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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 org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

	Α	For the 2	2008 calenda	r year, or tax yea	r beginning	8/01	, 2008,	, and endi	ng 7/31			, 2009
	В	Check if app	plicable	С						D Em	ployer u	dentification number
		Address cha	Please use IRS	GAMMA PHI	BETA - S	SIGMA CHAPT	ER			4:	3-02	31240
		Name chang	11-1-1	1339 WEST						E Tel		
		Initial return	ı İtype.	LAWRENCE,	KS 6604	4-3168				ا ح	25_0	43-5267
		Termination	Jopecini	:						<del></del> '	33-8	43-3207
		Amended re	eturn Instruc-	1								kemption
	Ш	Application	pending								mber	<u> </u>
		• Se	ction 501(c)(	3) organizations	and 4947(a)(	1) nonexempt ch	aritable trusts	G	Accounting		d L	Cash X Accrual
			must att	ach a completed	Schedule A	(Form 990 or 99	<i>0-E2).</i>	<del> </del>	Other (spec			<del></del>
		14/alaa:4a	. N / A					H				ganization is <b>not</b> dule B (Form 990,
		Website:		only one) — X 5	01(2) ( 7 )		4947(a)(1) or	527	990-EZ, or	990-PF	)	Jule B (Form 550,
		<u>Organizati</u> Check ►	on type (check of	ganization is not	01(c) ( 7 )				es receints s	re nor	nally i	not more than
	Λ.	\$25.000	A return is n	ot required, but	of the organization	ation chooses to	file a return, b	e sure to 1	file a complet	e retur	nany i	iot more than
				7b, to line 9 to o								<del></del>
	-	instead o	of Form 990-E	EZ							▶\$	726,973.
	Pa	rt I	Revenue,	Expenses, a	nd Change	s in Net Asse	ts or Fund I	Balance	s (See the	ınstru	iction	is for Part I.)
		1 Co	ntributions, g	ifts, grants, and	sımılar amou	nts received					1	
(	,	2 Pro	ogram service	e revenue includi	ng governme	nt fees and conti	racts				2	726,825.
SON THE PROPERTY OF THE PROPER		<b>3</b> Me	mbership du	es and assessme	ents					Ļ	3	
		4 Inv	estment inco	me						Ļ	4	148.
0		<b>5 a</b> Gro	oss amount f	rom sale of asse	ts other than	inventory		5 a				
ಬ				her basis and sa	•			5 b				
MAR	REV			sale of assets other t						-	5 c	
$\mathbf{z}$	Ě			activities (complete a	pplicable parts of	· · · · · · · · · · · · · · · · · · ·		ning, check	here	$\sqcup$ $ $		
	E N			(not including \$		of con	tributions	ا م ا				
SCANNED	E		orted on line					6a				
\$				enses other than			0-1	6 b			c -	
Z				from special events			ine 6a)	l <b>-</b> -l		ŀ	6 c	
₹		/a Gro	oss sales of i	nven <b>ler Fles</b> ate	thuiz tula siid	owances		7a 7b				
$\bigcirc$							from line 7a)	_ / D	v		7 c	
$\langle \mathcal{O} \rangle$		C Gro	oss profit dry	toss) from sales tabe ►MAR 1 5	2010	' f	nom line 7a)			、	8	
						<del></del>				᠆╯⊾	9	726,973.
	_			add lines 1, 2, 3				PE CEN	TEMENT 1	_		
		10 Gra	ants and simi	lar aniounist paid	(a <del>llach-sc</del> he	dule)	۵	EE SIA	TEMENT 1	}	10	203,660.
	Ē									ŀ	11	129,313.
	P			compensation, a			toro			ł	13	3,873.
	N			es and other pay		pendent contrac	1015			ŀ	14	209,533.
	S			t, utilities, and mations, postage, a						ŀ	15	1,256.
	S			cribe SEE S		2				,	16	260,556.
				(add lines 10 th	4-					´ ▶	17	808,191.
•				cit) for the year (		17 from line 9)	· · · · · · · · · · · · · · · · · · ·				18	-81,218.
	Ą			•				/	م اممم طلست مد	أحمدنا	-	
	ES			ind balances at b on prior year's re		ear (from line 2)	, column (A)) (	(must agre	ee with ena-o	r-year	19	35,791.
	ŤĘ	_	•	n net assets or f		(attach explana	tion)			Ì	20	
	S		-	ind balances at e						▶	21	-45,427.
	Pa	rt II		heets. If Total				0 or more	, file Form 99	0 ınste	ad of	Form 990-EZ
'			- · <del>-</del> · ·		structions for		· · · · · · · · · · · · · · · · · · ·		(A) Beginning			(B) End of year
	22	Cash, s	savings, and	investments					299	, 605	. 22	83,662.
	23		nd buildings			•					23	
	24			ibe ► <u>SEE S'</u>	<u> </u>	3	)			, 338		4,541.
	25									, 943		88,203.
	26			cribe - SEE			_)	_		<u>, 152</u>		133,630.
	_27			balances (line 2)	·				35	,791	. [27]	-45,427.
	BA	A For Pri	ivacy Act and	d Paperwork Red	luction Act N	otice, see the in:	structions for <b>F</b>	orm 990.				Form <b>990-EZ</b> (2008)

Par				ons.)	Expenses
	s the organization's primary exempt purpose? SP				Required for 501(c)(3)
Descr descr progr	ribe what was achieved in carrying out th ribe the services provided, the number of am title	e organization's exempt purp persons benefited, or other	oses. In a clear and co relevant information for	each 49	nd (4) organizations and 947(a)(1) trusts, optional r others )
	ACTIVE CHAPTER AT THE UNI	VERSITY OF KANSAS.	ACTIVITIES A	ND EVENTS	
	ARE SPONSORED BY THE CHAF AND GUESTS.			MEMBERS	
		is amount includes foreign gr	ants, check here	2:	8a
29	7	<u> </u>			
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		9a
30	(Grants V	is amount includes loreign gr	arts, check here	· <u> </u>	
50					
		is amount includes foreign gi	rants, check here	▶ 3	0 a
31	Other program services (attach schedule				
		is amount includes foreign gi	rants, check here		1 a
	Total program service expenses (add In		-1	▶ 3	<del></del>
Par	t IV List of Officers, Directors				
	(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 a deferred compensation	and I and other allowances
ANN	A STARKS	PRESIDENT	0.	(	0.
		0			
BET	SY_MILLER	TREASURER	0.	(	0.
		0			
<u>CAS</u>	SIE_HATT	SECRETARY	0.		0.
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BAA		TEEA0812L (	01/14/09	<del></del>	Form <b>990-EZ</b> (2008)

48-0231240

Page 2

Form 990-EZ (2008) GAMMA PHI BETA - SIGMA CHAPTER

	te v   Other information (10to the statement requirement in contract instruction v.)		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		Х
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 <b>not</b> 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 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36_		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions  1. 37a 0.			,
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a 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?	38 a	-	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9.		:	
	b Gross receipts, included on line 9, for public use of club facilities  39b  0.			ļ.,
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A			
	b 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	40 b		<u> </u>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
	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	40 e		Х
41	List the states with which a copy of this return is filed NONE			
42	a The books are in care of ► GINNY HAYWARD Telephone no ► 785-8	43-5	267	
	Located at ► 1339 WEST CAMPUS RD, LAWRENCE, KS ZIP + 4 ► 66044	<u>-316</u>	8	
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		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 a Foreign Bank and Financial Accounts.	1 .		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		<u> </u>
	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		- ∐	N/A N/A
	and officer the amount of tax-exempt interest received of accided during the tax year			11/13
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	A		
BAA	Form 990 must be completed instead of Form 990-EZ  TEEA0812L 01/14/09 For	<b>45</b> m <b>990</b>	EZ :	X (2008)

48-1173023

Phone no

843-9550

Yes X No

Form 990-EZ (2008)

Use

Only

BAA

address, and ZIP + 4

Page 4 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 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 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 = 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 b b If 'Yes,' was the related organization(s) a section 527 organization?. 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 of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation of the received more tha (b) Title and average hours per week devoted to position (d) Contributions to employee (e) Expense account and other allowances (c) Compensation benefit plans and deferred compensation (a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000 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 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. 3-10-10 Sign Signature of officei Here <u>ANABUAC</u> Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid 492-80-3249 employed Pre-THE MCFADDEN **GROUP** LLC Firm's name (or yours if self-employed), parer's

SUITE A

616 VERMONT STREET

May the IRS discuss this return with the preparer shown above? See instructions

KS

66044

LAWRENCE

2008	FEDERAL STATEMENTS		PAGE 1
CLIENT 135	GAMMA PHI BETA - SIGMA CHAPTER		48-0231240
3/04/10  STATEMENT 1  FORM 990-EZ, PART I, LINE 10  GRANTS AND SIMILAR AMOUNTS	PAID		11 48AM
PAYMENTS TO AFFILIATES  NAME: ADDRESS:  PURPOSE OF PAYMENT:	ASSOC OF SIGMA- GAMMA PHI BETA 1339 WEST CAMPUS RD LAWRENCE, KS 66044, TRANSF OF FUNDS FOR BLDG USE		
AMOUNT:  NAME: ADDRESS:	GAMMA PHI BETA SORORITY INT'L 12737 EAST EUCLID DRIVE ENGLEWOOD, CO 80111-6445,	\$	183,500.
PURPOSE OF PAYMENT: AMOUNT:	NATIONAL CHAPTER DUES	\$	20,160.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADVERTISING AND PROMOTION BANKING FEES CONFERENCES, CONVENTIONS, AI CONTRACT LABOR. DEPRECIATION DUES EQUIPMENT RENTAL EXECUTIVE BD & HOUSEMOM EXP FOOD PURCHASES INSURANCE LAUNDRY & CLEANING LICENSES & FEES OFFICE EXPENSES PHILANTHROPY RETURNED CHECKS SCHOLARSHIP EXPENSE SECURITY SOCIAL & OTHER CHAPTER EXP SUPPLIES TELEPHONE	ND MEETINGS	\$ TOTAL \$	594. 345. 2,480. 713. 1,380. 560. 5,916. 304. 111,816. 3,121. 4,798. 200. 1,223. 6,899. 12,855. 774. 6,901. 90,044. 6,718. 2,915. 260,556.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
MISCELLANEOUS	BEG TOTAL \$	3,338. \$ 3,338. \$	ENDING 4,541. 4,541.

.

2008

## **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 135** 

**GAMMA PHI BETA - SIGMA CHAPTER** 

48-0231240

3/04/10

11:48AM

STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

		<u>BEGINNING</u>	ENDING
DEFERRED REVENUE . DUE TO EMPLOYEE	 	\$ 265,075. 30.	\$ 129,325. 0.
PAYROLL TAXES PAYABLE	 TOTAL	2,047. \$ 267,152.	4,305. \$ 133,630.

7/31/09	2	008 F	EDER,	AL E	300	( DEP	RECIA	TION	SCH	2008 FEDERAL BOOK DEPRECIATION SCHEDULE				l	PAGE 1
CLIENT 135				SAMN	IA PHI	BETA -	GAMMA PHI BETA - SIGMA CHAPTER	HAPTEF						•	48-0231240
3/04/10  NO. DESCRIPTION	DATE ACOUIRED .	DATE	COST/ BASIS	BUS	CUR 179 BONIIS.	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD_ LIFE_RATE	到一	RAIE	11 48AM CURRENT DEPR
FORM 990/990-PF															
1 UPHOLSTERED CHAIR	8/31/01		803							803	768	200DB HY	٧	04460	35
2 VCR	11/25/01		100							100	100	200DB HY	× 5		0 -
3 CHAIRS (DE LEON)	8/13/02		3,047							3,047	2,639	200DB HY	٧ /	08830	272
4 CHAIRS (DE LEON)	10/09/02		1,073							1,073	930	200DB HY	۲ ۲	08830	88
5 STEAM TABLE	12/17/02		1,253							1,253	1,085	200DB HY	٧ /	08830	112
6 DE LEAU FURNITURE	8/15/03		1,341							1,341	1,042	200DB HY	٧ ٧	08850	120
7 DINNER CHIMES	8/12/05		200							200	124	200DB MQ	2 7	.10930	22
8 2 MICROWAVES	9/08/02		213							213	132	200DB MQ	0 7	.10930	23
9 SILVERWARE	7/20/06		1,248							1,248	635	200DB MQ	2 7	14060	175
10 BOX SPRING & MATTRESSES	6/05/07		765							765	238	200DB MQ	7	19680	151
11 12 MATTRESSES	7/26/07		835							835	260	200DB MQ	7	.19680	164
12 ADD'L COST OF MATTRESSES	8/09/07		93							30	∞	200DB MQ	0 7	21430	9
13 GLASS/SILVER SERVING PC	3/08/08		123							123	13	200DB MQ	0 7	.25510	31
14 VACUUM	7/11/08		172							172	9	200DB MQ	0 7	27550	47
15 MICROWAVE	7/14/08		118							118	4	200DB MQ	0 7	.27550	33
16 BIKE RACK	80/62/6		107							107		S/L MQ	7 0	12500	13
18 WROUGHT IRON PATIO CHAIR	4/04/09		45							45		S/L MQ	7	.05360	2
19 8 CHAIRS, 2 TBLS, 4 OTTAM	6/16/09		1,144							1,144		S/L MQ	7	.01790	20
20 LAMP & 2 VASES	90/62/9		278							278		S/L HY	٧ /	.14280	40
21 VACUUM	7/03/09		593							593		S/L MQ	7 0	.01790	=
22 68' TABLES	7/28/09	•	417	'	j				j	417		S/L MQ	7	.01790	7
TOTAL			13,905		0	0	0	0	0	13,905	7,984				1,380
TOTAL DEPRECIATION			13,905	. 11			0			13,905	7,984				1,380

PAGE 2	48-0231240	11 48AM	CURRENT RATE DEPR
·			METHOD LIFE RATE
		PRIOR DEPR.	
EDULE		DEPR BASIS	
2008 FEDERAL BOOK DEPRECIATION SCHEDULE	ER	SALVAG // /BASIS REDIICT	
IATION	GAMMA PHI BETA - SIGMA CHAPTER	R PRIOR S/ DEC BAL PR. DEPR	
PREC	4 - SIGMA	PRIOR 179/ BONUS/ W. SP. DEPR.	
OK DE	РНІ ВЕТА	R SPECIAL 9 DEPR. 111S ALLOW	
AL BO	GAMMA	CUR BUS 179 PCT BONUS	
FEDER		COST/ BASIS	13.905
2008		DATE D_SOLD_	
		DATE ACQUIRED	
		DESCRIPTION	GRAND TOTAL DEPRECIATION
7/31/09	CLIENT 135	3/04/10 NO	GRAND TO