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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)

OMB No 1545-1150

2009

Open to Public  
Inspection► 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

## A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

DELTA BETA SIGMA NATIONAL SORORITY

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

122 SOUTH STREET

D Employer identification number

51-0165382

City or town, state or country, and ZIP + 4

MOBILE, AL 36606

E Telephone number

251-471-3302

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) ►

I Website: ► [deltabetasigma.com](http://deltabetasigma.com)H Check ►  if the organization is notJ Tax-exempt status (check only one) —  501(c) ( 7 ) (insert no.)  4947(a)(1) or  527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 ► \$ 91,118.

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 42,486.
3 Membership dues and assessments	3 29,292.
4 Investment income	4 2,424.
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less: direct expenses other than fundraising expenses	6b
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
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► <b>UNREALIZED GAIN ON SECURITIES</b> )	8 16,916.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 91,118.
10 Grants and similar amounts paid (attach schedule)	10 800.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 3,500.
13 Professional fees and other payments to independent contractors	13 1,270.
14 Occupancy, rent, utilities, and maintenance	14 2,000.
15 Printing, publications, postage, and shipping	15 3,018.
16 Other expenses (describe ► <b>OGDEN, SEE STATEMENT 1</b> )	16 43,518.
17 Total expenses Add lines 10 through 16	17 54,106.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 37,012.
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)	19 126,646.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 163,658.

## 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	127,143.	22 164,155.
23 Land and buildings		23
24 Other assets (describe ► )		24
25 Total assets	127,143.	25 164,155.
26 Total liabilities (describe ► <b>PAYROLL TAXES</b> )	497.	26 497.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,646.	27 163,658.

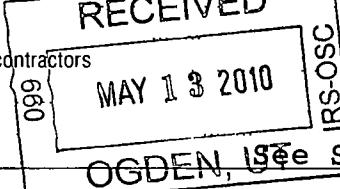
932171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED JUN 17 Revenue

Expenses

Net Assets





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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 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.

	Yes	No			
33		X			
34		X			
35a		X			
35b	N/A				
36		X			
37b		X			
38a		X			
38b	N/A				
39a	18,130.				
39b	0.				
40a					
section 4911 ► <u>N/A</u>	;	section 4912 ► <u>N/A</u>	;	section 4955 ► <u>N/A</u>	
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					
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					
40b	N/A				
40e		X			

41 List the states with which a copy of this return is filed. ► None

42a The organization's books are in care of ► MILLIE SHANKLE Telephone no. ► 251-471-3302  
 Located at ► 122 SOUTH STREET, MOBILE, AL ZIP + 4 ► 36606

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)?

	Yes	No
42b		X

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.?

	Yes	No
42c		X

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

► 43 ► N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
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

	Yes	No
45		X

Form 990-EZ (2009)

**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

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

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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000  N/A	(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

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."

N/A

(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 ► \_\_\_\_\_

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		
	Signature of officer <i>Milliecent H. Shankle</i> Type or print name and title <i>Milliecent H. Shankle, Sect/Treas</i>		
Paid Preparer's Use Only	Preparer's signature <i>Doris J. Rollo</i>	Date 4/24/10	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 500 Boulevard Park East Mobile, AL 36609	Preparer's identifying number (See instr) EIN ► Phone ► no. 251-343-1101	

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

►  Yes  No

Form 990-EZ (2009)

## DELTA BETA SIGMA NATIONAL SORORITY

51-0165382

Form 990-EZ	Other Expenses	Statement 1
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Description	Amount
BOARD AND CHAPTER EXPENSES	769.
CONVENTION EXPENSE	40,538.
JEWELRY	1,714.
PAYROLL TAXES	497.
Total to Form 990-EZ, line 16	43,518.

Form 990-EZ	Cash Grants and Allocations	Statement 2
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Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
SCHOLARSHIP RACHEL HOBSON MIDDLE TN STATE UNIVERSITY MURFREESBORO, TN 37132	NONE	200.
SCHOLARSHIP ERIN PETTY UNIVERSITY OF CENTRAL AR CONWAY, AR 72035	NONE	200.
SCHOLARSHIP MEAGAN HIRYAK UNIVERSITY OF CENTAL AR CONWAY , AR 72035	NONE	200.
SCHOLARSHIP LAURA DEMONDESERT ST LOUIS UNIVERSITY ST LOUIS, MO 63103	NONE	200.
Total Included on Form 990-EZ, Line 10		800.

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 3

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

THIS IS A SORORITY OF HIGH SCHOOL GIRLS ORGANIZED TO PROVIDE SCHOLARSHIPS TO MEMBERS, TO PERFORM CHARITY ACTS IN THE COMMUNITY AND TO PERFORM COMMUNITY SERVICE