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2009

OMB No 1545 1150

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)

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.

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

Open to Public

Inspection

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Addition					С				D Emp	oloyer ider	ntification number	
Teleprocent control processing   Section   STREET   Enterprocent control processing   Street   Stree		Addres	Please I AMDA DELETA OF CHIT OMEGA							34-6583509		
Initial seturn   Section 501(x)3 organizations and 4947(x)1) nonexempt charitable trusts   Section 501(x)3 organizations and 4947(x)1) nonexempt charitable trusts   Minist attach a completed schedule A (Form 990 or 590-E2).   H. Check   X  of the organization is not a section 509(x)3 supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-E2 or Form 990 restored, but if the organization is not a section 509(x)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-E2 or Form 990 restored, but if the organization is not a section 509(x)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-E2 or Form 990 restored, but if the organization choses to file a return, be sure to file a complete return      Add lines 5, 6b, and 7b, 10m. 91 to determine gross receipts, if \$500,000 or more, file Form 990 restored of Form 990-E2 or Form 990-E2 or Form 990 restored of Form 990-E2 or Form 990-E2		Name	ame change label or 618 F SIMMIT STREET									
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**Section \$01(CX3) organizations and 4947(xX1) nonexempt charitable trusts must afface a completed Schedule A (Porm 990 or 990 EZ)    Website: * N/A   Tax-rengit statuc (desk only one) _ X  50(c) ( 8 ) * (reset no.)   (Bat7(x)) or   327     Website: * N/A   Tax-rengit statuc (desk only one) _ X  50(c) ( 8 ) * (reset no.)   (Bat7(x)) or   327     K Check *     If the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$55,000 A Form 990 EZ or from 990	<u> </u> =			Specific								
* Section 591(xX) arganizations and 4947(xX1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 390-EZ).    Website: * N/A	=	l .									mption -	
Website: N/A   Status (circle work)   Management   Website: N/A   Status (circle work)   Management   Manag			Section !	501/c)(3	organizations and 4947(aV1) no	nexempt charit	able trusts	G Accounting	method	X E	Cash Accrual	
Website: N/A   Tax-exempt status (check only one)   X  50(c) ( 8 ) * (insert no)   4947(x)(1) or   327   790-EZ, or 990-EZ, or 990			m	ust atta	ch a completed Schedule A (For	m 990 or 990-E	Z).	Other (spec	ify) 🟲			
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 590-EZ or Form 590 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 590-EZ or Form 590 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 590-EZ or Form 590 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 590-EZ or Form 590 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 590-EZ or Form 590 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 590-EZ or Form 590 return is not required. Add lines 5, 60, and 7b, 10 form 50 reported or form 500 returns and submit a mounts received 1.	 	Webs	site: ► N	I/A				required to	attach	Schedu		
K Check ►	J_	Tax-e	xempt status	s (check c	nly one) — X 501(c) (8) ◄ (i	nsert no ) 49	47(a)(1) or 527	990-EZ, or	990-PF	)		
Add lines Sb. 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990   \$ 81, 976.	ĸ	Chec	k ► lif	the org	anization is not a section 509(a)(	3) supporting or						
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1		\$25,0	00 A Form	1 990-EZ	or Form 990 return is not required,	but if the organiz	zation chooses to fil	le a return, be sur	e to file	a comp	lete return	
Part I	Ĺ	Add inste	ines 5b, 6 ad of Forn	b, and n 990-E	7b, to line 9 to determine gross re Z	eceipts, if \$500,	000 or more, file F	orm 990		<b>►</b> \$	81,976.	
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   81, 971.	Pa	art I	Reve	enue.	Expenses, and Changes in	Net Assets	or Fund Balan	ces (See the	ınstru	ctions		
2   Program service revenue including government fees and contracts   2   3   3   81,971.		1								1		
5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sprift or (loss) from special events and altiowancies b Less cost of goods sold c Gross sprift or (loss) from sales of inventory (Subtract line 7b from line 7a) 9 Total revenue (describe * 9 Set Stratement 1 10 5,144 . 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 2 ) 16 38,685 . 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at lend of year Combine lines 18 through 20 pt. 17 18,654 . 20 Other changes in net assets or fund balances (attach explanation) 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe * ) 25 Total labilities (describe * ) 26 Total labilities (describe * ) 27 Let assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe * ) 29 Total liabilities (describe * ) 20 Total liabilities (describe * ) 21 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total liabilities (describe * ) 20 Total liabilities (describe * ) 20 Total liabilities (describe * ) 21 Net assets or fund balances (line 27 of column (B) must agree with line 21) 21 Net assets or fund balances (line 27 of column (B) must agree with line 21) 20 Total liabil	<b>₹</b> ₩7	2		_	_		S			2		
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8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	Q	T		_		tract line 7h fra				7.		
9   Total revenue   Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   9   81, 976.		l _				tract line 70 iro	iii iiile 7a)		、 <b> </b>			
10 Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   5,144.		1 .				40			─' <b>⊾</b> ⊦		01 076	
11   Benefits paid to or for members   RECEIVED   11   25,803.   12   13   400.   14   12,840.   15   15   15,367.   16   16   38,685.   17   17   16   38,685.   17   18   18   18   19   19   19   19   19		+					CEE C	TATEMENT 1	-+			
12   Salaries, other compensation, and employee benefits   RECEIVED   13   400.		1			•	· <i>)</i>	3EE 3	TATEMENT I	ŀ			
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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 Net assets or fund balances at end of year Combine lines 18 through 20  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)  10 Cash, savings, and investments  11 (A) Beginning of year  12 (B) End of year  13 (400.  14 12,840.  15 5,367.  16 38,685.  17 88,239.  18 -6,263.  19 Net assets or fund balances at end of through 16 (must agree with end-of-year professor)  19 19,654.  20 Under changes in net assets or fund balances (attach explanation)  20 (A) Beginning of year  (B) End of year  21 (B) End of year  22 (Cash, savings, and investments  23 Land and buildings  24 Other assets (describe > )  25 Total assets  19,654. 25 13,391.  26 Total liabilities (describe > )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  19 19,654. 27 13,391.	E	l		•		efits	RECEIVE	$D \sim$	-	<del></del>	23,003.	
14   Occupancy, relit, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   Other expenses (describe   SEE STATEMENT 2   17   Total expenses. Add lines 10 through 16   OGDEN,   17   88, 239   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -6, 263   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   19, 654   19   19   19, 654   19   19   19   19   19   19   19   1	P								-		400	
16   Other expenses (describe   SEE STATEMENT 2   16   38, 685.   17   Total expenses. Add lines 10 through 16   OCDEN   17   88, 239.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -6, 263.   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)   20   Other changes in net assets or fund balances (attach explanation)   21   Net assets or fund balances at end of year Combine lines 18 through 20   21   13, 391.   13, 391.   22   Cash, savings, and investments   19, 654.   22   13, 391.   23   24   25   Total assets (describe   24   25   Total assets (describe   24   25   Total liabilities (describe   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   19, 654.   27   13, 391.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   19, 654.   27   13, 391.   28   27   27   27   27   27   27   27	Ņ				-				ŀ			
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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    Cash, savings, and investments   (A) Beginning of year   (B) End of year		18	Excess o	r (defic	t) for the year (Subtract line 17 f	om line 9)		, m.,		18	-6,263.	
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	N 5	19	Net asse	ts or fu	nd balances at beginning of year	(from line 27, co	olumn (A)) (must a	agree with end-o	<sub>f-vear</sub> [			
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    Cash, savings, and investments   (A) Beginning of year   (B) End of year	N S T E		figure rep	ported o	n prior year's return)			g		19	19,654.	
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)		20	Other cha	anges ii	n net assets or fund balances (at	ach explanation	)			20		
(See the instructions for Part II )       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       19,654. 22       13,391.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       19,654. 25       13,391.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654. 27       13,391.	_	21							<u> </u>			
22 Cash, savings, and investments       19,654. 22       13,391.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       19,654. 25       13,391.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654. 27       13,391.	P	art II	Bala	ince S			\$1,250,000 or mo	ore, file Form 99	0 inste	ad of Fo	orm 990-EZ	
23         24       Other assets (describe ► )       24         25       Total assets       19,654 . 25       13,391 .         26       Total liabilities (describe ► )       0 . 26       0 .         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654 . 27       13,391 .					-	t II )						
24       Other assets (describe ►       )       24         25       Total assets       19,654.25       13,391.         26       Total liabilities (describe ►       )       0.26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654.27       13,391.	_				nvestments			19	, 654.	_+	13,391.	
25 Total assets       19,654. 25       13,391.         26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654. 27       13,391.				_				<b></b>				
26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       19,654. 27       13,391.				(aescri	Je =	)		10	C - 1		12 201	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 19,654. 27 13,391.				ac (doc	cribo 🏲			19		+ + -		
						ust agree with	ine 21)	10				
	$\overline{}$								, 004.	14/	Form <b>990-EZ</b> (2009)	

Form 990-EZ (2009) LAMBDA DELTA OF  Rart III Statement of Program Se  What is the organization's primary exempt purpose? DC	ns )	-6583509 Page 2  Expenses (Reguired for section 501(c)(3) and (4)		
Describe what was achieved in carrying out the describe the services provided, the number of program title	e organization's exempt purp persons benefited, or other i	oses In a clear and co relevant information for	ncise manner, each 49 fo	equired for section 1(c)(3) and (4) ganizations and section 47(a)(1) trusts, optional rothers)
(Grants \$ ) If th		rante check bere		Bai
29		ants, theth here		54
(Grants \$ ) If th	iis amount includes foreign gr	rants, check here		Эа
(Grants \$ ) If the state of the	is amount includes foreign gr	ants, check here	3	O a
(Grants \$ ) If the 32 Total program service expenses (add li	iis amount includes foreign gr	rants, check here	► 33 ► 33	1 a
Part IV List of Officers, Directors		ployees. List each or		
(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 a deferred compensation	(e) Expense account and other allowances
KELLI KRATZENBERG	PRESIDENT 0	0.		0.
LINDSAY MEAD	VICE PRESIDENT 0	0.	(	0.
EMILY HORNE	SECRETARY 0	0.	(	0.
KATE LEPERE	TREASURER 0	0.	(	0.
	-			
			<u>  </u>	
BAA	TEEA0812L 0	1/30/10		Form <b>990-EZ</b> (2009)

Par	t V Other Information (Note the statement requirements in the instrs for Part V.)	STATEM	ENT	3			
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description each activity	of <b>33</b>		Х			
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the change	es <b>34</b>		X			
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 attach a statement explaining why the organization did not report the income on Form 990 T	Т,		į			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) no reporting, and proxy tax requirements?	otice, <b>35 a</b>		X			
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b					
	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	36		X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions.    Did the organization file Form 1120-POL for this year?	0. 37b		<u>x</u>			
38 a	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?	38 a		X			
		N/A					
	Section 501(c)(7) organizations Enter			!			
		N/A		.			
	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	N/A		i			
70 0		<u>/A</u>					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I 'Yes,' complete Schedule L, Part I	n a f 40 b					
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	0.					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X			
41	List the states with which a copy of this return is filed  NONE						
b	The organization's books are in care of   KATE LEPERE  Located at  618 E. SUMMIT STREET KENT OH  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	240	079  Yes	No X			
С	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts c 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						
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	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	45		X			
RΔΔ				2000			

Form 9904	r EZ (2009) LAMBDA DELTA OF CHI	OMEGA		34-6583	509	P	age 4
Part VI	Section 501(c)(3) organization		(a)(1) nonexempt				
	501(c)(3) organizations and se	ction 4947(a)(1) no	nexempt charitab	le trusts must answer	questio	าร	
	46-49b and complete the table	s for lines 50 and 5	)1			_	
<b>46</b> Did tl	he organization engage in direct or indire	ect political campaign a	ctivities on behalf of o	r in opposition to candidate	s	Yes	No
for p	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule	C, Part I	chivines on bendin or o	in opposition to contact	46		
<b>47</b> Did t	he organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C, Part II		47		
<b>48</b> Is the	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sch	edule E	48		
49 a Did the organization make any transfers to an exempt non-charitable related organization?					49 a		
<b>b</b> If 'Ye	es,' was the related organization a section	n 527 organization?			49 ь		
<b>50</b> Com	plete this table for the organization's five	highest compensated of	employees (other than	officers, directors, trustees	and key		
empl	oyees) who each received more than \$10						
(a	) Name and address of each employee paid	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and	(e) Ex	nt and	
	more than \$100,000	devoted to position		deferred compensation	other all	owances	· 
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- Total	I number of other employees paid over \$	100 000	<u> </u>		<del></del> _		
1 Total	Transel of other employees paid over \$		<del></del> _				
<b>51</b> Com	plete this table for the organization's five	highest compensated	independent contracto	rs who each received more	than \$10	0.000	of
comp	pensation from the organization. If there	is none, enter 'None '		is with dusting the control of the c		0,000	0.
	(a) Name and address of each independent cont	tractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	
	(2) Halle and decises of each marper derivative			(2) Type of service	(0) 00,		<del>-</del>
	<b>_</b>						
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		<b></b>					
<b>d</b> Tota	I number of other independent contractor	s each receiving over \$	5100,000	<b>-</b>			
<b>d</b> Total	I number of other independent contractor	s each receiving over \$	5100,000	•			
<b>d</b> Total	Under penalties of perjury, I declare that I have exar	mined this return, including acci	ompanying schedules and sta	tements, and to the best of my know	ledge and be	elief, it is	
<b>d</b> Total		mined this return, including acci	ompanying schedules and sta	tements, and to the best of my know arer has any knowledge	ledge and be	elief, it is	
	Under penalties of perjury, I declare that I have exar	mined this return, including acci	ompanying schedules and sta	tements, and to the best of my know arer has any knowledge	ledge and be	elief, it is	
d Total	Under penalties of perjury, I declare that I have exar	mined this return, including acci	ompanying schedules and sta	tements, and to the best of my know arer has any knowledge	ledge and be	elief, it is	
Sign	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer	mined this return, including acci	ompanying schedules and sta	arer has any knowledge	ledge and be	elief, it is	
Sign	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer Signature of officer	mined this return, including acci	ompanying schedules and sta	Date	ledge and be	elief, it is	
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer  Signature of officer  KATE LEPERE  Type or print name and title	nined this return, including acci (other than officer) is based on	ompanying schedules and sta all information of which prep	Date  TREASURER  Check if Prescribed See See See See See See See See See S			
Sign Here Paid	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer  Signature of officer  KATE LEPERE  Type or print name and title	mined this return, including acci	ompanying schedules and sta all information of which prep	Date  TREASURER  Check if Prescribed See See See See See See See See See S	arer's Identr		
Sign Here Paid Pre-	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer Signature of officer  KATE LEPERE Type or print name and title  Preparer's signature  AL STEFANOV  Firm's name (or ESCOTT & COMPAN)	mined this return, including acciding than officer) is based on	ompanying schedules and sta all information of which prep	Date  TREASURER  Check if Self- Self-  Check if Self-	arer's Identr		
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Sign Here Paid Pre- parer's	Under penalties of perjury. I declare that I have example true, correct, and complete Declaration of preparery  Signature of officer  KATE LEPERE Type or print name and title  Preparer's signature  AL STEFANOV  Firm's name (or ESCOTT & COMPAN)	mined this return, including acciding that officer is based on the control of the	ompanying schedules and sta all information of which prep	Date  TREASURER  Check if self-employed N/	parer's Identri instructions A	ying Nu	mber
Sign Here Paid Pre- parer's Use Only	Under penalties of perjury. I declare that I have example true, correct, and complete Declaration of preparery  Signatule of officer  KATE LEPERE Type or print name and title  Preparer's signature  AL STEFANOV  Firm's name (or yours if self employed).  628 SOUTH WATER	mined this return, including accident than officer) is based on the control of th	ompanying schedules and sta all information of which preparations of which prepareties of which preparations of which prepareties of	Date  TREASURER  Check if self-employed Prepared N/  EIN N  Phone no (330)	parer's Identri instructions A	ying Nu 4819	mber

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( ·	\$ OTAL <u>\$</u>

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

## Form **8868**(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenu	je Service	File a separate application for each return.				
• If you are Do not con	e filing for a plete Part	an Automatic 3-Month Extension, complete only Part I and check this bo an Additional (Not Automatic) 3-Month Extension, complete only Part II II unless you have already been granted an automatic 3-month extension on a	(on page 2 previously f	of this for led Form 8	m) 8868	
Part I	Automa	tic 3-Month Extension of Time. Only submit original (no copies nee	eded)			
A corporat Part I only	ion require	d to file Form 990-T and requesting an automatic 6-month extension—chec	k this box a	and compl	ete ► □	
time to file	income ta					
one of the electronica	returns no lly if (1) you a composit	ile). Generally, you can electronically file Form 8868 if you want a 3-month au sted below (6 months for a corporation required to file Form 990-T). Howe want the additional (not automatic) 3-month extension or (2) you file Form e or consolidated Form 990-T. Instead, you must submit the fully completed at son the electronic filing of this form, visit www irs gov/efile and click on e-file.	ever, you ca is 990-BL, f ind signed pa	annot file 6069, or 8 age 2 (Part	Form 8868 870, group t II) of Form	
Type or	Name of	Exempt Organization	Employer	oyer identification number		
print	LAMBI	DA DELTA OF CHI OMEGA	34	6583	3509	
File by the due date for	Number	street, and room or suite no. If a PO box, see instructions				
filing your	618 E.					
return See instructions	1	on or post office, state, and ZIP code. For a foreign address, see instructions.  OHIO 44240				
Check type	e of return	to be filed (file a separate application for each return).				
Form 99		Form 990-T (corporation)		Form 472	20	
Form 99	90-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)		Form 522	27	
Form 99	90-EZ	Form 990-T (trust other than above)		Form 606	39	
Form 99	90-PF	☐ Form 1041-A		Form 887	'0	
Telephone If the org If this is for the who	e No ►.(_ anization o or a Group le group, o	e care of ► ESCOTT AND COMPANY LLC  330 ) 673-4819 FAX No. ► ( 330 ) 673  does not have an office or place of business in the United States, check this of Return, enter the organization's four digit Group Exemption Number (GEN). The check this box ► ☐ If it is for part of the group, check this box and EINs of all members the extension will cover.	box .			
until <sub>-</sub> for the ▶ □	MARCH organizat calendar	automatic 3-month (6 months for a corporation required to file For 115,, 20, 11, to file the exempt organization return for the organization ion's return for organization or organization.  AUGUST 1 , 20, 09, and ending JU	named abo	ove. The ex		
2 If this	tax year is	for less than 12 months, check reason:   Initial return   Final return	☐ Change	ın account	ing period	
		n is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax indable credits. See instructions	к, За	\$	00	
		is for Form 990-PF or 990-T, enter any refundable credits and estimated ta Include any prior year overpayment allowed as a credit.	3b	s	00	
deposi	ce Due. Sut with FTI	obtract line 3b from line 3a. Include your payment with this form, or, if required coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer tructions	d,	s	00	
Caution. If v	ou are go	ing to make an electronic fund withdrawal with this Form 8868, see Form 84			}-EO	
for payment						