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## PDT0079 1

Department of the Treasury Internal Revenue Service

#### **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)

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 200	9 calendar year, or tax year beginning 09/01/09, and ending 08/31	/10		
В	Check if applica			D Emplo	oyer identification number
	Address chang	use IRS FLORIDA ALPHA CHAPTER			
	Name change	print or Doing Business As		59-	-2339079
$\overline{}$	Initial return	type Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
=		See 121 SW 13TH STREET			
$\equiv$	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	expts \$ 545,341
$\sqsubseteq$	Amended retur		<del></del>	l	
<u></u> .	Application per	F Name and address of principal officer		1 ' '	a group return for
				affiliate H(b) Are all	affiliates
				include	
<del>.</del>	Tax-exempt	status <b>X</b> 501(c) ( <b>7</b> ) ◀ (Insert no ) 4947(a)(1) or 527		II NO,	* attach a list (see instructions)
	Website			H/c) Group	exemption number
		zation X Corporation Trust Association Other	L Year of formation		M State of legal domicile FL
	art I	Summary	L i cai or iormation		in otate or legal dollinoire 4
		ly describe the organization's mission or most significant activities			<del> </del>
	-	RATERNAL OPERATIONS			
nce	_				
rua Lua					
Revenue Walt & Activities & Gog finance	2 Che	ck this box > if the organization discontinued its operations or disposed of more than	25% of its net assets	S	
જું,	3 Num	ber of voting members of the governing body (Part VI, line 1a)		3	10
Š	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4	150
<b>F</b>	5 Tota	I number of employees (Part V, line 2a)		5	0
爱	6 Tota	I number of volunteers (estimate if necessary)		6	<del></del>
-\$	7a Tota	I gross unrelated business revenue from Part VIII, column (C), line 12		7a	
$\overline{\mathbf{x}}$	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
ندر	1,0		Рлог Үе:	ar	Current Year
ر کی	8 Con	inbutions and grants (Part VIII, line 1h)			
ڲۣٙ	9 Prog	ram service revenue (Part VIII, line 2g)			545,341
<b>6</b>	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)			· · · · · · · · · · · · · · · · · · ·
œ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tota	l revenue – add lines 8 through 11 (must equal Part <del>VIII, column (Δ), line 12).</del>			545,341
	<b>13</b> Gra	nts and similar amounts paid (Part IX, column (A) lines 135001V00			
	<b>14</b> Ben	efits paid to or for members (Part IX, column (A), line 4)			
S	15 Sala	ries, other compensation, employee benefits (Parter), column (A), line (A) (Ingel 5-10) (A)			
penses	16a Prof	essional fundraising fees (Part IX, column (A), line (e)			
xpe	<b>b</b> Tota	i fundraising expenses (Part IX, Column (D), line 25)			
Щ	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24DGDEN, UT			581,965
	18 Tota	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			581,965
		enue less expenses Subtract line 18 from line 12			-36,624
ts or			Beginning of Cu	1,905	End of Year 64, 680
Sse	20 Tota	l assets (Part X, line 16)		9,481	78,880
Net Assets or Fund Balances	21 Tota	I liabilities (Part X, line 26)		2,424	-14,200
	22 Net	assets or fund balances Subtract line 21 from line 20		2,323	14,200
	ait II	Signature Block		to the best o	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedul and belief, it is true correct, and complete Deparation of preparer (other than officer) is based on all i			
Sig	ın			12/1	14/11
He		Signature of officer		Date	
110		2 Dylan Anderson		Date	
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·		
	-	Data	Check	ıt	Preparer's identifying number
Pai	id	Preparer's 10 W	self-		(see instructions)
Pre	eparer's	Michael Metzler, CPA, PA	/ I I / I I employ	<del>-</del>	<u> </u>
	e Only	2630 N W 41-+ C+ C+ A		EIN D	
	•	address, and ZIP+4  Gainesville, FL 32606		Phone	352-374-9717
<u> </u>	the IDC =	scuss this return with the preparer shown above? (see instructions)		по	
		ct and Paperwork Reduction Act Notice, see the separate instructions.			Yes No
DAA		or and a approved the addition for the tipe of the separate methods.			Form 330 (2009)

000 (2000)	<del></del>		1 dgc =
Part III Statement of Program Servi	ce Accomplishments		
Briefly describe the organization's mission			
FRATERNAL OPERATIONS			
			<del></del>
2 Did the organization undertake any significant properties.	ogram services during the year which v	vere not listed on	
the prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Schedu			
3 Did the organization cease conducting, or make	significant changes in how it conducts,	any program	
services?			Yes X No
If "Yes," describe these changes on Schedule C			
Describe the exempt purpose achievements for			
Section 501(c)(3) and 501(c)(4) organizations at			
allocations to others, the total expenses, and re-	venue, if any, for each program service	геропеа	
1	72 125	) (Davis of the control of the contr	
	73,135 including grants of \$	) (Revenue \$	)
CHAPTER ACTIVITIES	TORMIONAL AND SERV	TOP OBTENUED	
PROVIDING FOR SOCIAL, ED	CATIONAL, AND SERV	ICE ORIENIED	
PROGRAMS FOR ALL MEMBERS			
	82,079 including grants of \$	) (Revenue \$	)
HOUSING OPERATIONS			
PROVIDING FOR HOUSING AND		CILITIES FOR	
THE BENEFIT OF ALL FRATE	RNITY MEMBERS		
4c (Code ) (Expenses \$ 1	26,751 including grants of \$	) (Revenue \$	)
COMMISSARY OPERATIONS			
PROVIDING FOOD SERVICE OF	PERATIONS FOR ALL F	RATERNITY	
MEMBERS			
4d Other program services (Describe in Schedule	0)		
· -		) (Revenue \$	1
(Expenses \$ included   4e Total program service expenses ▶	Iding grants of \$ 581,965	/ (itevenue w	
to Total program sortion expenses P			Form <b>990</b> (2009)
			: 01111 <b>3 3 4</b> (2009)

Pa	art 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		X
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		L
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		$\mathbf{x}$
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	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 related 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			
•	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		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  12A X			₹.,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,			v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		•
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
4-	to individuals 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	47		x
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	ond the diganization operate one of more hospitals? If Tes, complete schedule in		990	(2000)

<u>Pa</u>	art IV Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1		ĺ
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			Į
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ı
	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		_X
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		_X
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		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
С				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 22		x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		х
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33	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	33		
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>                                     </del>	
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	\		
-	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	x	

Pa	rt 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	I	_			
	U.S. Information Returns. Enter -0- if not applicable	1a	0			:
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		:	-	: f
	gaming (gambling) winnings to prize winners?	,		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ŀ	_		1	; }
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_0			:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	′		1		
•	this return?			3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				<b>37</b>
	account)?			4a		<u>X</u>
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 Ban	k				;
	and Financial Accounts			ا ۔		
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			5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		5c		
_	Prohibited Tax Shelter Transaction?			<u> 50</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x
	organization solicit any contributions that were not tax deductible?	<b>.</b> .		- Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	,		6b		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls				
а	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	required to file Form 8282?			7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal				
•	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f_		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					ŀ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a		<del></del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	احدا	10 125			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	10,125			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				Ė
11	Section 501(c)(12) organizations. Enter	44-				Ė
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	11b				1
	amounts due or received from them )		<u> </u>	12a		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	12b		140	_	<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	· · · · · · · · · · · · · · · · · · ·	Forn	990	(2009)

Form 990 (2009) PHI DELTA THETA 59-2339079 Page 6 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. Section A. Governing Body and Management Yes No 10 Enter the number of voting members of the governing body 150 b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a material diversion of the organization's assets? X Does the organization have members or stockholders? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members X 7a of the governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X Яa The governing body? X 8b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X Does the organization have local chapters, branches, or affiliates? 10a 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Х 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the

Michael Metzler CPA, PA

P.O. Box 357295

FL 32615

organization >

Gainesville

20

### 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  (A)  Name and Title	(B) Average			(0	C)	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
DON KORCHMAR										
PRESIDENT	10.00	ļ	L_	X	L.	ļ		0	0	
PATRICK SPAGNA	10.00				ŀ					
PALAN ANDERSON	10.00	$\vdash$		X	├—	-		0	0	<del></del> , ,
DYLAN ANDERSON	5.00			x	ŀ			О	o	
ASST. TREAS.	3.00			X					0	
			_		ļ					
				-	-					
			<u> </u>							
										<del></del>
					-					<del></del>

Pai	T VII Section A. Officers	, Directors, Trus	1662	, Re	y C11	ipio	y <del>0 0</del> 3,	alle	Trigitest Compensated L	imployees (continued)				
	(A) Name and Title	(B) Average hours per week	ndividual trustee or director			C) all Key employee	Highest compensated employee	Pormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimate amount other ompensa from the organizati	of ition e ion	
			stee	rustee		, re	pensated			}	1	rganizati		
					-	<b></b>								
		· · · · · · · · · · · · · · · · · · ·												
1b	Total	<u> </u>		<u> </u>	L	L		<b>•</b>						
2	Total number of individuals (inc	cluding but not lim	nted	to th	ose	liste	d abo	ve)	who received more than \$1	00.000 in				
_	reportable compensation from			0				,		,				
	Topo (able compensation in one												res	No
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schedu	ile J i	for s	uch i	ndıv	iduai					3		x
4	For any individual listed on line the organization and related or individual	e 1a, is the sum of ganizations great	repo er th	ortab an \$	le co 150,0	ompe 0007	ensati ' If "Y	on a es,"	and other compensation froi complete Schedule J for su	n ich		4		x
5	Did any person listed on line 1s services rendered to the organ	ization? If "Yes,"										5		<u>x</u> _
1	tion B. Independent Contractor  Complete this table for your five compensation from the organization from the	e highest comper zation	ısate	d inc	depe	nder	nt cor	ntrac						
	Name and	(A) I business address							Descrip	(B) tion of services		Comp	(C) pensatio	<u>n_</u> _
		· · · · · · · · · · · · · · · · · · ·												
		<del></del>						-						
DAA	Total number of independent of more than \$100,000 in competendent of the state of t		_				to th	ose	listed above) who received			0 Form \$	990 <i>i</i>	2000
D-74												LOIM 5	J J J (.	(800ء

Par	t VI	II Staten	nent of Reve	nue						
		,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>~ "</u>	4 -			4-				Tevende		312, 310, 31 314
		Federated cam	-	1a						
		Membership di		1b						
r ts		Fundraising ev		1c						
햴		Related organi		1d						
Contributions, gifts, grants and other similar amounts		Government grants (		<u>1e</u>			-			
널힐	f	All other contribution								
은히		and similar amounts		1f			į		•	
o u	g	Noncash contribution	as included in lines 1a-	1f	\$		#			
-	h	Total. Add line	s 1a–1f			<b>.</b>				
ne						Busn. Code				
ye.	2a	HOUSING	, BOARD, ACT	YTIVI	INC		545,341	545,341		
8	b									
₹	c							<del></del>		
Ser	d									
E	е									_
Program Service Revenue	f	All other progra	am service rever	nue						
ـــَـــ		Total. Add line				<b>•</b>	545,341			
	3	Investment inc	ome (including d	lividend	ls, interes	t, and				
İ		other similar ai	mounts)			▶				
	4	Income from in	vestment of tax-	-exemp	t bond pro	ceeds 🕨				
	5	Royalties			<u> </u>	<b>•</b>				
			(ı) Real		(II) F	Personal				•
	6a	Gross Rents								
	b	Less rental exps					1			
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			<b></b>				
	7a	Gross amount from	(i) Securitie	s	(11)	Other	1			
		sales of assets other than inventory								
	b	Less cost or other	-							
-		basis & sales exps		_			1			
1	С	Gain or (loss)								
	d	Net gain or (lo	ss)			<b>•</b>				
	8a	•	om fundraising ever	nts			-			
Other Revenue		(not including \$	_							
Š		of contributions r	eported on line 1c)	)			-			
٣		See Part IV, line		а						
흝	b	Less direct ex		b						
0			(loss) from fund	raising	events	<u> </u>				
			om gaming activitie							
		See Part IV, line	· -	а						ļ
	b	Less direct ex		b						
			(loss) from gam	ing acti	vities	<b>•</b>			<del>-</del>	
			inventory, less	Ū						
		returns and all		а						
	b	Less cost of g		b		-				1
			(loss) from sale:	s of inv	entory	<b>•</b>				
- 1			cellaneous Revenue			Busn Code				
	11a							'		<u>L</u>
	b									L
	c									
1	d	All other rever	iue							
	e	Total. Add line				<b></b>				
	12		e. See instructio	ns		<u> </u>	545,341	545,341	0	0

Form 990 (2009)

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must		(D) T	(C)	(D)
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				‡
	organizations in the U.S. See Part IV, line 21				<u> </u>
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				
8	Pension plan contributions (include section 401(k)				
U	and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
10	Fees for services (non-employees)				
11					
a h	Management				<u> </u>
b	Legal	16,091	16,091		
q	Accounting	20,001			
d	Lobbying Professional fundraising services. See Part IV, line 17	-			<del>                                     </del>
e	-				
f	Investment management fees				
g	Other		<del></del>	<u> </u>	<del> </del>
12	Advertising and promotion				
13	Office expenses			<del></del>	<del>                                     </del>
14	Information technology				<del>                                     </del>
15	Royalties	279,529	279,529		<del>                                     </del>
16	Occupancy	219,529	219,329		<del>                                     </del>
17	Travel				<del> </del>
18	Payments of travel or entertainment expenses				
, -	for any federal, state, or local public officials	3,468	3,468	-	<del>                                     </del>
19	Conferences, conventions, and meetings	3,408	3,408		
20	Interest	<del></del>		<del></del>	
21	Payments to affiliates	0 550	2 550		
22	Depreciation, depletion, and amortization	2,550	2,550		<del>                                     </del>
23	Insurance				<u> </u>
					1
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		1		1
	and labeled miscellaneous may not exceed				<u> </u>
	5% of total expenses shown on line 25 below )	100 551	100 751		<del> </del>
а	FOOD SERVICE EXPENSE	126,751	126,751		<del> </del>
b	CHAPTER ACTIVITIES	111,734	111,734		<del> </del>
С	MEMBERSHIP DUES & FEES	27,277	27,277		<del> </del>
d	BANK & CREDIT CARD FEES	7,787	7,787	·	
е	BAD DEBT EXPENSE	6,778	6,778		<del> </del>
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	581,965	581,965		<del> </del>
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>			
DAA					Form 990 (2009)

P	art X	Balance Sheet	_				
					(A) Beginning of year		( <b>B)</b> End of year
			<del></del>				
	1	Cash—non-interest bearing		-	74,055	1_	28,504
	2	Savings and temporary cash investments		-		2	
	3	Pledges and grants receivable, net		F	17 400	3	22 242
	4	Accounts receivable, net		-	17,408	4	23,242
	5	Receivables from current and former officers, directors, t					
		employees, and highest compensated employees Comp	lete Part II of	ŀ		_	
		Schedule L		-		5	
	6	Receivables from other disqualified persons (as defined					
	Ì	4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete	ŀ		-	
'n		Part II of Schedule L		-		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	0 000
۹	9	Prepaid expenses and deferred charges		1	1,667	9	2,399
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	31,802			
	b	Less accumulated depreciation	10b	21,267	8,775	10c	10,535
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	ļ.		12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			,	14	
	15	Other assets See Part IV, line 11		ļ		15	
	16	Total assets Add lines 1 through 15 (must equal line 34			101,905	16	64,680
	17	Accounts payable and accrued expenses			79,481	17	78,880
	18	Grants payable		<u>ļ</u>		18	
	19	Deferred revenue		1		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key				
豆	-	employees, highest compensated employees, and disqu	alified				
<u>=</u>		persons Complete Part II of Schedule L		<u> </u>		22	
	23	Secured mortgages and notes payable to unrelated third	parties	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third pa	irties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_		79,481	26	78,880
ç		Organizations that follow SFAS 117, check here ▶	X and				
Balances		complete lines 27 through 29, and lines 33 and 34.	_				
<u>a</u>	27	Unrestricted net assets			22,424	27	-14,200
Ba	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Ë		Organizations that do not follow SFAS 117, check he	ere 🕨 🗌				
Ē	1	and complete lines 30 through 34	_				
S	30	Capital stock or trust principal, or current funds				30	
šet	31	Paid-in or capital surplus, or land, building, or equipment	fund	[		31	
155	32	Retained earnings, endowment, accumulated income, or				32	
Net Assets or Fund	33	Total net assets or fund balances			22,424		-14,200
ž	34	Total liabilities and net assets/fund balances			101,905	34	64,680

Form **990** (2009)

b 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revertue Service

#### **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.

OMB No 1545-0047 2009

Open to Public

Employer identification number Name of the organization PHI DELTA THETA 59-2339079 FLORIDA ALPHA CHAPTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 PHI DELTA	THETA		59-2	339079	Page <b>2</b>
	rt III Organizations Maintaining		storical Treas	ures, or Other	Similar Assets	
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check an	y of the following the	hat are a significant	use of its	
а	Public exhibition	d 🔲 Loan or e	exchange program:	s		
b	Scholarly research	e 🗍 Other				
С	Preservation for future generations					
4	Provide a description of the organization's colle Part XIV	ctions and explain how they t	further the organiza	ation's exempt purp	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, histor e maintained as part of the o	rical treasures, or o	other similar		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am	ngements. Complete	ıf the organıza	tion answered	"Yes" to Form	990, Part
	is the organization an agent, trustee, custodian			assets not	<u> </u>	
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following tabl	le			
-	3	,				Amount
c	Beginning balance				1c	
ď	Additions during the year				1d	
и В	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Forr	n 990 Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
	rt V Endowment Funds. Comple	ete if organization ansv	wered "Yes" to	Form 990, Pa	rt IV, line 10	
	The Lindon Month and Company	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
12	Beginning of year balance					
h	Contributions					
	Net investment earnings, gains,					
·	and losses					
	Grants or scholarships					
	· .					
е	Other expenditures for facilities					
	and programs		-	·····		
T -	Administrative expenses				<u> </u>	
g	End of year balance	nd halance hold as			1	
2	Provide the estimated percentage of the year e Board designated or quasi-endowment ▶	ng balance nelu as				
a	<u> </u>	<sup>/</sup>				
b						
C	Term endowment ▶ %  Are there endowment funds not in the possess	ion of the organization that ar	re held and admini	stored for the		
3a		ion of the organization that ar	re neid and admini	stered for the		Yes No
	organization by					3a(ı)
	(i) unrelated organizations					3a(II)
4.	(ii) related organizations If "Yes" to 3a(ii), are the related organizations li	ated as required on Schodule	a P2			3b
						<u> </u>
4	Describe in Part XIV the intended uses of the out VI Investments—Land, Buildi			Part X line 1	0.	
- 178	Description of investment	(a) Cost or other basis	(b) Cost or oth		ccumulated	(d) Book value
	Description of investment	(investment)	basis (other)		preciation	,.,
4.	Load	<del>                                     </del>	,,			
	Land					
	Buildings					
	Leasehold improvements					
	Equipment		21	,802	21,267	10,535
	Other  I. Add lines 1a through 1e (Column (d) must equ	Ial Form 990. Part Y. column		, 502	21,201	10,535
iota	i. Add lines to infought te (Column (d) must equ	Jan I Olin 330, Falt A, Column	r (D), line TO(C)		0-1	
					Sched	dule D (Form 990) 2009

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

 $\blacktriangleright$ 

Total\_(Column (b) must equal Form 990, Part X, col\_(B) line 25)

che	dule D (Form 990) 2009 PHI DELTA THETA	59-233907		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	-	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		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	9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stater		turn	
1	Total revenue, gains, and other support per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	1 1	
	Donated services and use of facilities	2b	1 1	
	Recoveries of prior year grants	2c	1 1	
	Other (Describe in Part XIV )	2d	1	
	Add lines 2a through 2d		2e	
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:	1 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
	Other (Describe in Part XIV.)	4b	1	
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per B	<del></del>	
1	Total expenses and losses per audited financial statements	monto vviii Exponedo por v	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a	1 1	
a	Prior year adjustments	2b	1 1	
		2c 2c	1 1	
	Other losses	2d	1	
	Other (Describe in Part XIV ) Add lines 2a through 2d	20	2e	
_	3		3	
3	Subtract line 2e from line 1	1 1		<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
D	Other (Describe in Part XIV )	40	1 4 1	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<del></del>
	rt XIV Supplemental Information	4 4- Day 104 104 45		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li	nes 2d and 4b. Also complete		
ns p	art to provide any additional information			
				- <b></b> -
			<b>–</b> –	
		<del></del>		
			<b>–</b> –	

(Form 990)

SCHEDULE O

#### Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

► Attach to Form 990

Inspection

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Form 990 or to provide any additional information. PHI DELTA THETA

FLORIDA ALPHA CHAPTER

Employer identification number 59-2339079

Form 990, Part VI, Line 6 - Classes of Members or Stockholders This is a membership organization. Executive officers voted on by membership. No membership classes.

Form 990, Part VI, Line 7a - Election of Members and Their Rights EXECUTIVE OFFICERS ARE VOTED ON BY THE TOTAL MEMBERSHIP.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters MUST FOLLOW GOVERNANCE ACCORDING TO NATIONAL ORGANIZATION AND UNIVERSITY **POLICIES** 

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Tax preparer reviews return with Treasurer prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official No compensation paid to officers

Form 990, Part VI, Line 15b - Compensation Process for Officers None

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE UPON REQUEST

Name(s) shown on return

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

PHI DELTA THETA

► Attach to your tax return.

Attachment Sequence No

Identifying number

	FLORIDA	ALPHA CHA	PTER					59-	<u> 233</u>	9079
	ess or activity to which this form relates									— <del>————————————————————————————————————</del>
	ndirect Depreciati		autu I Indan Ca	otion 4			<del></del>			
۲a	rt I Election To Expens					comi	nlete Pai	rt I		
1	Note: If you have any listed property, complete Part V before you complete Part I.  Maximum amount. See the instructions for a higher limit for certain businesses.									250,000
2	Maximum amount. See the instructions for a higher limit for certain businesses.  Total cost of section 179 property placed in service (see instructions)									200,000
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								2 3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-								4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions									
6	(a) Description of property (b) Cost (business)									
<u> </u>										
7	Listed property Enter the amount fr	om line 29	<u>.</u>			7				
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7									
9	Tentative deduction Enter the smaller of line 5 or line 8								9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562								10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)								11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11								12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12									
	: Do not use Part II or Part III below f			•			1 1' 1			<u></u>
Pa	rt II Special Depreciati						ude liste	<u>a prope</u> i	rty )	(See instr.)
14	Special depreciation allowance for o		ner than listed prope	erty) plac	ced in service	•				
	during the tax year (see instructions							}	14	
15	Property subject to section 168(f)(1) election								15	
16 Other depreciation (including ACRS)  Part III MACRS Depreciation (Do not include listed property.) (See instructions)										
Pa	rt III MACRS Depreciati	on (Do not incit	<u>ide iisted prope</u> Secti		see mstru	CHOH	<u>s ) </u>			
	MACEC de de de ser esta alcada place	- d tou	<del></del>						17	1,688
17	MACRS deductions for assets placed in service in tax years beginning before 2009  If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here									1,000
18	If you are electing to group any assets partial Section B—	Assets Placed in Se	rvice During 2009	Tax Ye	ar Using the	Gene	ral Deprec	iation Sys	stem	
Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (b) Month and year (c) Basis for depreciation (d) Recovery										
	(a) Classification of property	placed in service	(business/investme only-see instruct	ent use	period	(e) C	Convention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property		A	211	F 0		1137	200	DB.	862
b	5-year property		4	,311	5.0		HY	200.	פט	802
<u>c</u>	7-year property			<del></del>						
<u>d</u>	10-year property						-			
<u>e</u>	15-year property									
f_	20-year property				25	l				
<u>g</u>	25-year property				25 yrs		1414	S/L		
h	Residential rental property				27 5 yrs		MM MM	S/L		
	<u> </u>		<u> </u>	<del></del>	27 5 yrs 39 yrs	_	MM	S/L		
1	Nonresidential real property				39 yrs	<del> </del>	MM	S/L		
	• • • • • • • • • • • • • • • • • • • •	ssets Placed in Sen	vice Durina 2009 T	Tax Year	Using the A	Alterna			ystem	1
 20a						Ė		S/L		<u> </u>
	12-year				12 yrs	ļ —		S/L		
	40-year		<del> </del>		40 yrs		MM	S/L		
	art IV Summary (See ins	tructions.)			1 10 710					
21	Listed property Enter amount from line 28								21	
22	Total. Add amounts from line 12, lin		nes 19 and 20 in co	lumn (g)	, and line 21	Enter	here			
-	and on the appropriate lines of your								22	2,550
23	For assets shown above and place									
	portion of the basis attributable to s					23				

For Paperwork Reduction Act Notice, see separate instructions.

59-2339079

Year Ended: August 31, 2010

PHI DELTA THETA FLORIDA ALPHA CHAPTER 121 SW 13TH STREET GAINESVILLE, FL 32601

# Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.