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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)

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 06-01-2009, and ending 05-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PHI DELTA THETA FRATERNITY OF NC	D Employer identification number 56-0548248
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 210 N COLUMBIA STREET	E Telephone number (919) 942-6024
		City or town, state or country, and ZIP + 4 CHAPEL HILL, NC 27514	F Group Exemption Number ▶ 0164

▶ **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: WWW.UNCPHIDELT.COM

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

J Tax-Exempt status (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 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 ▶ \$ 470,475

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	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																													
	2 Program service revenue including government fees and contracts																													
	3 Membership dues and assessments																											470,344		
	4 Investment income																											131		
	5a Gross amount from sale of assets other than inventory																													
	b Less cost or other basis and sales expenses																													
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	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)																													
b Less direct expenses other than fundraising expenses																														
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
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 ▶)																														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																												470,475		
Expenses	10 Grants and similar amounts paid (attach schedule)																													
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																											85,118		
	13 Professional fees and other payments to independent contractors																											26,019		
	14 Occupancy, rent, utilities, and maintenance																											183,744		
	15 Printing, publications, postage, and shipping																											3,216		
	16 Other expenses (describe ▶)																											207,736		
17 Total expenses. Add lines 10 through 16																											505,833			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																											-35,358		
	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)																											65,745		
	20 Other changes in net assets or fund balances (attach explanation)																													
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																											30,387		

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		53,822	22 13,624
23 Land and buildings			23
24 Other assets (describe ▶)		17,223	24 19,963
25 Total assets		71,045	25 33,587
26 Total liabilities (describe ▶)		5,300	26 3,200
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		65,745	27 30,387

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.

	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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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."

(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

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each 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.

Signature of officer: ***** Date: 2011-01-15

Type or print name and title: ROBERT PAGE SECRETARY/ASST TREASURER

Paid Preparer's Use Only

Preparer's signature: RICHARD ZYCKIEWICZ CPA MBA Date: 2011-01-17 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: RICHARD ZYCKIEWICZ CPA MBA, 210 N COLUMBIA ST, CHAPEL HILL, NC 27514

Preparer's identifying number (See instructions): EIN: Phone no: (919) 448-4417

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

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

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

Department of the Treasury
Internal Revenue Service

Name(s) shown on return PHI DELTA THETA FRATERNITY OF NC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 56-0548248
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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	

6 (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 2008 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 2010 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	3,961

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 2009	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	<input type="checkbox"/>	

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 2009 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

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

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 instructions	22	3,961
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	

21 Listed property

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

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.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 cover total miles driven, commuting miles, personal use, and availability 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).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section C with columns (a)-(f). Row 42 covers amortization of costs starting in 2009. Row 43 covers amortization of costs starting before 2009. Row 44 is the total.

TY 2009 Compensation Explanation

Name: PHI DELTA THETA FRATERNITY OF NC

EIN: 56-0548248

Person Name	Explanation
HARRISON FARBER	
MATT MILLER	
ROBERT PAGE	

TY 2009 Other Assets Schedule

Name: PHI DELTA THETA FRATERNITY OF NC

EIN: 56-0548248

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES AND DEFERRED CHARGES	285	
FIXED ASSETS	32,406	36,892
LESS ACCUMULATED DEPRECIATION	15,468	16,929
	17,223	19,963

TY 2009 Other Expenses Schedule

Name: PHI DELTA THETA FRATERNITY OF NC

EIN: 56-0548248

Description	Amount
EXPENSES	
BANK SERVICE CHARGES	3,723
DUES & SUBSCRIPTIONS	10,146
MEALS	77,958
MISCELLANEOUS	1,388
MEMBER SOCIAL EVENTS	97,240
SUPPLIES	17,281

TY 2009 Other Liabilities Schedule

Name: PHI DELTA THETA FRATERNITY OF NC

EIN: 56-0548248

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,100	
SECURITY DEPOSITS	3,200	3,200
	5,300	3,200