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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ 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

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For 2008 calendar year, or tax year beginning AUGUST 01 , 2008, and ending JULY 31 , 20 09

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
Zeta Sigma Chapter of Gamma Phi Beta Sorority

No & street (or P O box, if mail is not delivered to street address) Room/suite
527 Gadsden St.

City or town, state or country, and ZIP + 4
Columbia SC 29201

D Employer identification number
20-1554454

E Telephone number
(803) 606-4461

F Group Exemption Number ▶ 0198

- 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 [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ info.theginsystem.com/websites/GPB USC/

H Check ▶ [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) – [X] 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 ▶ $ 311,570

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	311,570
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	311,570
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attachment #1)		16	303,861
	17	**Total expenses.** Add lines 10 through 16		▶ 17	303,861
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,709
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	15,604
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	23,313

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 instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	6,246	22	5,758
23 Land and buildings		23	
24 Other assets (describe ▶ See attachment #2)	9,358	24	17,555
25 **Total assets**	15,604	25	23,313
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	15,604	27	23,313

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Form **990-EZ** (2008)

JVA 08 990EZ1 TWF 28690 Copyright Forms (Software Only) - 2008 TW

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See attachment #3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others.)

28 See attachment #4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 303,861

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 303,861

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #5				

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	33		X
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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 27,977			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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	40b		X
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 ▶ _____			
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	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The books are in care of ▶ See attachment #6 Telephone no. ▶ _____

Located at ▶ _____ ZIP + 4 ▶ _____

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

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
NONE				
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
NONE		
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

▶ Jadan L. Bright — Signature of officer — 12-10-09 — Date

▶ Jordan L. Bright - FVP — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying No (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶ / Phone no. ▶

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

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2008 or tax period beginning 08-01-2008, and ending 07-31-2009.

Name of Organization	Employer Identification Number
Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.	20-1554454

Description of Other Expenses	Amount
Cost of chapter activities - membership recruitment	56,622
Cost of chapter activities - administration and recordkeeping	24,954
Cost of chapter activities - public relations and social events	57,355
Travel to international convention	4,073
Composite photograph	6,043
President's expenses	4,370
Dues and assessments paid to International Gamma Phi Beta	36,345
Fees and assessments paid to Zeta Sigma House Corporation of Gamma Phi Beta Sorority Inc.	114,099
Total	303,861

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2008 or tax period beginning 08-01-2008, **and ending** 07-31-2009.

Name of Organization
Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.

Employer Identification Number
20-1554454

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Prepaid expenses	9,358	17,555	
Totals	9,358	17,555	

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 08-01 , and ending 07-31-2009.

Name of Organization	Employer Identification Number
Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.	20-1554454

Primary Purpose

Operation of a college sorority which is a social club.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 08-01-2008, and ending 07-31-2009.	
Name of Organization		**Employer Identification Number**
Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.		20-1554454

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	303,861

Exempt Purpose Achievements

The organization conducted various activities to promote cultural, social and education growth of members who are students at the University of South Carolina

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2008 or tax period beginning 08-01-2008, and ending 07-31-2009.

Name of Organization Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.

Employer Identification Number 20-1554454

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Lindsay Westlake 527 Gadsden ST Columbia, SC 29201	President 20.00	0	0	0
Jordan Bright 527 Gadsden St Columbia, SC 29201	Vice Pres of Finance 10.00	0	0	0
Christen Ruble 527 Gadsden St. Columbia, SC 29201	Past President 10.00	0	0	0
Mary Katherine Timmerman 527 Gadsden ST. Columbia, SC 29201	Past Financial VP 10.00	0	0	0
Monika Nichols 527 Gadsden St. Columbia, SC 29201	Past Admin VP 5.00	0	0	0
Caitlyn Ruble 527 Gadsden St. Columbia, SC 29201	Past Secretary 5.00	0	0	0
Maggie Ryan 527 Gadsden St. Columbia, SC 29201	Past Vice Pres 5.00	0	0	0
Allison Satterfield 527 Gadsden St. Columbia, SC 29201	Past Vice Pres 5.00	0	0	0
Abbie Kirk 527 Gadsden St. Columbia, SC 29201	Past Membership VP 5.00	0	0	0
Bri Pudney 527 Gadsden ST. Columbia, SC 29201	Vice Presient 5.00	0	0	0
Jenna Derenzis 527 Gadsden ST. Columbia, SC 29201	Vice President 5.00	0	0	0
Julia Rich 527 Gadsden St. Columbia, SC 29201	Vice Pres - PR 5.00	0	0	0
Kelly Delay 527 Gadsden ST. Columbia, SC 29201	Vice Pres 5.00	0	0	0
Lisa Ellmaurer 527 Gadsden St. Columbia, SC 29201	VP - Membership 5.00	0	0	0
Courtney Ruble 527 Gadsden St. Columbia, SC 29201	Recording Secretary 5.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 08-01 , and ending 07-31-2009.	
Name of Organization		**Employer Identification Number**
Zeta Sigma Chapter of Gamma Phi Beta Sorority, Inc.		20-1554454

Part V - Line 42a

Individual Name or Business Name: Connie Woodham

Street Address: 527 Gadsden Street
Columbia, SC 29201

U S Address

Zip code _____ City _____ State ___

or

Foreign Address

City _____

Province or State _____

Country

Postal code

Phone Number

Fax Number