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Form **990-EZ**

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)

Sponsoning 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

OMB No 1545-1150

2009

Open to Public Inspection

De Int	epar tern	rtment o al Reve	of the Treasury nue Service	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		Inspection		
A	_	_		ear, or tax year beginning 07/01/09, and ending 06/30/10				
В			applicable Plea		D Em	oloyer identification number		
Ē	٦		change use	3		noyer racmandation number		
	۲.	Name ch	labe	I KADDA NWICIA SORORITY	56	-0815498		
	ร์	nitial ret	- Is	01		ephone number		
	┪	riitiai ret Terminat	Saa	214 WHICHARD BUILDING		2-355-2653		
-	1	Amende	Spec	Characteria and 7/D / 4	F Group Exemption			
_	┪		on pending trons	** CDDDN177777		nber •		
L	_			panizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting		Cash X Accrual		
	,	• 000		completed Schedule A (Form 990 or 990-EZ). Other (specify)		Cash Accidal		
_		Nebsit	/-	H Check ►		e organization is not		
i.	_	_	empt status (check or	nly one) — X 501(c) (3) 4 (insert no) 4947(a)(1) or 527 required to 990-EZ, or	attach Sci	nedule B (Form 990,		
ĸ		Check		e organization is not a section 509(a)(3) supporting organization and its gross receipts are norma				
				0 return is not required, but if the organization chooses to file a return, be sure to file a complete re	•	οιε (nan ψ20,000 A		
_				ine 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	► S	121,116		
-		art I	••	Expenses, and Changes in Net Assets or Fund Balances (See the instru				
	Ť	1		grants, and similar amounts received	1	9,263		
		2	, 5	revenue including government fees and contracts	2	18,754		
		3	=		3	82,185		
	-		·		4	02,103		
	-	4	Investment incor		4			
	1	5a		om sale of assets other than inventory er basis and sales expenses 5b	\dashv			
		ь	\dashv					
	_	C	Gain or (loss) from	5c				
ì	Kevenue	6	Special events and					
9	Š	а	Gross revenue (
à	ž		reported on line					
		b	•	enses other than fundraising expenses 6b 14,98	3	4 060		
		С	,	oss) from special events and activities (Subtract line 6b from line 6a)	6c	-4,069		
		7a		ventory, less returns and allowances 7a	_			
	-	b	Less cost of goo	<u> </u>	_	1		
		C		oss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	- 1	8	Other revenue (describe) 8			
_	_	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	106,133		
		10	Grants and simil	ar amounts paid (attach schedule)	10			
	- 1	11	Benefits paid to	or for members	11			
	ا ي	12	Salaries, other c	ompensation, and employee benefits and other payments to independent contractors. NOV 0 1 2010	12			
>	use I	13	Professional fee	s and other payments to independent contractors	13	2,166		
	Expense	14	Occupancy, rent	uniones and maintenance	14	19,923		
	<u> </u>	15	Printing, publicat	clons, postage, and shipping QGDEN, UT	15			
j	- [16	Other expenses	(describe ► SEE STATEMENT 2) 16	79,849		
z_		17	Total expenses	. Add lines 10 through 16	17	101,938		
NOV 19		18	Excess or (defic	t) for the year (Subtract line 17 from line 9)	18	4,195		
_ {	ASSets	19	Net assets or ful	nd balances at beginning of year (from line 27, column (A)) (must agree with				
9	155		end-of-year figur	e reported on prior year's return)	19	10,259		
_, {	Net/	20	Other changes ii	n net assets or fund balances (attach explanation)	20			
2016 1016	z	21	Net assets or fu	nd balances at end of year Combine lines 18 through 20	21	14,454		
	Pa	art II		Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of F				
_				(See the instructions for Part II) (A) Beginning of year	1	(B) End of year		
2	2 (Cash. s	savings, and inves		7 22	14,412		
2:			nd buildings		23	=-,		
2			assets (describe	► SEE STATEMENT 3		42		
2		Total a	•	10,25		14,454		
20			i abilities (describ		0 26	11,101		
			•	inces (line 27 of column (B) must agree with line 21)		14,454		
			-	work Reduction Act Notice, see the separate instructions.	21	Form 990-EZ (2009)		
•	ا ب	ac	, ana i apeit			roini 330764 (2009)		

For	m 990-EZ (2009) GAMMA SIGMA CHAPTER OF THE	56	5-0815498					Page 2
E	Part III Statement of Program Service Accomplishments (S	See the instruct	ions for Part III	.)		Ex	penses	
	at is the organization's primary exempt purpose?					•	for section	
	SEE STATEMENT 4	loar and concine			1		nd 501(c)(
	scribe what was achieved in carrying out the organization's exempt purposes. In a c nner, describe the services provided, the number of persons benefited, or other rele		r				ons and sec trusts, opt	
eac	ch program title					others)		
28	PROVIDED HOUSING AND RELATED ITEMS FOR CHAPTER MEMBERS							
	(Crasta ®	alı basa	_		20-		12	,242
29	(Grants \$) If this amount includes foreign grants, che PROVIDED CHARITABLE ACTIVITES FOR CHAPTER MEMBERS	ck nere			28a			, 292
	(Grants \$) If this amount includes foreign grants, che	ck here			29a		14	,300
30	PROVIDED SOCIAL & EDUCATIONAL ACTIVITIES, ASSISTING IN THE MEMBERS' ACADEMIC BETTERMENT							
	MEMBERS ACADEMIC BEITERMENT							
	(Grants \$) If this amount includes foreign grants, che	ck here	•		30a		60	,947
31	Other program services (attach schedule) SEE STATEMENT 5							
	(Grants \$) If this amount includes foreign grants, che	ck here	>	Ļ	31a			,658
	Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each	h one even if not co	mnensated (See t	he in	structio	ns for P		,147
		(b) Title and average	(c) Compensation	(d)	Contribu	tions to	(e) Expo	
_	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)		rred comp	,	account other allov	
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Pa	it V Other information (Note the statement requirements in the instructions to	or 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		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy	of			7,7
	the changes	4	34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but in a form 200 T, attach a statement evaluation why the propagation did not report the propagation of the propagation o	пот геропеа			
_	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		· ·	1	ŧ
а	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?		35a		х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		330		
00	during the year? If "Yes," complete applicable parts of Schedule N		36		х
37a		37a	-00		==
b	Did the organization file Form 1120-POL for this year?		37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	/ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b		38b			
39	Section 501(c)(7) organizations Enter		7		
а		39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess be	nefit			•
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1			
	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		40b		X
С	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				ŀ
•	reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
e	transaction? If "Yes," complete Form 8886-T		40e		x
41	List the states with which a copy of this return is filed NONE		406	<u> </u>	
42a	The organization's books are in care of MURPHY & BUNCH, CPAS, PA	Telephone no ▶ 25	2-35	5-2	653
	107 E COMMERCE ST STE A-1				
	Located at ▶ GREENVILLE, NC	ZIP + 4 ▶ 27	858		
b	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, secunties account, or other financial			Yes	No
	account)?		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 Bar	nk	ł		
	and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	<u> </u>	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	1 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
			F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				v
A E	Form 990-EZ	ı.c	44	ļ	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? "Yes." Form 990 must be completed instead of Form 990-F7.	П	45		x
	"Yes," Form 990 must be completed instead of Form 990-EZ		45 Form 99	10-F7	

KDS	10/21/2010	1 49 PM	Pg 9													
Form	n 990-EZ (2009)	GAM	(AS	[GMA	CHAP	TER	OF :	THE		5	6-0815498	_		F	age 4
	rt VI	Secti			_				•		•		sts only. All s			
	•									exem	ot charitabl	e trusts must a	answer questio	ns 46	-49b	
			complet								<u> </u>					
46									ctivities o	n behal	of or in oppos	sition to			Yes	No X
4-			ublic office		•									46		X
47		-	tion engag					•				abadula F		47		X
48			-	-							s," complete S	cnedule E		48 49a		X
49a b		-	tion make related or	•		•			e related	organiza	auon /			49b		^
50				-			•		employed	es (othe	than officers	directors, trustees	and key	450		L
30	•			_		•				•		e is none, enter "No	•			
	стрюус		Name and	address			-	<u> </u>	n nom ar	(b)	Title and average hours per week evoted to position	,	(d) Contributions to employee benefit plans 8 deferred compensation	acc	Expensount as allowa	nd
NON	F.		·-· -							<u>_</u>	evoled to position		deletted competisation	Other	allowa	rices
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f	Total nur	nber of	other emp	loyees p	aid over	\$100,000	0				▶ _		_			
-4	0		-1- f t		-AI- 6		•	4								
51	•		pie for the pensation	_		•	•		•		ractors wno e	ach received more	than			
	\$100,000	oi com	pensation	HOIH UK	e Organiza	auon nu	Here is i	lone, er	iter Non	t						
	(a) N	lame and	address of	each inde	ependent c	ontractor	paid mor	e than \$1	00.000		(b) Type of service	(c) (Compens	sation	
	ONE				•						Ì		····	<u> </u>		
	T-4-1 -		-41													
d	i otai nui	nber or	other inde	penaent	contracto	ors eacn	receivir	ig over :	\$100,000							
_	1	Undor	nonaltine of	pomini I	doclare the	at I have s		l this rotu	en includir		nonuma nahadul	as and statements on	d to the best of my les			
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		\ _	<u> </u>	<u>roisu</u>	yer		1					()(1017 A 15/10/	2,21	<u> </u>	

Date

10/21/10

Check if

employed >

EIN

Phone

no 🕨

Yes No Form **990-EZ** (2009)

Preparer's Identifying Number (See instr.)

▶ 20-0565868

252-355-2653

P00908579

Paid

Preparer's

Use Only

Type or print name and title

JAN MURPHY

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

MURPHY

GREENVILLE,

MURPHY BUNCH, CPAS, 107 COMMERCE ST STE A

NC

27858

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

ıf self-employed),

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GAMMA SIGMA CHAPTER OF THE

KAPPA DELTA SORORITY

Employer identification number 56-0815498

Pa	ırt I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
he •	orgar	nization is not	a private foundation because	e it is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, cor	vention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(۹)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	П			I in conjunction with a hospital de				κΑλ(iii).	Enter th	ne hospi	ıtal's name.		
		city, and state		•				N / /			,		
5		•		f a college or university owned or	r operated	hy a gove	ernmenta	al unit de	scribed	l in			
-			b)(1)(A)(iv). (Complete Part		• • ролакоа	-, - g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6	\Box	•		overnmental unit described in se c	rtion 170/	h)(1)(A)(v	Λ						
7	H			substantial part of its support from				n the de	neral nu	iblic			
	ш	•	section 170(b)(1)(A)(vi). (Co	• • • • • • • • • • • • • • • • • • • •	i a goveni	memar ar		i tile ge	ilorai po	ione			
8				70(b)(1)(A)(vi). (Complete Part II	1.1								
9	X) more than 33 1/3 % of its suppo	•	ntribution	s memh	ershin fo	aes and	d arnee			
•		_	•	pt functions—subject to certain e				•		•			
				d unrelated business taxable inco	-	٠,				110			
), 1975 See section 509(a)(2). (i i tax, ii	0111 0001					
10		• •	•	exclusively to test for public safety	•	•	a)(4)						
11	Ħ	_	•	exclusively for the benefit of, to pe	•	•	,, ,	carry or	ıt the				
	ш	•	•	ed organizations described in sec				,		tion			
				ne type of supporting organization									
		a Type		c Type III–Function		•	d l	—ĭ	e III-Oti	her			
е		By checking t		anization is not controlled directly			or more						
				and other than one or more publi						ction			
		509(a)(1) or s	section 509(a)(2)			•							
f		If the organiza	ation received a written deter	rmination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	ıg				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribut	ion from a	ny of the							_
		following per	sons?										
		(i) A persor	who directly or indirectly co	ntrols, either alone or together w	ith person:	s describe	ed ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)		
		(ii) A famıly	member of a person describ	ed in (i) above?							11g(u)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(iii)		
h		Provide the f	ollowing information about th	ne supported organization(s)									
(1)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify	,	ls the	(v II) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	ion in col zed in the	supp	oort	
				(see instructions))	governing			ort?		S ?			
					Yes	No	Yes	No	Yes	No			
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organization without charge

organization, check this box and stop here

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the

4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						•
Sec	tion B. Total Support					_	
Ca	llendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	•					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>			1.2	
12	Gross receipts from related activities, etc. (s	see instructions)				12	

Sec	ection C. Computation of Public Support Percentage						
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%				
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%				

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box

and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	Schedule	A ((Form	990 c	r 990-	EZ) 20	09
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Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	 (Complete only if you che 	cked the box or	n line 9 of Part	1.)			
Sect	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	83,749	59,218	70,602	73,955	9,263	296,787
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					83,710	83,710
3	Gross receipts from activities that are not an unrelated trade or business under section 513					9,389	9,389
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	83,749	59,218	70,602	73,955	102,362	389,886
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			ļ			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	_					389,886
	tion B. Total Support						
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	83,749	59,218	70,602	73,955	102,362	389,886
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					18,754	18,754
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					18,754	18,754
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-924	-4,051	301	7,420		2,746
13	Total support. (Add lines 9, 10c, 11,						444 0-4
	and 12) First five years. If the Form 990 is for the c	82,825	55,167	70,903	81,375	121,116	411,386
14	organization, check this box and stop here			or murtax year as	- a section 501(c)(3	')	
	Dibbio current percentage for 2000 (line 8			···		4E	04 33 9/
15	Public support percentage for 2009 (line 8,	,,,))		15	94.77% 96.03%
16 Sec	Public support percentage from 2008 Schertion D. Computation of Investmen						90.03%
	Investment income percentage for 2009 (lin			lumn (fl)		17	5 %
17 18	Investment income percentage for 2009 (iii			141111 (1 <i>))</i>		18	
16 19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is mo	re than 33 1/3 % a		
	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	ox and stop here . Th	ie organization qua	lifies as a publicly s	supported organiza	ition	► <u>X</u>
b	line 18 is not more than 33 1/3 %, check the						▶ [

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 GAMMA SIGMA CHAPTER OF THE

56-0815498

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

SPEICAL EVENTS

\$

RENTS

\$

937

1,809

KDS 10/21/2010 1 49 PM Pg	14					
Form 990		Special Eve	nts Schedule			2009
Form 990	For calendar year 2009, or	tax year beginning	07/01/09 , and e	ending 06	/30/10	
Name					Employer Ide	ntification Number
GAMMA SIGMA KAPPA DELTA	CHAPTER OF THE SORORITY				56-081	5498
	(A)	(B)	(C)	Others		Total
Gross receipts	9,360	1,525			<u> </u>	10,914
Less contributions	0	0			0	0
Gross revenue	9,360	1,525	29		<u> </u>	10,914
Less direct expenses		3,465			<u> </u>	14,983
Net income (loss)		-1,940	29		<u> </u>	-4,069
Description (A) (B) (C)	T-SHIRT NOVE MAGAZINE SAI PHOTOGRAPHY					

Others

4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

67

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

GAMMA SIGMA CHAPTER OF THE KAPPA DELTA SORORITY

Identifying number 56-0815498

									<u> </u>
	ess or activity to which this form relates NDIRECT DEPRECIAT:	TON			-				
	rt I Election To Expen	se Certain Prop	-			5			
_	Note: If you have a				ou com	plete Pa	irt I.	_	250,000
1	Maximum amount See the instruct	•		es				1	230,000
2	Total cost of section 179 property Threshold cost of section 179 prop	•	•	tructions)				3	800,000
3 4	Reduction in limitation Subtract lin	•	•	tructions)				4	300,000
5	Dollar limitation for tax year Subtract lin			ed filma senarately	coo inetrii	ctions		5	
6	(a) Description			(b) Cost (business i		1	Elected cost		
<u> </u>	(2)	······		(2) 5501 (550111000)	,,	(0)			
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p		ın column (c), lines	6 and 7		L		8	
9	Tentative deduction Enter the small	• •	, ,					9	
10	Carryover of disallowed deduction	from line 13 of your 2	008 Form 4562					10	
11	Business income limitation. Enter t	he smaller of busines	s income (not less th	nan zero) or line 5	(see ins	tructions)		11	
12	Section 179 expense deduction A	dd lines 9 and 10, but	do not enter more ti	han line 11				12	
13	Carryover of disallowed deduction	to 2010 Add lines 9 a	and 10, less line 12		13				
Note	Do not use Part II or Part III below	<u> </u>							
Pa	rt II Special Depreciat	ion Allowance ar	nd Other Depre	ciation (Do n	ot inc	ude liste	ed prope	rty.)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	ner than listed prope	rty) placed in ser	/ice				
	during the tax year (see instruction	ns)						14	
15	Property subject to section 168(f)(1) election						15	
<u>16</u>	Other depreciation (including ACR						_	16	260
<u>Pa</u>	rt III MACRS Depreciat	ion (Do not inclu			ruction	<u>ıs.)</u>			
			Section						
17	MACRS deductions for assets place							17	0
18	If you are electing to group any assets p	-Assets Placed in Se						ctom.	
	Section B-	(b) Month and year	(c) Basis for depre	· 1	1	nai Depie	lation 3y	Stem	
	(a) Classification of property	placed in service	(business/investmei only-see instructi	nt use	(e)	Convention	(f) Meti	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	4							
<u>b</u>	5-year property	4			-				
С	7-year property	4							
	10-year property	4					<u></u>		
<u>e</u>	15-year property	4					ļ		
_ <u>f</u>	20-year property	4							
9	25-year property	ļ	-	25 yrs		 	S/L		<u> </u>
n	Residential rental property			27 5 yrs		MM	S/L		<u> </u>
	· · · · · · · · · · · · · · · · · · ·			27 5 yrs		MM	S/L		
i	Nonresidential real property			39 yrs		MM	S/L		<u>-</u> -
		Assets Placed in Ser	vice During 2009 T	av Vear Heing th	e Altern	MM ative Depr	S/L	vetor	<u> </u>
200		133013 Flaced III 301	Vice During 2009 1	ax real Osing th	Aitern	ative Debi	T	ysten	<u> </u>
	Class life	┪		12 yrs		<u> </u>	S/L		-
	12-year 40-year	 	 		-	MAM	S/L		
	urt IV Summary (See ins	structions \	<u> </u>	40 yrs		MM	S/L		<u> </u>
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, I		nes 19 and 20 in coli	umn (a) and line	21 Ento	here			
	and on the appropriate lines of you	•		107		.1016		22	260
23	For assets shown above and place	•	<u>=</u>						
	portion of the basis attributable to	· ·	,		23				
	portion of the busic dumbutable to	00000				1			<u>t</u>

FYE: 6/30/2010

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount
INITIATION, DUES, BADGE FEES	\$ 77,723
HOUSING INVESTMENT	249
MEMBER FINES / PENALTIES	453
MEALS	190
FORMAL	1,386
MISCELLANEOUS	1,064
PLEDGE FEES	 1,120
TOTAL	\$ 82,185

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	<u> </u>
	35
CONVENTIONS	738
FORMAL	3,172
GENERAL SOCIALS	3,335
GREEK WEEK	530
HOMECOMING	796
PARENTS WEEKEND	794
RETREAT	133
SEMI-FORMAL	657
BADGES	1,519
BANK CHARGES	432
CAMPUS INTRAMURAL	610
CDC	35
COMPOSITE	1,646
CONTRIBUTIONS	1,516
DUES	50
FOOD	1,526
GIFTS	80
GOLDEN CIRCLE	710
INITIATION	11,682
MEALS	560
NATIONAL	61
NEW MEMBER	30
NEW MEMBER EDUCATION	657
NLC	1,070
OFFICE SUPPLIES	388
OFFICERS	1,932
PANHELLENIC	2,251
PHILANTHROPY	200
POSTAGE	861
PUBLICITY	21
RECRUITMENT	23,253
RITUAL	211
SHAMROCK PROJECT	12,577
SUPPLIES	2,891
SUPPLIES	2,890
TOTAL	\$ 79,849

KDS GAMMA SIGMA CHAPTER OF THE 56-0815498 Federal Statements

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Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	eginning of Year	 End of Year	
LESS ACCUMULATED DEPRECIATION	\$ 1,298 996	\$ 1,298 1,256	
	 302	42	

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Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE HOUSING, CHARITABLE ACTIVITIES, AND SOCIAL AND EDUCATIONAL ACTIVITIES FOR COLLEGE FEMALES

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service

<u>Accomplishments</u>

Description

DEPRECIATION ON EXEMPT PURPOSE ACHIEVEMENTS

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<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depred	ciation: uter & printer Total Other Depreciation	2/15/05 _ _	1,298		1,298 1,298		996	260 260
	Total ACRS and Other Depr	eciation =	1,298		1,298		996	260
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense	fers -	1,298 0 0		1,298 0 0		996 0 0	260 0 0
	Net Grand Totals	_	1,298	_	1,298		996	260

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Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv Meth	Prior Current
Other Depreciated I Computer		2/15/05	0	- -	0 0 HY	00
	Total ACRS and Other Depre	ciation :	0	=	0	00
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers	0 0	- =	0 0 0	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$