

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)

▶ 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 \$1,000,000 and total assets less than \$2,500,000 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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 Delta Sigma Theta Sorority, Inc. East Kings City
 Number and street (or P.O. box, if mail is not delivered to street address), Room/suite
 P.O. Box 21-1179, Bushwick Station
 City or town, state or country, and ZIP + 4
 Brooklyn, New York 11221-7179

D Employer identification number
 77-0676295

E Telephone number
 (718) 734-1396 1188

F Group Exemption Number
 ▶ 53-0215218

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.EKCDST.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) - 501(c) (7) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1 Contributions, gifts, grants, and similar amounts received																
	2 Program service revenue including government fees and contracts																
	3 Membership dues and assessments			11,510.00													
	4 Investment income																
	5a Gross amount from sale of assets other than inventory																
	5b Less: cost or other basis and sales expenses																
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																
	6a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)									55,688.49							
6b Less: direct expenses other than fundraising expenses																	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)											55,688.49						
7a Gross sales of inventory, less returns and allowances																	
7b Less: cost of goods sold																	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																	
8 Other revenue (describe ▶)																	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.																73,115.24	
Expenses	10 Grants and similar amounts paid (attach schedule)																
	11 Benefits paid to or for members																
	12 Salaries, other compensation, and employee benefits																
	13 Professional fees and other payments to independent contractors																
	14 Occupancy, rent, utilities, and maintenance																
	15 Printing, publications, postage, and shipping																
	16 Other expenses (describe ▶)																
17 Total expenses. Add lines 10 through 16																48,397.92	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																24,717.32	
Net Assets	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																9,888.54

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9,888.54	34,605.86
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets		34,605.86
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		34,605.86

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

SCANNED NOV 03 2010

04233 48731 OCT 29 2010

59918

95

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→
NE
21

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶ _____		
	d Enter amount of tax on line 40c reimbursed by the organization . ▶ _____		
40e	e 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.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The books are in care of ▶ <u>TANYA LEVY ODOM, TREASURER</u> Telephone no. ▶ <u>(718) 346-0524</u> Located at ▶ <u>550 E. 92 Street, Brooklyn, New York</u> ZIP + 4 ▶ <u>11236-1027</u>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No <input checked="" type="checkbox"/>
42c	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: ▶ _____		<input checked="" type="checkbox"/>
43	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 . . . ▶ 43 _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No <input checked="" type="checkbox"/>
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	Yes	No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . ▶		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

[Signature] Date 10/11/2010

Signature of officer

▶ *Felicia Purcell-Small, President*

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ Preparer's Identifying Number (See instructions)

EIN ▶ _____ Phone no ▶ () _____

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

Form 990-EZ (2008)

**DELTA SIGMA THETA SORORITY, INC
ANNUAL FINANCIAL REPORT AND
FEDERAL INCOME TAX GROUP RETURN AUTHORIZATION**

A Service Sorority
Grand Chapter

2007-2008

CHAPTER NAME: East Kings County Alumnae Chapter
REGION: Eastern

Chapter # 985
Tax ID# 77 0676295

Check here if the Chapter IS NOT exempt under Section 501(c)(7) (____)
CHAPTER IS EXEMPT UNDER 501(C) (___)

CASH BALANCE July 1, 2007 (This should be the ending balance at 6/30/07
(List each account separately)

Account # 1		\$	<u>9,888 54</u>
Account # 2			<u>-</u>
Account # 3			<u>-</u>
Account # 4 (ATTACH SCHEDULE 1)*			<u>-</u>

(1) TOTAL ALL CASH ACCOUNTS AS OF JULY 1, 2007 \$ 9,888 54 (1)

RECEIPTS JULY 1, 2007 TO JUNE 30, 2008

(2) Dues Received & Late Fees 1,955 00
(GL Pledge, Life membership, member at large)

Dues Received for next F/Y 08/09 9 555 00

(3) Sales -

(4) Interest Income -

(5) Other Receipts (initiation fees, national convention, regional conference, etc
(ATTACH SCHEDULE 2)* 15,923 75

(6) Receipts from Fund Raising Activities 45,681 49
(ATTACH SCHEDULE 3)*

(7) TOTAL RECEIPTS (2) THRU (6) 73,115 24 (7)

DISBURSEMENTS JULY 1, 2007 TO JUNE 30, 2008

(8) Liability & Bonding Insurance Remitted
to Grand Chapter 115 00

(9) Corporate Fees Remitted to Grand Chap 100 00

(10) Dues Remitted to Grand Chapter & Late Fee 5,790 00

(11) Administrative Expenses 3,071 99
(ATTACH SCHEDULE 4)*

(12) Total Cost of Fund Raising Activities 24,320 51
(ATTACH SCHEDULE 5)*

(13) Other Disbursements 15,000 42
(ATTACH SCHEDULE 6)*

* SCHEDULES MUST BE ATTACHED

Cash Balance June 30, 2008 (list account separately)

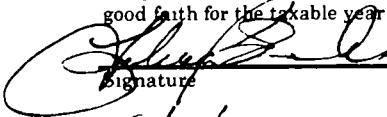
Account # 1	<u>30,631 15</u>
Account # 2	<u>3,974 71</u>
Account # 3	<u> </u>
Account # 4 (ATTACHED SCHEDULE 7)*	<u> </u>

(15) TOTAL ALL CASH ACCOUNTS AS OF JUNE 30, 2008 34,605 86 (15)
Should equal items (1) + (7) - (14)

(16) PROPERTY

			COST	
Balance				Balance
July 1 2007	Additions	(Deletions)		June 30 2008
Land _____	_____	_____		_____
Buildings				
Office				
Furniture &				
Equip _____	_____	_____		_____
TOTAL				_____
Balance	Depr			Balance
July 1 2007	Expense	Disposal		June 30 2008
Buildings				
Office				
Furniture &				
Equip _____	_____	_____		_____
TOTAL				_____
Method of depreciation	Building	Office Furn & Equipment		_____
Range of estimated service lives	_____	_____		_____

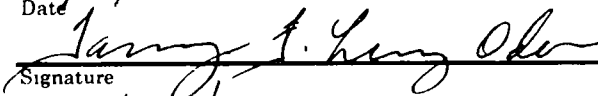
The above local chapter hereby authorizes Delta Sigma Theta Sorority, Inc to include these figures in the Federal Income Tax Group Form 990 I declare under penalties of perjury that this has been examined by me and to the best of my knowledge is true, correct and complete statement of all funds and accounts handled by this organization and made in good faith for the taxable year stated



Signature

8/13/2008

Date



Signature

8/13/2008

Date

547-531-1336
Telephone - Home
646-885-4751
Telephone - Work **

718-346-0524
Telephone - Home
917-847-1274
Telephone - Work **

Date

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
GRAND CHAPTER
SCHEDULE 1

Beginning Bank Balance, July 1, 2007

Account # 4	_____
Account # 5	_____
Account # 6	_____
Account # 7	_____
Account # 8	_____
Account # 9	_____
Account # 10	_____

TOTAL (Enter amount here and on Account # 4, Item 1) _____

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
GRAND CHAPTER

SCHEDULE 2

Other Receipts Gross

Initiation Fees	(1)	<u> -</u>
Regional Conference Fees	(2)	<u> -</u>
Health Fair	(3)	<u> -</u>
National Convention Fees	(4)	<u> -</u>
Reclamation Activities	(5)	<u> -</u>
Campaign Funds	(6)	<u> -</u>
Christmas Party	(7)	<u>10,007 00</u>
Sales of Delta Publications	(8)	<u>175 00</u>
Boutique	(9)	<u> -</u>
Convocations at Black Colleges	(10)	<u> -</u>

GRANTS

Federal		
(name of agency) _____	(11)	_____
State		
(name of agency) _____	(12)	_____
Local		
(name of agency) _____	(13)	_____
TOTAL GRANTS	(11+12+13)	(14) <u> -</u>

OTHER (Specify)

New York Metro Coordinating Council	(15)	<u>1,780 00</u>
Donations - Chartering	(16)	<u>150 00</u>
Journal Ads	(17)	<u>1,005 00</u>
Donations - other	(18)	<u>1,881 00</u>
Violets	(19)	<u>15 00</u>
<hr/>		
Eastern Region Leadership Conference	(20)	<u>390 00</u>
Directory binders	(21)	<u>200 75</u>
Chapter t-shirts	(22)	<u>290 00</u>

Total Other Receipts (Enter amount here and on Line 5)
(Sum of 1 thru 10 + 14 thru 22) 15,923 75

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
GRAND CHAPTER

SCHEDULE 4

Administrative Expenses

Accounting Expenses	(1) _____
Legal Expenses	(2) _____
Office Supplies	(3) _____
Telephone	(4) _____
Postage & Shipping	(5) _____
Rent	(6) <u>500 00</u>
Equipment Rental	(7) _____
Publication, Printing & Copying	(8) <u>558 75</u>
Travel	(9) _____
Interest	(10) _____
Professional Fees	(11) _____
Bank Service Charges	(12) <u>234 50</u>
<u>Other (Specify)</u>	
<u>P O Box</u>	(13) <u>71 00</u>
<u>New York Metro Coordinating Council</u>	(14) <u>1,199 74</u>
<u>Pan Hellenic Council</u>	(15) <u>100 00</u>
<u>Dry cleaning robes</u>	(16) <u>108 00</u>
<u>Reimbursement for dues overpayment</u>	(17) <u>255 00</u>
<u>Violets</u>	(18) <u>45 00</u>
 Total Administrative Expense(Sum of 1 thru 18) (Enter amount here and on Line 11)	 <u>\$ 3,071 99</u>

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
GRAND CHAPTER

SCHEDULE 5

Cost of Fund Raising Activities

(Disbursements relating to Schedule 3)

Founders' Day	(1) <u>2,375 00</u>
Jabberwock	(2) _____
Arts & Letters	(3) _____
May Month	(4) <u>157 68</u>
Delta Pageant/Cotillion	(5) _____
Fashion Show and Luncheon	(6) _____
Candy/Cookbooks	(7) _____
Car Wash	(8) _____
Dance	(9) _____
Posters	(10) _____
Raffles	(11) _____

Other Fund Raising Activities (Specify)

<u>Royal Carriage Ride</u>	(12) <u>1,401 56</u>
<u>White Tie & Tiara</u>	(13) <u>19,354 91</u>
<u>Literature & Luxury</u>	(14) <u>371 36</u>
<u>Scratch & Help</u>	(15) <u>660 00</u>
_____	(16) _____

Total Cost of Fund Raising Activities
(Enter amount here and on Line 12)

\$ 24,320 51

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
GRAND CHAPTER

SCHEDULE 6

Other Disbursements

Initiations Fees	(1)	<u>-</u>
Regional Conference Fees	(2)	<u>-</u>
National Convention Fees	(3)	<u>-</u>
Hospitality/Hostessing	(4)	<u>742 26</u>
Telephone	(5)	<u>-</u>
Membership Committee	(6)	<u>-</u>
Health Fair	(7)	<u>-</u>
Delta Publications	(8)	<u>322 00</u>
Christmas Party	(9)	<u>7,225 16</u>
Convocations at Black Colleges	(10)	<u>-</u>
GRANTS		
Federal _____	(11)	<u>_____</u>
State _____	(12)	<u>_____</u>
Local _____	(13)	<u>_____</u>
Total Grants (sum of 11 + 12+ 13)	(14)	<u>-</u>
Contributions		
Delta Endowed Chair	(15)	<u>-</u>
NAACP	(16)	<u>2,500 00</u>
UNCF	(17)	<u>_____</u>
Urban League	(18)	<u>_____</u>
<u>Other Contributions (Specify)</u>		
National Convention journal ad	(19)	<u>800 00</u>
Outgoing National Officers' gifts	(20)	<u>75 00</u>
Other journal ads	(21)	<u>1,225 00</u>
Total Contributions (sum 15 thru 21)	(22)	<u>4,600 00</u>
<u>Disbursements Other (Specify)</u>		
Donations	(23)	<u>1,811 00</u>
Delta Days At Nations Capital	(24)	<u>300 00</u>
Eastern Region Leadership Conference	(25)	<u>390 00</u>
Total Other Disbursements		
(Sum of 1 thru 10 + 14 + 22 thru 25)		<u>\$ 15,000 42</u>
Enter amount here and on Line 13		

DELTA SIGMA THETA SORORITY, INC
A Service Sorority
Grand Chapter

SCHEDULE 7

Ending Bank Balance, June 30, 2008

Account # 1	\$	-
Account # 5		_____
Account # 6		_____
Account # 7		_____
Account # 8		_____
Account # 9		_____
Account # 10		_____

TOTAL (Enter amount here and on Account # 4, Item 15) _____

DELTA SIGMA THETA SORORITY, INC.

A Service Sorority

Grand Chapter

CHAPTER TRANSITION CHECKLIST SUMMARY

The Scholarship & Standards Committee requires that each elected and appointed officer and committee chairperson complete the attached Checklist at the end of her term to assure communication with the outgoing members and continuity of programs is maintained. The completed checklist should be given to the incoming member during a scheduled transition meeting at the end of the sorority year. This summary page should be sent to National Headquarters immediately following the transition meeting. Failure to submit the Chapter Transition Checklist Summary will result in your chapter non-compliance.

Chapter Name: East Kings County Alumnae Chapter Chapter # 985

Chapter Region: Eastern Date Submitted 6/30/2008 Transition Meeting Date 6/28/2008

Submitted By: Felicia Burch-Small Position: President

Office/Position	Name of Outgoing	Name of Incoming	Transition Checklist Completed?	All Records Transitioned?	Follow-up Meeting Date
President	Felicia Smalls	Felicia Smalls	yes	yes	
1 st VP	Angela Williams	Angela Williams	yes	yes	
2 nd VP	Olaloou Aganga	Olaloou Aganga	yes	yes	
Recording Sec	Lesleigh Underwd	Lesleigh Underwd	yes	yes	
Corr. Secretary	Jillian Hooper	Jillian Hooper	yes	yes	
Treasurer	Tanya Odom	Tanya Odom	yes	yes	
Financial Sec	Marisha Clinton	Marisha Clinton	yes	yes	
Parliamentarian	Vanessa Spears	Vanessa Spears	yes	yes	
Historian	Chakira White	Chakira White	yes	yes	
Journalist	Simone Pratt	Simone Pratt	yes	yes	
Arts & Letters Chair	Monique Morris	LaKisha Fillmore	yes	yes	
Social Action	Verina Crawford	Verina Crawford	yes	yes	
Education Dev	Latisha Alexander	Latisha Alexander	yes	yes	
Econ Dev	Athis Clod	Athis Clod	yes	yes	
International Aware	Lourdes Archer	Lourdes Archer	yes	yes	
Physical & Ment	Yvette Abbott	Chastin Backas	yes	yes	
Fundraising	Cheri Cruishank	Cheri Cruishank	yes	yes	
Audit	LeAsia Earth	LeAsia Earth	yes	yes	
Gems	Lisa Highland	Lisa Highland	yes	yes	
Delta Academy	Kama Walcot	Shamira Howie	yes	yes	
ACE	Fabiola St Fort	Fabiola St Fort	yes	yes	
Custodian	Barbara Williams	Barbara Williams	yes	Yes	
Webmistress	Natalie Hooper	Natalie Hooper	yes	yes	

Have copies of the following been provided to the new President?	
▪ Chapter's Annual Report	NA
▪ Annual Report of Chapter Officers Form	NA
▪ Corporate Accountability Form	NA
▪ Advisor's Certification Form (Collegiate Chapters)	NA
▪ Chapter Demographics Form (Re: Chapter Programs)	NA
▪ Financial Report & Federal Income Tax Group Return Form (IRS)	NA
▪ Annual Audit Report	NA
▪ Chapter Management Handbook	NA
▪ Copy of Chapter Rules of Order Form	NA
▪ Copy of Chapter Policies & Procedures	NA
▪ Chapter Copy of Constitution & Bylaws	NA
▪ Chapter Copy of Official Ritual	NA
▪ Chapter Copy of Protocol and Traditions	NA
▪ Chapter Copy of ABC's of Parliamentary Procedure	NA
▪ Robert's Rules of Order	NA
▪ Last Chapter Mailing	NA

Have all bank signature cards been changed/signed and returned to the financial institution(s)?	NA
--	----

Has the chapter checkbook been turned over to the financial officer?	NA
---	----

Have copies of audited financial records been provided to the new Fiscal Officers (President, Treasurer and Financial Secretary)?	NA
--	----

Have access codes to chapter website, email, voice mailboxes, etc. been transitioned? Please list/indicate which codes were transferred:	NA

Have all keys to chapter facilities, storage rooms, mailboxes, etc. been transitioned? Please list/indicate which properties were transferred:	NA

Please provide an explanation as to why materials/information has not been transitioned in the space below:

Additional Comments:

DELTA SIGMA THETA SORORITY, INC.

CORPORATE COMPLIANCE LETTER

March 2008

Dear Soror:

This is to inform you that your chapter is in compliance with the *Constitution & Bylaws of the Grand Chapter* for the Sorority year 2007 to 2008. The following items have been received from your chapter:

- All Annual Dues
- Chapter Rules of Order Form
- Chapter Policies and Procedures
- Annual Report of Chapter Officers Form
- Chapter Demographics Reporting Form
- Projected Chapter Program for the Ensuing Year
- Financial Report and Federal Income Tax Group Return Form (Annual)
- National and Regional Corporate Fees (Due same time as Grand Chapter dues)
- Per Capita Fee (Due same time as Grand Chapter dues)
- Annual Chapter Liability Insurance
- Annual Chapter Bonding Insurance
- Annual Audit Report and/or IAR-1 Form
- Advisors Certification Form (Collegiate Chapters)
(The Regional Director must approve Collegiate Chapter Advisors)
- Membership Intake Documentation/Material(s) (if applicable)
- GPA Verification Form (Collegiate Chapters)
- Copy of GPA Verification Form sent to the Regional Representative
- Special Dispensation Form
- Transition Checklist

You may proceed with the chapter program as submitted and membership intake preparation and training, if applicable.

Sincerely,



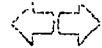
Regional Director

cc: Candace Williams, Eastern Regional Representative
Gail Mitchell, New York Metro State Coordinator

Chapter Demographics Form
For Fiscal Year 2007 to 2008

DIRECTIONS: This form **MUST** be submitted to National Headquarters no later than **May 31, 2007**. Failure to submit this form by the deadline may result in noncompliance for the 2007 - 2008 fiscal year. In addition, chapters may be placed in *inactive status for the year* and may not be seated at the National Convention.

Today's Date: 5/31/2008



Membership # of Person 985
 preparing form: 178158
 Position:
 Chapter Email Address: President@ekcdst.org
Chapter President
 178158
 President: Felicia Burch-Small
 Address: 71 Bulwer Place Fax:
 City, State Highland Park NY Business
 Phone:
 Zip: 11207 Email Address: QTDST87@yahoo.COM
 Home Phone: (718) 827-5097

Chapter Name	Chapter Number	Region	College
East Kings County Alumnae	985	EA	N/A
Chapter Address			
Address:	P.O. Box 960	Chapter Phone:	(718) 303-2187
City, State:	New York NY	Chapter Fax:	
Zip:	10013	Chapter Email:	President@ekcdst.org

NOTE: You must now enter the the number of initiated members for this fiscal year.

0

NOTE: The following information is read-only and comes from the Master database. Please contact National Headquarters if you feel the information is incorrect.

Total Number of Financial Members for 2007 to 2008. 48

Total Number of Reinstated Members for 2007 to 2008. 15

Name of Award:
 Proclamation

Name of Organization giving award:
Brooklyn Borough President

Type of Organization:

Educational Political Community-Based Religious Foundation Other

Was this a monetary award? No Yes If yes, what was the amount?
\$0.00

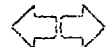
- 1. Did the chapter sponsor or participate in Founders Day? No Yes
 - 2. Did the chapter sponsor May Week activities? No Yes
 - 3. Did chapter representative(s) attend Delta Days at the Nation's Capital? No Yes
 - 4. Did chapter representative(s) attend Delta Days at the State Capital? No Yes
 - 5. Did the chapter help sponsor Delta Days at the State Capital? No Yes
 - 6. Did the chapter sponsor Health and Wellness activities for the community? No Yes
 - 7. Did the chapter sponsor Health and Wellness activities for chapter members only such as an International Day of Service workshop, forum, etc.? No Yes
 - 8. Did the chapter contribute money and/or other items to the Mary Help for the Sick Mission Hospital (formerly the Delta Maternity Wing at Thika Hospital). No Yes
 - 9. Has the chapter established a Dr. Betty Shabazz Delta Academy? No Yes
- If Yes, what year was the Academy established? 2007
- For 2007- , How many participants? 4
- Previous years, the average number of participants? 4
- If no, does the chapter have a similar program (e.g.) Del-Teens?
No Yes
- Give name of chapter program

- 1. Has the chapter established a foundation?
No Yes
- 2. What is the name of the foundation?
- 3. When (year) was the foundation established?

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



1. Select the Program Thrust **Economic Development**

2. What is the name of the program/project?

"Strengthening The Residents of Central Brooklyn's Financial Fortitude",

Since the majority of the areas that are currently covered by East Kings County (EKC) Alumnae Chapter have never been serviced before, EKC spent the greater part of 2007 - 2008 developing new relationships within the Brooklyn community and conducting Financial Fortitude needs assessments.

3. What is the purpose?

These assessments allowed EKC to adequately service the needs of the community and on March 25th 2008 we co sponsored "Strengthening The Residents of Central Brooklyn's Financial Fortitude", part of a financial education workshop series available to Brooklynites.

4. Expected outcomes

5. What age group(s) is/are served (check all that apply)?

Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 45

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 2 (Please list groups)

The Restoration Corp and the Office of Congressman Ed Towns

8. Is this an ongoing program/project? No Yes

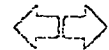
How many Years? 0

9. When is it scheduled each year or this year? From To

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Educational Development
- 2. What is the name of the program/project?
The Dr. Jeanne L Noble Institute

- 3. What is the purpose?
To instill the need to excel academically;
To provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success;
To assist girls in proper goal setting and planning for their futures""high school and beyond; and
To create compassionate, caring, and community minded young women by actively involving them in service learning and community service opportunities.

- 4. Expected outcomes
Since the first meeting, the Dr. Jeanne L. Noble Institute participants have been involved in a number of activities including serving food/drinks to the homeless at Kappa 5 Middle School on Thanksgiving Day, preparing gifts for distribution to the pediatric wards at local hospitals, attending Career Day events and participating in the 2008 Teen Arts Conference with the Brooklyn Arts Exchange. EKC's Dr. Jeanne L. Noble Institute participants also participated in National Project ACE Day

- 5. What age group(s) is/are served (check all that apply)?
Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

- 6. How many chapter members regularly participate? 0 % of members 10
Infrequently participate? 0 % of members 0

- 7. How many other volunteers/groups participate? 1 (Please list groups)
Brownsville Academy

- 8. Is this an ongoing program/project? No Yes

How many Years? 1

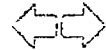
- 9. When is it scheduled each year or this year? From 09/01/2008 To 06/30/2008

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- * 1. Select the Program Thrust **Economic Development**
- 2. What is the name of the program/project?
Delta Challenge - Home Ownership and You

Chapter presentation for members to evaluate whether or not owning a home is for them

- 3. What is the purpose?

Information well received and considered useful

- 4. Expected outcomes

5. What age group(s) is/are served (check all that apply)?
 Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 95

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 0 (Please list groups)

8. Is this an ongoing program/project? No Yes

How many Years? 0

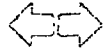
9. When is it scheduled each year or this year? From 04/12/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
 For Fiscal Year 2007 to 2008
 Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
 To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Educational Development
- 2. What is the name of the program/project?
 Dr. Betty Shabazz Academy

3. What is the purpose?
 Delta Academy provides an opportunity to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning, and their sisterhood, defined as the cultivation service learning, and their sisterhood, defined as the cultivation and maintenance of relationships.

To prepare young girls for full participation as leaders in the 21st Century.

4. Expected outcomes

5. What age group(s) is/are served (check all that apply)?
 Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 10

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 0 (Please list groups)

8. Is this an ongoing program/project? No Yes

How many Years? 0

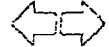
9. When is it scheduled each year or this year? From 09/01/2007 To 06/30/2008

NOTE: After entering your information, click on [button] to update the program in the Demographics form. Upon successful update, the [message] message will be displayed. Click [button] to clear the form and add a new program.

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Educational Development
- 2. What is the name of the program/project?
Honoring Black History Month

To encourage young people to write and honor their ancestors

- 3. What is the purpose?

Award prizes to the winners of an essay contest

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?
Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 15

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 1 (Please list groups)
Community Educator Council 19

8. Is this an ongoing program/project? No Yes

How many Years? 0

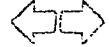
9. When is it scheduled each year or this year? From 02/12/2008 To

NOTE: After entering your information, click on [button] to update the program in the Demographics form. Upon successful update, the [message] message will be displayed. Click [button] to clear the form and add a new program.

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Physical and Mental Health
- 2. What is the name of the program/project?
Through the Lifestyle Change Initiative, 50 Million Pound Challenge

To combat the high incidence of obesity among women

- 3. What is the purpose?

7 Members achieved their desired weight lost

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?
Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 10

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 0 (Please list groups)
50 Million pound challenge - Dr. Ian Smith

8. Is this an ongoing program/project? No Yes

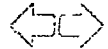
How many Years? 0

9. When is it scheduled each year or this year? From 09/22/2007 To 05/31/2008

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Political Awareness and Involvement
- 2. What is the name of the program/project?
Voter Registration Drive

To register residents of East Kings County to vote

- 3. What is the purpose?

To date we have registered over 50 residents

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?

Children	Teens (13-18)	Young Adults (19-30)	Adults (31-54)	Seniors (55+)
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6. How many chapter members regularly participate?	0	% of members	60
--	---	--------------	----

Infrequently participate?	0	% of members	0
---------------------------	---	--------------	---

7. How many other volunteers/groups participate?	0	(Please list groups)
--	---	----------------------

8. Is this an ongoing program/project?	No	Yes
--	----	-----

How many Years? 0

9. When is it scheduled each year or this year?	From 09/01/2007	To 05/31/2008
---	-----------------	---------------

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

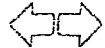
**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

NOTE: After entering your information, click on [button] to update the program in the Demographics form. Upon successful update, the [message] message will be displayed. Click [button] to clear the form and add a new program.

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



1. Select the Program Thrust Educational Development

2. What is the name of the program/project?

The Keys To Helping Our Children Succeed In School and Beyond - Regional Day of Service

After surveying the community and assessing the needs of its residents it was very clear that the education system in our service area is the worst in all of the city.

3. What is the purpose?

The best way for us to reach a mass of people, and equip parents/guardians with the tools to enable them to play a more proactive role in their child's education was to facilitate an Educational Symposium.

Parents with children of all ages came to embrace this wealth of knowledge. Licensed New York City Educators and experienced parents sat on a panel sharing best practices and everyday techniques to help children succeed at every level of education.

4. Expected outcomes

5. What age group(s) is/are served (check all that apply)?

Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 50

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 0 (Please list groups)

8. Is this an ongoing program/project? No Yes

How many Years? 0

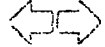
9. When is it scheduled each year or this year? From 03/08/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
 For Fiscal Year 2007 to 2008
 Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
 To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust **Political Awareness and Involvement**
- 2. What is the name of the program/project?
 Thanksgiving Day 2007

- 3. What is the purpose?
 For the chapter members of East Kings County Alumnae, Thanksgiving not only means a time to give thanks, but also a time to give. At the very first chapter meeting of the sorority year East Kings County Alumnae voted unanimously to spend a portion of Thanksgiving Day serving food to the less fortunate

- 4. Expected outcomes
 Sorors came out with their families and friends and did not leave until everyone was fed. It was a time for bonding within the chapter and other Greeks in our service area. We feel that we are truly blessed and being able to give back to our community on Thanksgiving day meant the world to us.

- 5. What age group(s) is/are served (check all that apply)?
 Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

- 6. How many chapter members regularly participate? 0 % of members 60
 Infrequently participate? 0 % of members 0

- 7. How many other volunteers/groups participate? 2 (Please list groups)
 Beta Lambda Chapter of Phi Beta Sigma Fraternity, Inc. and the Eta Kappa and Omicron Beta Chapters of Zeta Phi Beta Sorority, Inc.

- 8. Is this an ongoing program/project? No Yes

How many Years? 0

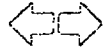
- 9. When is it scheduled each year or this year? From 11/22/2007 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Economic Development
- 2. What is the name of the program/project?
Planning your Financial Future

Presenting the National Endowment for Financial Education to
H.S. Students - (National DST partner) High School Financial
Planning Program

- 3. What is the purpose?

Students will be better informed about the importance of
their finances and how it will have a lasting impact on their
future

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?

Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 20

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 0 (Please list groups)

8. Is this an ongoing program/project? No Yes

How many Years? 0

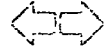
9. When is it scheduled each year or this year? From 04/07/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
 For Fiscal Year 2007 to 2008
 Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust **Political Awareness and Involvement**
- 2. What is the name of the program/project?
 Delta Christmas Party

To raise money to donate to the NAACP legal defense fund for the Jena 6 and to donate toys to the children of the deployed service men and woman from Brooklyn, NY

- 3. What is the purpose?

We wanted to donate \$2,500

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?

Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 99

Infrequently participate? 0 % of members 0

- 7. How many other volunteers/groups participate? 1 (Please list groups)

Alpha Upsilon chapter of Omega Psi Phi

- 8. Is this an ongoing program/project? No Yes

How many Years? 0

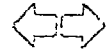
- 9. When is it scheduled each year or this year? From 12/21/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Educational Development
- 2. What is the name of the program/project?
Career Day Forum

The Career Forum will provide an opportunity to explore different career options and help the kids to understand what it takes to achieve your goals.
The Career Forum you'll You'll learn that through the support of family, friends,

- 3. What is the purpose?

Network with professionals in our community that grew up in Brooklyn or similar places and have established careers. Listen to their stories and see how they relate to your own life. And, have the opportunity to meet with them in small groups and ask questions about the route they took to achieve their status.

- 4. Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?

Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 15

Infrequently participate? 0 % of members 0

7. How many other volunteers/groups participate? 1 (Please list groups)

YMCA

8. Is this an ongoing program/project? No Yes

How many Years? 0

9. When is it scheduled each year or this year? From 02/02/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
For Fiscal Year 2007 to 2008
Five Point Programs

DIRECTIONS: Use this form to add programs to Section VI, Five Point Programs.
To facilitate data entry, leave Non Applicable (N/A) items blank.

Today's Date: 5/31/2008



- 1. Select the Program Thrust Educational Development
- 2. What is the name of the program/project?
Career Day and College Fair

To introduce young people to the experience of college life

- 3. What is the purpose?

For the young people to be empowered and informed

- 4 Expected outcomes

- 5. What age group(s) is/are served (check all that apply)?
Children Teens (13-18) Young Adults (19-30) Adults (31-54) Seniors (55+)

6. How many chapter members regularly participate? 0 % of members 15

Infrequently participate? 0 % of members 0

- 7. How many other volunteers/groups participate? 1 (Please list groups)
Jackie Robinson Center for Physical Culture

8. Is this an ongoing program/project? No Yes

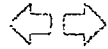
How many Years? 0

9. When is it scheduled each year or this year? From 01/26/2008 To

**NOTE: After entering your information, click on [button] to update the program in the Demographics form.
Upon successful update, the [message] message will be displayed.
Click [button] to clear the form and add a new program.**

Chapter Demographics Form
 For Fiscal Year 2007 to 2008
 Part 3
 (Sections VII through IX)

Today's Date: 5/31/2008



1. What is your total chapter budget for the sorority year? \$7,720.00

2. What percent of your total funds that come from fundraising? 0

Indicate the amount of funds that come from fundraising

None	\$100 - \$500	\$1,001 - \$5,000	\$10,001 - \$15,000	\$20,001 - \$25,000
Less than \$100	\$501 - \$1,000	\$5,001 - \$10,000	\$15,0001 - \$20,000	Over \$25,000

If over \$25,000 what is the exact amount? \$0 00

3 Please check the type of fundraisers held this year:

- | | |
|------------------|---------------------|
| Jabberwock | Stepshow |
| Raffles/Drawings | Auction of any kind |
| Bazaars | Fashion Show |
| Dances/Concerts | Luncheons/Dinners |

Other (please specify)

4. Which fundraiser earned the most money? White Tie and Tiara - 1 y

Amount raised? \$15,000 00

5. What was the chapter's source of funding?

- Dues
- Tickets sold for fundraisers
- Contributions from members
- Contributions from others
- Grants from Foundations
- Government grants
- Other (please specify)

6. What did the chapter's do with the proceeds?

Scholarships: Amount \$1,500 00 % of total 10 How many? 2

Five Point Program Activities : Amount \$12,000.00 % of total 70

Other (please specify) : NAACP Donation Amount \$2,500.00 % of total 70

1. Does the chapter award scholarships?

No Yes

2. Are the scholarships a one-time award?

No Yes

3. If No, how many scholarships are continuing? 0

4. How many scholarships will be awarded 2007 - 2008? 2

5. How many awardees are: Female: 2 Male:

3. Scholarships are awarded to (Check all that apply)

- | | | |
|----------------------|---------------|-----------------------|
| High school students | Annual Amount | \$1,000 00 /Recipient |
| College Students | Annual Amount | \$0.00 /Recipient |
| HBCUs | Annual Amount | \$0 00 /Recipient |
| INCF | | |

Annual Amount \$0.00 /Recipient

1. Does the chapter have a Life Development Center?

No Yes

a. Is it PAID in FULL with title to the property?

No Yes

b. Purchasing?

No Yes

c. Leased?

No Yes

d. Other (please specify)

e. Address of Property

City

State

Zip Code

f. List the names on the property

g. Date Purchased

h. Approximate Cost \$0.00

i. Current estimated value \$0.00

Does the Chapter have other Property?

2. Other Property Name

a. Is it PAID in FULL with title to the property?

No Yes

b. Purchasing?

No Yes

c. Leased?

No Yes

d. Other (please specify)

e. Address of Property

City

State

Zip Code

f. List the names on the property

g. Date Purchased

h. Approximate Cost \$0 00

i. Current estimated value \$0 00

No. 20331

CERTIFIED COPY OF THE
CERTIFICATE OF INCORPORATION
OF THE GRAND CHAPTER OF THE
DELTA SIGMA THETA SORORITY.

FILED IN THE OFFICE OF THE
Recorder of Deeds, D. C.
January 27th, 1930.

Abredo Shiel, Jr.
Attorney and Counsellor at Law,
217 Eye Street, N. W.
Washington, D.C.

(No. 20331)

CERTIFICATE OF INCORPORATION
of the
GRAND CHAPTER
DELTA SIGMA THETA SORORITY

We, the undersigned, all citizens of the United States, and citizens of the District of Columbia, Anna J. Thompson, President; Jennie B. Shief, Second Vice-President, and Sara Pelham Speaks, Journalist, of the Grand Chapter of the Delta Sigma Theta Sorority, a migratory, cultural, educational Greek Letter Society, which heretofore has been exercising its rights and functioning as a Grand Chapter by virtue of its constitution and by-laws, pursuant to the duly recorded vote of the said Grand Chapter of the Delta Sigma Theta Sorority, in Convention assembled, in the city of Pittsburgh, State of Pennsylvania, December 27 to December 31, A.D., 1929, by which the said Grand Chapter did authorize and direct that the said Sorority be duly incorporated, in order that it may avail itself of and have the advantages emanating from such corporate existence, therefore in conformity with Section 599, Chapter XVIII, Subchapter 3, of the Code of Law for the District of Columbia, do hereby certify:

1. That the name by which the organization shall be known in law is the Grand Chapter of the Delta Sigma Theta Sorority.
2. That the term of its existence and the duration of the life of this corporation shall be perpetual.
3. That the principal purposes and aims of this organization shall be cultural and educational; to establish, maintain, and encourage high cultural, intellectual, and moral standards among its members and the members of its subordinate chapters, and to promote and encourage achievement in education, by granting scholarships, and other assistance, in accordance with its constitution and by-laws, to worthy and deserving members of its grand and subordinate chapters, and to other individuals at its discretion; to govern, supervise, control, and regulate the following numerous chapters now existing and operating under the authority and sanction of the said Grand Chapter.

ALPHA.....	Washington, D. C.
BETA.....	Wilberforce, Ohio
GAMMA.....	Philadelphia, Pa.
DELTA.....	Iowa City, Ia.
EPSILON.....	Columbus, Ohio
ZETA.....	Cincinnati, Ohio
ETA.....	Syracuse, N. Y.
THETA.....	Ithaca, N. Y.
IOTA.....	Boston, Mass.
KAPPA.....	Berkeley, Calif.
LAMBDA.....	Chicago, Ill.
MU.....	Pittsburgh, Pa.

NU.....	Ann Arbor, Mich.
XI.....	Louisville, Ky.
OMICRON.....	Lincoln, Neb.
PI.....	Los Angeles, Calif.
RHO.....	New York, N. Y.
SIGMA.....	Atlanta, Ga.
TAU.....	Detroit, Mich.
UPSILON.....	Los Angeles, Calif.
PHI.....	Des Moines, Ia.
CHI.....	Indianapolis, Ind.
PSI.....	Lawrence, Kan.
OMEGA.....	Cleveland, Ohio
ALPHA ALPHA.....	Kansas City, Mo.
ALPHA BETA.....	Nashville, Tenn.
ALPHA GAMMA.....	Baltimore, Md.
ALPHA DELTA.....	Institute, W. Va.
ALPHA EPSILON.....	Pittsburgh Pa.
ALPHA ZETA.....	Talladega, Ala.
ALPHA ETA.....	Petersburg, Va.
ALPHA SIGMA.....	New York, N. Y.
BETA SIGMA.....	Washington, D. C.
GAMMA SIGMA.....	Cincinnati, Ohio
DELTA SIGMA.....	Xenia, Ohio
EPSILON SIGMA.....	Baltimore, Md.
ZETA SIGMA.....	Tuskegee, Ala.
ETA SIGMA.....	Dallas, Tex.
THETA SIGMA.....	Chicago, Ill.
IOTA SIGMA.....	Atlanta, Ga.
KAPPA SIGMA.....	Houston, Tex.
MU SIGMA.....	Norfolk, Va.
NU SIGMA.....	Los Angeles, Calif.
XI SIGMA.....	Philadelphia, Pa.

which said subordinate chapters are now reporting to this said Grand Chapter; to institute, and charter undergraduate and mixed, chapters at the seat of colleges and universities of recognized standing, and graduate chapters in localities where there are sufficient graduate members to warrant same; and to govern, supervise, control, and regulate these chapters so established, in accordance with its constitution and by-laws; to have full and sole authority over the ritualism of this Grand Chapter of the Delta Sigma Theta Sorority, promulgated for the guidance of the subordinate chapters, and to revise, compile, promulgate, and issue the same whenever the said Grand Chapter deems it necessary; and to have complete and final authority to hear and determine all questions or controversies that may arise in such said subordinate chapters, whether referred to the said Grand Chapter by them or otherwise; and to have full complete and final authority to do and perform every lawful act and thing necessary and expedient for the efficient exercise of the powers herein conferred for the benefit and use of the said Grand Chapter of the Delta Sigma Theta Sorority and its subordinate chapters, by the laws of the Congress, and under subchapter 3, of the Code of Laws for the District of Columbia.

4. That the number of directors for the first year of its corporate

existence shall be six, and whose names and addresses are as follows:

- Anna J. Thompson, President, Washington, D.C.
- Jeannette T. Jones, 1st Vice-President, Chicago, Ill.
- Jennie B. Shief, 2nd Vice-President, Washington, D.C.
- Grace I. Woodson, Secretary, Wilberforce, Ohio
- Marian L. Palmer, Treasurer, Norfolk, Va.
- Sara Pelham Speaks, Journalist, Washington, D.C.

5. That the corporate powers of the said Sorority shall be exercised by the Executive Council, composed of the presidents of the subordinate chapters, and the duly elected and appointed national and regional officers selected in accordance with the constitution and by-laws of the said Sorority.

6. That the general control and management of the said Sorority shall be vested in a President, 1st Vice-President, Secretary, Treasurer, and a Journalist.

7. That the principal office of this organization for the first year of its corporate existence shall be at 1727 First Street, N.W., Washington, D.C.

8. That the said corporation shall have power to carry on its business and activities within the District of Columbia, throughout the United States and its dependencies, and elsewhere.

9. That this Grand Chapter reserves the right to amend, alter, or change any provision contained in this Certificate of Incorporation in manner and form as prescribed by law.

In testimony whereof we have herewith subscribed our names and affixed our seals this 20th day of January, A.D. 1930.

Witnessed:	ANNA J. THOMPSON (Seal)
Ambrose Shief, Jr.	JENNIE B. SHIEF (Seal)
	SARA PELHAM SPEAKS (Seal)

District of Columbia, as:

I, Sylvester L. McLaurin, a Notary Public in and for the District of Columbia, do hereby certify that Anna J. Thompson, Jennie B. Shief, and Sara Pelham Speaks, known to me to be the parties to the annexed Certificate of Incorporation of the Grand Chapter of the Delta Sigma Theta Sorority, bearing date at Washington, District of Columbia, January 20th, A.D., 1930, personally appeared before me and acknowledged that they executed the same for the purposes therein expressed.

Given under my hand and seal this 20th day of January, A.D., 1930.

SYLVESTER L. McLAURIN,
Notary Public, D.C.

(Notarial Seal)

OFFICE OF THE RECORDER OF DEEDS,
District of Columbia.

This is to certify that the foregoing is a true and verified copy of the Certificate of Incorporation of the Grand Chapter of the Delta Sigma Theta Sorority and of the whole of said Certificate of Incorporation, as filed in this office the 27th day of January, A.D., 1930.

in testimony whereof, I have hereunto set my hand and annexed the seal of this office this 27th day of January, A.D., 1930.

**ARTHUR E. FROE,
Recorder of Deeds, District of Columbia.**

DISTRICT OF COLUMBIA

This is to Certify that the foregoing is a true and correct copy of the Certificate of Incorporation of the *Grand Chapter of the Delta Sigma Theta Society*

and of the whole of said Certificate of Incorporation, as filed in this office the *27th* day of *January* A. D. *1930*

In Testimony Whereof, I have hereunto set my hand and affixed the seal of this Office this *27th* day of *January*, A. D. *1930*

[Signature]
Recorder of Deeds, D. C.

65

