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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 07-01-2009, and ending 06-30-2010

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 LAMBDA KAPPA SIGMA INTERNATIONAL <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 570 <hr/> City or town, state or country, and ZIP + 4 MUSKEGO, WI 53150	D Employer identification number 36-6079201 <hr/> E Telephone number (262) 679-4557 <hr/> F Group Exemption Number 0620
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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: ▶ N/A

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. ▶ \$ 189,851

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	71,469
	3 Membership dues and assessments	3	115,263
	4 Investment income	4	388
	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	2,036	
	b Less cost of goods sold	7b	3,150
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,114
8 Other revenue (describe ▶)	8	695	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	186,701	
Expenses	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	57,040
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	124,664
17 Total expenses. Add lines 10 through 16	17	181,704	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,997
	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	17,109
	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	22,106

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	72,699	22	91,769
23 Land and buildings		23	
24 Other assets (describe ▶)	7,372	24	13,581
25 Total assets	80,071	25	105,350
26 Total liabilities (describe ▶)	62,962	26	83,244
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,109	27	22,106

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE THE PROFESSION OF PHARMACY AMONG WOMEN AND ADVANCE WOMEN WITHIN THE PROFESSION BY DEVELOPING ITS MEMBERS AS INDIVIDUALS AND LEADERS THROUGH THE SUPPORT OF FELLOW MEMBERS WHILE ENCOURAGING A HIGH STANDARD OF PROFESSIONAL ETHICS AND SCHOLARSHIP			
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, and other relevant information for each program title.			
28 TO PROVIDE EDUCATIONAL SERVICES TO MEMBERS (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	124,664
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	124,664

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 V.)

		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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9 39a 38,450		
39b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>JOAN ROGALA</u> Telephone no ▶ <u>(262) 679-4557</u> S77W16906 CASEY DR Located at ▶ <u>MUSKEGO, WI</u> ZIP + 4 ▶ <u>53150</u>		
42b	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)? 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.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	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.		No

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: 2010-11-04

JOAN ROGALA ADMINISTRATOR
Type or print name and title

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








Preparer's signature: SHANNA JOHNSON Date: 2010-11-03 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON & SCHULZE PC, 1223 S STATE ST STE A, ALPENA, MI 49707

Preparer's identifying number (See instructions): EIN: Phone no: (989) 354-8707

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

Additional Data**Software ID:****Software Version:****EIN:** 36-6079201**Name:** LAMBDA KAPPA SIGMA INTERNATIONAL**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
SHARON BROWN  1531 HOVEDEN DRIVE KATY, TX 77450	GRAND PRESID 0	0		
CHRISTINE GRASS  17312 OLD JAMESTOWN ROAD FLORISSANT, MO 63034	GRAND VP FOR 0	0		
ELICIA FAUVEL  100 STOCKTON ST 172 CHELSEA, MA 02150	GRAND VP FOR 0	0		
TIFFANY SELF  10316 LONG BARN CT LOUISVILLE, KY 40291	GRAND VP FOR 0	0		
JENNY BRANDT  1205 CECILIA COURT ANNAPOLIS, MD 21409	GRAND TREASU 0	0		
SANDY MULLEN  9712 PURCELL ROAD HENRICO, VA 23228	GRAND SECRET 0	0		
JENNIFER RHODES  1418 NE 249TH AVE CAMAS, WA 98607	PAST GRAND P 0	0		
DORATHEA ANDREWS  153 MCCONNELLS TRACE BLVD LEXINGTON, KY 40511	CENTRAL REGI 0	0		
NICOLE CAMMARATA  5104 KENWOOD AVE BALTIMORE, MD 21206	MID-ATLANTIC 0	0		
MARINA FRIDMAN  28355 LOUISE DRIVE SOLON, OH 44139	NORTHEAST RE 0	0		
MARINA GRGAS  21 SPENCER ST APT 409 LEBANON, NH 03766	NEW ENGLAND 0	0		
LISA SAVAGE  5862 FLAIG DRIVE FAIRFIELD, OH 45014	WESTERN REGI 0	0		
AFTON YURKON  1276 N WAYNE ST APT 909 ARLINGTON, VA 22201	SOUTHERN REG 0	0		
MANDY HIMES  4459 ALAN PL FARMVILLE, NC 27828	ALTERNATE 0	0		
MARY MEREDITH  1498 WYNNEFIELD CT MARIETTA, GA 30062	ALUMNI SUPER 0	0		

TY 2009 Compensation Explanation

Name: LAMBDA KAPPA SIGMA INTERNATIONAL

EIN: 36-6079201

Person Name	Explanation
SHARON BROWN	
CHRISTINE GRASS	
ELICIA FAUVEL	
TIFFANY SELF	
JENNY BRANDT	
SANDY MULLEN	
JENNIFER RHODES	
DORATHEA ANDREWS	
NICOLE CAMMARATA	
MARINA FRIDMAN	
MARINA GRGAS	
LISA SAVAGE	
AFTON YURKON	
MANDY HIMES	
MARY MEREDITH	

TY 2009 Other Assets Schedule**Name:** LAMBDA KAPPA SIGMA INTERNATIONAL**EIN:** 36-6079201

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	550	1,820
PREPAID EXPENSES AND DEFERRED CHARGES	6,822	11,761
	7,372	13,581

TY 2009 Other Expenses Schedule**Name:** LAMBDA KAPPA SIGMA INTERNATIONAL**EIN:** 36-6079201

Description	Amount
EXPENSES	
PRINTING	7,388
SUPPLIES	3,150
POSTAGE/SHIPPING	3,108
WEBSITE DEVELOPMENT	3,060
TELEPHONE/INTERNET	3,312
TRAVEL	12,959
CONVENTION	73,602
INSURANCE	9,033
MISCELLANEOUS	1,088
BANK FEES	2,292
CONTRACT LABOR	5,672

TY 2009 Other Liabilities Schedule

Name: LAMBDA KAPPA SIGMA INTERNATIONAL

EIN: 36-6079201

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,000	14,640
DEFERRED REVENUE	59,962	68,604
	62,962	83,244

TY 2009 Other Revenues Schedule**Name:** LAMBDA KAPPA SIGMA INTERNATIONAL**EIN:** 36-6079201

Description	Amount
MISCELLANEOUS	695