

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	UN 30, 2010	
_	Check if	C Name of organization	D Employer identific	ation number
	pplicable			
	Addres	S labelor STOMA DELTA TALL ALDHA CHAPTER		
F	change Name	hine	15-0	537027
<u></u>	lchange lnitial	See Number and street (or P 0 box if mail is not delivered to street address) Room/suite	1	
F	Iretum Termin	- ISPECIFIC CANDARRA WALKED DO ROY 788		272-5550
⊢	ated Amend		G Gross receipts \$	481,239.
	lretum Applic		H(a) Is this a group re	
	Lión pendin		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates incl	
1 7	Γον-ρνο	empt status X 501(c) ( 7	-{ ' '	list. (see instructions)
		e: ► N/A	H(c) Group exemption	•
				State of legal domicile NY
	art I	Summary		<u></u>
		Briefly describe the organization's mission or most significant activities TO PROVIDI	HOUSING AN	D
92	'	FELLOWSHIP TO METRICULATED UNDERGRADUATE MEMBI	ERS OF SIGMA	DELTA TAU
ī.		Check this box   If the organization discontinued its operations or disposed of mor		
Š		Number of voting members of the governing body (Part VI, line 1a)	3	12
ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ଦ୍ଧ	i .	Total number of employees (Part V, line 2a)	5	3
įţį	ì	Total number of volunteers (estimate if necessary)	6	3 0
Activities & Governance	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ď	1	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
· —	<u> </u>		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		
Revenue	1	Program service revenue (Part VIII, line 2g)		479,433.
4 9	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	······································
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,806.
) J	1	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		481,239.
5—	$\overline{}$	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,027.
) J	i	Benefits paid to or for members (Part IX, column (A), line 4)		
Serses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,590.
多use		Professional fundraising fees (Part IX, column (A), line 11e)		
<b>38</b>		Total fundraising expenses (Part IX, column (D), line 25)		
ۺ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		524,545.
	18	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		566,162.
		Revenue less expenses. Subtract line 18 from line 12		-84 <u>,</u> 923.
Ser			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	186,655.	124,273.
ASB	21	Total liabilities (Part X, line 26)	81,265.	57,652.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	105,390.	66,621.
P	art II	Signature Block		
	!	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowled	ge and belief, it is true, correct,
			. 11/01	
Sig	n	X Geller Menson	11121	10
He	re	Signatur of officer	Date	
		LAUREN MANCHESTER, TREASURER		
		Type or print name and title		
Pan	d	Preparer's Services of the ser	heck if Prepar elf- (see in:	er's identifying number structions) VOSUKKU
_	parer's	signature Dabat to the left of the en	iipioyed	400 24188A
	Only	Firm's name (or SCIARABBA) WALKER & CO. LLP yours if	EIN -	
		self-employed), address, and		07 070 5550
_		ZIP+4 THACA, NEW YORK 14850	Phone no ► 6	07-272-5550
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

_		DELTA TAU ALI		15-053	37027 Page <b>2</b>
	rt III Statement of Program S		ments		
1	Briefly describe the organization's mis SEE BELOW	sion:			
	SEE DELOW				
		·			
2	Did the organization undertake any si	anificant program services	during the year which were not liste		
_	the prior Form 990 or 990-EZ?	grillicant program services	during the year which were not list	34 011	Yes X No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin		nges in how it conducts, any program	m services?	Yes X No
•	If "Yes," describe these changes on S		igos ii now ii concoco, any progra		
4	Describe the exempt purpose achieve		anization's three largest program se	rvices by expenses	
	Section 501(c)(3) and 501(c)(4) organi				
	allocations to others, the total expens			<b>3</b>	
	ана запачана на селото на	,,,,			
4a	(Code ) (Expenses	\$ 566,162.	including grants of \$	) (Revenue \$	479,433.)
	TO PROVIDE HOUSING		IP TO METRICULATED		TE MEMBERS
	OF SIGMA DELTA TAU	AT CORNELL UN	NIVERSITY.		
					<del>_</del>
					<del></del>
					· · ·
4b	(Code: ) (Expenses	\$	including grants of \$	) (Revenue \$	)
					<del></del>
4¢	(Code: ) (Expenses	\$	including grants of \$	) (Revenue \$	)
			<del></del>		
		<del></del>			<del></del>
				<del></del>	
		<del></del>			
		<del>-</del>			
				<del></del>	
4d	Other program services (Describe in	Schedule O )		<u> </u>	
74		ncluding grants of \$	) (Revenue \$	١	
4e	Total program service expenses ▶				

Part IV	Checklist of Required Schedules	

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	j		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	l .		.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	_8_		Λ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ.
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		Х
	If "Yes," complete Schedule D, Part V	10		Λ.
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	}
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.		•	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	j		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	ļ		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			.,
	and program service activities outside the United States? If "Yes," complete Schedule F. Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	l		v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	1	Y
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_	<del> </del>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	†	X
	one the organization operate one of more hospitals. It is to protecte ochoods in		990	
		- / •	1	/

Form 990 (2009) SIGMA DELTA TAU AL
Part IV Checklist of Required Schedules (continued)

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•	Dutth a 2 and a second at the COO of annual and about a second at a second area and a second at the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	21		Х
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		Λ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		Х
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			_ <del></del> -
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			i
٠	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u></u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	ـــ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38_	X 200	(0.5.5.7
		Form	990	(2009

Page 5

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		}			
	U.S. Information Returns Enter -0- if not applicable	1a		5		
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	(	$\overline{0}$		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	7		
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				,	
	filed for the calendar year ending with or within the year covered by this return	2a	3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b	_ X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	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 a	and			
	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ırdıng	Prohibited	ļ.		
	Tax Shelter Transaction?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			l
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts		l	İ
	were not tax deductible?			6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	_		l
	provided to the payor?			7a	<del>                                     </del>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		
	to file Form 8282?	۱	1	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		┨		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page the protect?	berson	ai	7.		X
	benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	root?		7e 7f	<del>                                     </del>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	<u> </u>	X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		oured?	79 7h	1	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		•	<u> </u>		-
•	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?		g-	8		]
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	0.	.]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_0 .			
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	ļ.,	
_ ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

800	tion A. Governing Body and Management								
Sec	tion A. Governing body and management		Yes	No					
1a	Enter the number of voting members of the governing body	2							
b	Enter the number of voting members that are independent  1b 12	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
-	officer, director, trustee, or key employee?								
3									
•	of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X X X					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6	Does the organization have members or stockholders?	_6_	Х						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a_	Х						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	<u></u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			l					
	by the following:			İ					
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?	10b	<u> </u>	17					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Į	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b		<del></del>					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1.							
	in Schedule O how this is done	12c		X					
13	Does the organization have a written whistleblower policy?	13	Х						
14	Does the organization have a written document retention and destruction policy?	14	_ A						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	•	X					
a	The organization's CEO, Executive Director, or top management official	15a	-	X					
b	Other officers or key employees of the organization	15b	<del> </del>	<u> </u>					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	1	Х					
	taxable entity during the year?	100	<del> </del>						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		1					
<u></u>	exempt status with respect to such arrangements?	1 100							
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶NY								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for							
18		J 101							
	public inspection. Indicate how you make these available Check all that apply  Own website Another's website X Upon request								
40		and fin	ancial						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public	III I	ai i UIQI						
00	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation I	•						
20	SCIARABBA WALKER & CO., LLP - 607-272-5550	J., OII P							
	P.O.BOX 788 , ITHACA, NY 14851								
	1.0.DOX 700 / TIMON/ NT 11001								

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization d (A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	١,,		Pos			1	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	ec eatronal trustee	Officer		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JENNA GREEN		l	1		1	1	İ			
PRESIDENT	1.00	X		X				0.	0.	0.
JANE MERMEL VICE PRESIDENT	1.00	x		X				0.	0.	0.
LINDSAY GILLER	1.00	<u> </u>				┢╌				
SECRETARY	1.00	v	ļ	X	ļ			0.	0.	0.
RACHEL KLION	1.00	1	-	1						
TREASURER	1.00	X		Х				0.	0.	0.
					-		_			
			ļ							
									,	
_										

SIGMA DELTA TAU ALPHA CHAPTER 15-0537027 Form 990 (2009) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) (A) (B) (C) (E) Reportable Reportable Name and title Position Estimated Average (check all that apply) compensation compensation amount of hours from from related other per Indiwdual trustee or director the organizations compensation week organization (W-2/1099-MISC) from the Institutional trustee (W-2/1099-MISC) organization Key employee and related organizations 0. 1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. NONE		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to \$100,000 in compensation from the organization ▶	those listed above) who received more than	

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	. All other organizations must compl	ete column (A) but are	not required to comp	lete columns (B), (C), an	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,027.			
2	Grants and other assistance to individuals in		· · · · · · · · · · · · · · · · · · ·		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,417.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,173.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	11 660		-	
C	Accounting	11,660.			
d	Lobbying		o-with the second		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology			+	
15	Royalties	165,182.			
16	Occupancy	103,102.			
17	Travel			<del>                                     </del>	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				<del> </del>
23 24	Other expenses Itemize expenses not covered		-11-4711-7	······································	
24	above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	CHAPTER RESERVE TO HOUS	125,200.			
b	FOOD	65,231.			
c	NATIONAL EXPENSES	23,620.			
d	BUILDING FUND TO HOUSE	20,400.	_		
e	ACTIVITIES	14,957.			
f	All other expenses	98,295.			
25	Total functional expenses Add lines 1 through 24f	566,162.			
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				<u> </u>

	1	Balance Sheet		(A)		(B) End of year		
	•	•		Beginning of year	_			
	1	Cash - non-interest-bearing		170,519.	1	75,652.		
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net	0.047	3				
	4	Accounts receivable, net	8,847.	4				
	5	Receivables from current and former officers, di	Receivables from current and former officers, directors, trustees, key					
		employees, and highest compensated employee	es Complete Part II					
		of Schedule L			5			
	6	Receivables from other disqualified persons (as	defined under section					
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete					
		Part II of Schedule L			6			
2	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8 _			
ž	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment: cost or other	1					
- 1		basis. Complete Part VI of Schedule D	10a					
	b	Less: accumulated depreciation	10b		10c			
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, line	11		12			
	13	Investments - program-related See Part IV, line			13			
1	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	7,289.	15	48,621			
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	186,655.	16	124,273		
	17	Accounts payable and accrued expenses		1,787.	17	5,115		
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21			
<u> </u>	22	Payables to current and former officers, directo						
Liabilities		highest compensated employees, and disqualif						
וַ בֿ		of Schedule L	рогоского селиристи		22			
	23	Secured mortgages and notes payable to unrel	ated third parties		23			
i	24	Unsecured notes and loans payable to unrelate			24			
	25	Other liabilities Complete Part X of Schedule D	a tima parties	79,478.	25	52,537		
	26	Total liabilities. Add lines 17 through 25		81,265.	26	57,652		
		Organizations that follow SFAS 117, check h	ere and complete					
<sub>ω</sub>		lines 27 through 29, and lines 33 and 34.	olo i alla complete					
Net Assets or Fund Balances	27	Unrestricted net assets			27			
la	28	Temporarily restricted net assets			28			
	29	Permanently restricted net assets			29			
	29	Organizations that do not follow SFAS 117, or	heck here   X and	7	1 -			
			lieck liefe P LL dild					
20	20	complete lines 30 through 34.		0.	30	0		
ו מַ	30	Capital stock or trust principal, or current funds		0.		0		
<u> </u>	31	Paid-in or capital surplus, or land, building, or ex		105,390.		66,621		
	32	Retained earnings, endowment, accumulated in	icome, or other fullus	105,390.		66,621		
	33	Total net assets or fund balances		186,655.		124,273		
	34	Total liabilities and net assets/fund balances		100,000.	J-4	Form 990 /200		

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting					
		_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X		
b	Were the organization's financial statements audited by an independent accountant?	2b		X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a					
	consolidated basis, separate basis, or both:	ŀ				
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			1		
	Act and OMB Circular A·133?	3a		X		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u></u>		
Form <b>990</b> (						

### Schedule D

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SIGMA DELTA TAU ALPHA CHAPTER

Employer identification number 15-0537027

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
	organization answered "Yes" to Form 990, Part IV, line										
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate contributions to (during year)										
3	Aggregate grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds								
	are the organization's property, subject to the organization's		Yes No								
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring										
	Impermissible private benefit?										
Par	Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7										
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).									
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area								
	Protection of natural habitat	Preservation of a ce	rtified historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last								
	day of the tax year.										
			Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
С	Number of conservation easements on a certified historic str	2c									
d	Number of conservation easements included in (c) acquired a	2d									
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	he organization during the tax								
	year ▶										
4	Number of states where property subject to conservation ear	sement is located 🕨									
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f								
	violations, and enforcement of the conservation easements it holds?										
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ►								
7	Amount of expenses incurred in monitoring, inspecting, and										
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)										
	and section 170(h)(4)(B)(ii)?										
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and										
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for										
	conservation easements.										
Pa	t III Organizations Maintaining Collections o		Other Similar Assets.								
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8									
1a	If the organization elected, as permitted under SFAS 116, no										
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of								
	the footnote to its financial statements that describes these										
b	If the organization elected, as permitted under SFAS 116, to										
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, provide the following amounts relating to								
	these items:										
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$								
	(ii) Assets included in Form 990, Part X										
2	If the organization received or held works of art, historical tre		cial gain, provide								
	the following amounts required to be reported under SFAS 1	16 relating to these items:									
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$								
b	Assets included in Form 990, Part X		<b>&gt;</b> \$								

,		ELTA TAU A						15-05			<u> </u>
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	Loar	or exch	nange program	ms					
b	Scholarly research	e	U Othe	er							_
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they f	urther th	ne organizatio	n's exen	npt purpo	se in Parl	XIV.		
5	During the year, did the organization solicit or	r receive donations o	of art, histori	cal treas	sures, or othe	r sımılar	assets		_		
	to be sold to raise funds rather than to be ma								Yes	N	<u>o_</u>
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for cont	ribution	s or other ass	ets not	ıncluded		_		
	on Form 990, Part X?								Yes	N	0
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table	e.							_
	3	,							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	N	0
	If "Yes," explain the arrangement in Part XIV.										
Par			swered "Ye	s" to Foi	rm 990, Part I	V, line 1	0				
	,	(a) Current year	(b) Prior		(c) Two years			ears back	(e) Four	years bac	k
1a	Beginning of year balance	_ \									
b	Contributions	-									
c	Net investment earnings, gains, and losses				£						
d	Grants or scholarships				-						
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses							~~~~~			
g	End of year balance				,,,,,,		,,				
2	Provide the estimated percentage of the year	r end balance held a	as		k						
a	Board designated or quasi-endowment	. one salanos non	%								
ь	Permanent endowment	%									
		^~ %									
	Are there endowment funds not in the posse		ation that ar	e held a	nd administer	red for th	he organi	zation			
Ja	by:	oolon or the organiz								Yes N	 o
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations								3a(ii)		_
h	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Schedule	R?					3b		_
4	Describe in Part XIV the intended uses of the								<u> </u>		
	t VI Investments - Land, Building				. Part X. line	10					
, (	Description of investment	(a) Cost or o			or other		ccumulat	ed	(d) Boo	k value	_
	Description of investment	basis (investi		• •	(other)	• •	preciation		,.,		
10	Land	(					<del></del>				_
											_
	Buildings										_
	Leasehold improvements			<del>.</del>							
d	• •										
	Other  . Add lines 1a through 1e (Column (d) must e	agual Form 990 Port	X column /	R). line 1	 10(c) )			<b>•</b>		C	) .
TOTAL	. Add mies ra uniough re (Columni (d) must e	quair oiii 330, i ail	79 COMMITTE	-/, 11110 1	. ~ (~) /			<del></del>			

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line	12		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuati or end-of-year marke	
Financial derivatives				
Closely-held equity interests				
Other				
			······	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )		- 10		
Part VIII Investments - Program Related.	See Form 990, Part X, lin		(c) Method of valuat	lou.
(a) Description of investment type	(b) Book value		t or end-of-year mark	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets. See Form 990, Part X, II				
	a) Description			(b) Book value
DUE FROM HOUSE CORP				100
DEPOSIT - BUYING SERVICE				2,121
DEPOSITS HELD BY HOUSE CORP		·		46,400
				<del></del>
			<u> </u>	48,621
Total. (Column (b) must equal Form 990, Part X, col (B)			<b>•</b>	40,021
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25	(b) Amount	ant f	
<u>-</u>		(b) Amount		
Federal income taxes EDUCATIONAL PURPOSES		4,428.		
ACTIVITY FEE		18,509.		
SECURITY DEPOSIT		29,600.		
SECORIII DEPOSII	<del></del>	25,000.		
Total. (Column (b) must equal Form 990. Part X. col (B)	line 25.)	52,537.		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Sche	dule D (Form 990) 2009 SIGMA DELTA TAU ALPHA CHAPT.	ᅜ			15-0	0337027	/Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	ed Financ	cial St	atement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		ļ	2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		ide Davis	10	Dot.		
	t XII   Reconciliation of Revenue per Audited Financial Statemen	its w	tn Rever	iue pe		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_					
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d			$\dashv$		
е	Add lines 2a through 2d				2e	<del>, 4, 1 </del>	
3	Subtract line 2e from line 1				3	<del></del>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	<del></del>				
	Add lines 4a and 4b				4c 5		
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  **T XIII Reconciliation of Expenses per Audited Financial Stateme	nte M	lith Eyno	nege			<del></del>
		1113 1	ritii Expe	11363	1	<u> </u>	<del></del>
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.						<del>-</del>
	Donated services and use of facilities	2a					
a		2b			$\dashv$		
b	Prior year adjustments Other losses	2c			$\dashv$		
G C	Other (Describe in Part XIV.)	2d					
d e	Add lines 2a through 2d	20			2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b		-			
	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4: Pa	rt IV. lin	es 1b and	2b. Part V. Iır	ne 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
, <i>, ,,</i> ,,	2 Li Tare Mi, line 6, 1 are Mi, lines 20 and 45, and 1 are Min, lines 20 and 45.7160 osmpo	0.0 .,,,,	part to pro	rico air	y additiona	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
		_	*				

### **SCHEDULE O**

(Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SIGMA DELTA TAU ALPHA CHAPTER

Employer identification number 15-0537027