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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **8/01/08**, and ending **7/31/09**

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

C Name of organization: **GAMMA PHI BETA - DELTA IOTA**

D Employer identification number: **35-0156479**

E Telephone number: **765-463-1576**

F Group Exemption Number: **0198**

G Accounting method: Cash Accrual
Other (specify):

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

I Website: **www.gammaphibeta.org**

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 ▶ \$ **536,906**

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

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				
	2																				468,766	
	3	See Statement 1																			68,140	
	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 sch)																				
	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 \$ _____ of contributions reported on line 1)																				
	6b	Less direct expenses other than fundraising expenses																				
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																				
	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																			536,906	
	Net Assets	10	Grants and similar amounts paid (attach schedule)																			
11		Benefits paid to or for members																				
12		Salaries, other compensation, and employee benefits																				
13																					6,636	
14		Occupancy, rent, utilities, and maintenance																				
15		Printing, publications, postage, and shipping																				
16		Other expenses (describe See Statement 2)																			482,547	
17		Total expenses. Add lines 10 through 16																			489,183	
18		Excess or (deficit) for the year (Subtract line 17 from line 9)																				47,723
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)																			3,086	
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																			50,809		

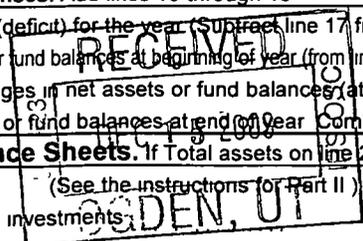
Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,644	58,781
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	5,644	58,781
26	Total liabilities (describe See Statement 3)	2,558	7,972
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,086	50,809

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

Form **990-EZ** (2008)

SCANNED JAN 28 2010



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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		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		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?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		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?		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 _____		
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
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
41	List the states with which a copy of this return is filed ▶ None		
42a	The books are in care of ▶ ABBY SCHNEIDER Telephone no ▶ _____ 810 DAVID ROSS ROAD Located at ▶ WEST LAFAYETTE, IN ZIP + 4 ▶ 47906-2505		
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
		42b	X
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 ▶ _____		42c
			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
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 | | |
| 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 ▶		

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 11/21/09
 Signature of officer: *Michael Wang* Date: _____
 Type or print name and title: *Michael Wang, Financial Vice President*

Paid Preparer's Use Only

Preparer's signature: <i>Colin Swannett CPA</i>	Date: 11/20/09	Check if self-employed: <input type="checkbox"/>	Preparer's Identifying Number (See instr): P00965337
Firm's name (or yours if self-employed), address, and ZIP + 4: O'BRIEN, RIVAMONTE & SLATE, P.C. 25800 Northwestern Highway, #1100 Southfield, MI 48075		EIN: 38-3270278 Phone no: 248-353-2800	

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	\$ 68,140
Total	\$ <u>68,140</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
SUPPLIES	4,460
CHAPTER BADGES	2,695
HOUSE CORPORATION FEES	397,402
CONVENTIONS / SEMINARS	16,262
RECRUITMENT	4,321
MEMBERSHIP EDUCATION	16,731
SOCIAL EVENTS	8,487
PHILANTHROPY	1,088
PUBLIC RELATIONS	2,721
CHAP / PANHELLENIC DUES	18,464
LIABILITY INSURANCE	9,916
Total	\$ <u>482,547</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
SECURITY DEPOSITS	\$ 2,558	\$ 7,972
	<u>2,558</u>	<u>7,972</u>