ST				
	Located at ▶ LAFAYETTE, IN ZIP + 4 ▶ 47901				
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)?	42b	No		
	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 .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No		
	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 ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

complete the tables for lines 50 and 51.

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating 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(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000 				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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					
	*****		2009-12-14			
	Signature of officer		Date			
	SCOTT PETERSON TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	LORITA BILL	Date	2009-12-28	Check if self-employed ☐	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	GIRARDOT STRAUCH & CO PC PO BOX 1497 LAFAYETTE, IN 47902				EIN
						Phone no (765) 423-5313

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

Additional Data

Software ID:
Software Version:
EIN: 35-0870942
Name: DELTA SIGMA PHI HOUSE CORPORATION

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

(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
SCOTT UELNER 341 NORTHWESTERN AVE WEST LAFAYETTE, IN 47906	PRESIDENT 2	0		
KEN WILLARD 341 NORTHWESTERN AVE WEST LAFAYETTE, IN 47906	VP 2	0		
JOHN PARKER 341 NORTHWESTERN AVE WEST LAFAYETTE, IN 47906	TREASURER 4	0		
MATT KIRCHOFF 341 NORTHWESTERN AVE WEST LAFAYETTE, IN 47906	SECRETARY 2	0		

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return DELTA SIGMA PHI HOUSE CORPORATION	Business or activity to which this form relates DELTA SIGMA PHI HOUSE CORPORAT	Identifying number 35-0870942
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	52,254

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	52,254
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	202
44 Total. Add amounts in column (f) See the instructions for where to report				44	202

TY 2008 Compensation Explanation**Name:** DELTA SIGMA PHI HOUSE CORPORATION**EIN:** 35-0870942

Person Name	Explanation
SCOTT UELNER	
KEN WILLARD	
JOHN PARKER	
MATT KIRCHOFF	

TY 2008 Other Assets Schedule**Name:** DELTA SIGMA PHI HOUSE CORPORATION**EIN:** 35-0870942

Description	Beginning of Year Amount	End of Year Amount
PLEDGES RECEIVABLE	17,090	17,339
ACCOUNTS RECEIVABLE	108,366	108,366
PREPAID EXPENSES AND DEFERRED CHARGES	8,641	8,267
LOAN ACQUISITION COSTS,NET	3,380	3,178
	137,477	137,150

TY 2008 Other Changes in Net Assets Schedule

Name: DELTA SIGMA PHI HOUSE CORPORATION

EIN: 35-0870942

Description	Amount
BOOK GAIN ON SALE OF INVESTMENTS	107
TAX LOSS ON SALE OF INVESTMENTS	2,721
UNREALIZED LOSS ON INVESTMENT	-7,962

TY 2008 Other Expenses Schedule**Name:** DELTA SIGMA PHI HOUSE CORPORATION**EIN:** 35-0870942

Description	Amount
EXPENSES	
INTEREST EXPENSE	50,014
REPAIRS & MAINTENANCE	18,125
INSURANCE	11,397
SUPPLIES & GENERAL	2,421
PROPERTY TAX	25
FUNDRAISING	4,682
RUSH	5,104
SUPPLIES	401
AMORTIZATION	202
INVESTMENT DEPRECIATION	52,254

TY 2008 Other Liabilities Schedule**Name:** DELTA SIGMA PHI HOUSE CORPORATION**EIN:** 35-0870942

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	8,333	17,726
SECURITY DEPOSITS	51,430	60,855
ACCRUED INTEREST	2,079	1,993
CREDIT CARD	11,572	
LOANS FROM OFFICERS	7,890	
MORTGAGE AND OTHER NOTES PAYABLE	751,614	718,549
	832,918	799,123