See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form 990 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)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

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: CHI PHI EDUCATIONAL TRUST

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 1160 SATELLITE BLVD

Room/suite:

City or town, state or country, and ZIP + 4: SUWANEE, GA 30024

D Employer identification number: 58-6035103

E Telephone number: (404) 231-1824

G Gross receipts $: 1,211,509.

F Name and address of principal officer: DANIEL H. DOZER SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CHIPHI.ORG

K Type of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation: 1930 M State of legal domicile: GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT THE FRATERNITY BY PROMOTING SCHOLARSHIP, DEVELOPING CHARACTER, IMPROVING EDUCATIONAL	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of employees (Part V, line 2a)	1
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h) 052110	230,267.	230,941.
	9	Program service revenue (Part VIII, line 2g)	5,034.	12,204.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	442,994.	371,658.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,978.	70,271.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	753,273.	685,074.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	303,021.	265,754.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,342.	25,206.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		35,954.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 193,132.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	358,061.	325,582.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	703,424.	652,496.
	19	Revenue less expenses. Subtract line 18 from line 12	49,849.	32,578.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,442,073.	5,137,712.
	21	Total liabilities (Part X, line 26)	160,521.	81,529.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,281,552.	5,056,183.

Part II Signature Block

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.

Sign Here ▶ Signature of officer 6-17-10 Date

DANIEL H. DOZER, CHAIRMAN Type or print name and title

Paid Preparer's Use Only				
Preparer's signature ▶ M. Ryan Jones, CPA	Date 5/17/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JONES AND KOLB 10 PIEDMONT CTR, STE 100 ATLANTA, GA 30305			EIN ▶	
			Phone no. ▶ (404)262-7920	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

852001 12-10-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 19 2010

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