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SCANNED JAN 07 2010

Form 990-EZ Department of the Treasury

OMB No 1545-1150

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)

Sponsoning 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

| | | I he organization may have to use a copy of this return to satisfy state reporting requirem | | mzhacimu | | |
|------------|-------------------|---|--------------|--------------------------------------|--|--|
| | | he 2008 calendar year, or tax year beginning $AUG~1$, 2008 and ending $JUL~3$ | 1, | 2009 | | |
| | Check applica | | ployer | identification number | | |
| Г | Addi | SS USSIRS CAMMA PHI CHAPTER CAMMA PHI RETA | | | | |
| F | Nam | CODODITO INC | 53-6066478 | | | |
| Η | lchan Initia | type Number and street (or P.O. box if mail is not delivered to street address) Poom/suite F. Tel | | number | | |
| 늗 | lretu Terr | " 965 | | | | |
| 느 | —Jatıo. | INSUO- | | 714-6585 | | |
| 느 | —Jretu | | oup Exe | emption | | |
| \perp | pend | | mber 🕨 | | | |
| | • Se | ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m | rethod: | X Cash Accrual | | |
| | | Schedule A (Form 990 or 990-EZ). Other (specify | /) ▶ | | | |
| 1 | Webs | ite: ► N/A H Check ► [| X | the organization is not | | |
| J | Organ | | | dule B (Form 990, 990-EZ, or 990-PF) | | |
| | Check | . [| | | | |
| | | ed, but if the organization chooses to file a return, be sure to file a complete return | tiiuii ψi | 25,000 7. 10(0111 15 110) | | |
| | | | ▶ \$ | 284,550. | | |
| | | nes 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 | | | | |
| | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions | i for Pa | <u>(m 1)</u> | | |
| | 1 | Contributions, gifts, grants, and similar amounts received $\mathbb{KECENVED}$ | 1_ | 10 015 | | |
| | 2 | Program service revenue including government fees and contracts | 2 | 40,915. | | |
| | 3 | Membership dues and assessments Investment income DEC 22 2009 | _3_ | 227,471. | | |
| | 4 | Investment income DEC 22 2009 | 4 | 2. | | |
| | 5a | Gross amount from sale of assets other than inventory | 1 | | | |
| | b | Less cost or other basis and sales expenses OGDEN 117 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 | | | | |
| Revenue | - | | | | | |
| Š | a | Gross revenue (not including \$ of contributions | | | | |
| Ř | 1 _ | reported on line 1) 6a | · | ŀ | | |
| | þ | Less direct expenses other than fundraising expenses | ļ ' | ł. | | |
| | 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 ► OTHER INCOME-EZ | 8 | 16,162. | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 284,550. | | |
| | 10 | Grants and similar amounts paid (attach schedule) | 10 | | | |
| | 11 | Benefits paid to or for members | 11 | | | |
| so. | 12 | Salaries, other compensation, and employee benefits | 12 | | | |
| Se | 13 | Professional fees and other payments to independent contractors | 13 | | | |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | 14 | 44,926. | | |
| Μ̈ | 1 | Printing, publications, postage, and shipping | | 42. | | |
| | 15 | Other expenses (describe SEE STATEMENT 1) | 15 | 226,994. | | |
| | 16 | / | 16 | 220,334. | | |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 271,962. | | |
| S | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 12,588. | | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | | 41 010 | | |
| ¥ | | (must agree with end-of-year figure reported on prior year's return) | 19 | 41,918. | | |
| ž | 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 | 54,506. | | |
| P | art l | | 390-EZ | | | |
| | | (See the instructions for Part II) (A) Beginning of year | | (B) End of year | | |
| 22 | Ca | sh, savings, and investments 41,918 | - 22 | 54,506. | | |
| 23 | | nd and buildings | 23 | | | |
| 24 | | ner assets (describe ▶ | 24 | | | |
| 25 | | 41,918 | | 54,506. | | |
| 26 | | | - 26 | 0. | | |
| 27 | | t assets or fund balances (line 27 of column (B) must agree with line 21) 41,918 | | 54,506. | | |
| | 171 17-08 | LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | -1-1 | Form 990-EZ (2008) | | |
| 12- | | | | (-500) | | |

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GAMMA PHI CHAPTER GAMMA PHI BETA

| | 990-EZ (2008) SORORITY, INC. | | | 63- | 60664 | 78 Page 2 |
|--------------|---|-------------------------------|------------------------|-------------|----------------------|-------------------------------|
| | art 排 Statement of Program Service Accomplishm | | Part III) | | | rpenses |
| Wha | it is the organization's primary exempt purpose? SEE STATEMED | NT 3 | | | (Required | for 501(c)(3) ganizations and |
| | cribe what was achieved in carrying out the organization's exempt purposes | | escribe the services | | |) trusts, optional |
| | ided, the number of persons benefited, or other relevant information for each | | | | for others | |
| 28 | ACTIVITIES HELD TO PROMOTE CULTURA | AL, SOCIAL & ED | UCATIONAL | <u></u> | | |
| | GROWTH TO ITS MEMBERS | | | | | |
| | | | ····· | | | |
| | (Grants \$) If this amount includes foreig | n grants, check here | | <u></u> _ | 28a | |
| 29 | | | | | | |
| | | 44 | | | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreig | n grants, check here | | | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | | i l | |
| 0.4 | (Grants \$) If this amount includes foreig | in grants, check here | | ليا | 30a | |
| 31 | Other program services (attach schedule) | | | | | |
| 20 | (Grants \$) If this amount includes foreig Total program service expenses (add lines 28a through 31a) | n grants, check here | | <u> </u> | 31a | |
| | art IV List of Officers, Directors, Trustees, and Key | / Employoos | | <u> </u> | 32 | |
| LES | #114 List of Officers, Directors, Trustees, and Rej | Lilipioyees. List each one ex | ven if not compensated | 1 | ontributions | T |
| | | (b) Title and average hours | (c) Compensation | 1 (-) | employee | (e) Expense |
| | (a) Name and address | per week devoted to | (If not paid, enter | | fit plans & | account and |
| | | position | -0) | 1 - | eferred pensation | other allowances |
| Κī | M KRIETEMEYER | PRESIDENT | | 00111 | porioution | |
| | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
| | VIAN BROWN | ADMINISTRATIV | | _ | | - |
| | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | ٠. o. | | 0. | 0. |
| | RAH DARBY | FINANCIAL VP | | | | |
| _ | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
| | ISTINA WERNER | MEMBERSHIP VP | | | | |
| | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
| | LLY HASELSCHWERDT | EDUCATION VP | | | | |
| DC | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
| VA | LARIE POCOPANNI | PUBLIC RELATI | ONS VP | | | |
| DC | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
| KR | ISTEN REYNOLDS | PANHELLENIC D | ELEGATE | | · · | |
| DC | RM L, AUBURN UNIVERSITY, AL 36830 | 0.00 | 0. | | 0. | 0. |
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SORORITY, INC. Form 990-EZ (2008)

63-6066478

Page 3

| Pa | 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 | | | 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 | | | į |
| а | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy | | | ļ |
| | tax requirements? | 35a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/ | Α |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | 36 | | Х |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | ĺ |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | į |
| | in a prior year and still unpaid at the start of the period covered by this return? | 38a | | Х |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | - 1 | | ĺ |
| 39 | Section 501(c)(7) organizations Enter | | | į |
| a | Initiation fees and capital contributions included on line 9 39a 0. |] | | ĺ |
| b | Gross receipts, included on line 9, for public use of club facilities 39b 0. | | | į |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | 1 | | į |
| | section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A | 1 | | i |
| 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 | N/ | A |
| C | Enter amount of tax imposed on organization managers or disqualified persons during the year under | | | : |
| | sections 4912, 4955, and 4958 | 1 | | |
| d | Enter amount of tax on line 40c reimbursed by the organization | - 1 | | : |
| 9 | 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. $ ightharpoonup AL$ | | | |
| 42 a | The books are in care of ► SARAH DARBY Telephone no ► 251-564 | | | |
| | Located at ► DORM L, AUBURN UNIVERSITY, AL ZIP+4 ► 30 | 584 | 9 | |
| 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 | | Yes | |
| | account)? | 42b | | Х |
| | 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. | - 1 | | |
| 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 | - / - | | Ш |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | ı | | |
| | F | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 1 | | |
| | 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 | | | 3.5 |
| | completed instead of Form 990-EZ | 45 | | X |
| | F | orm 9 9 | 30-EZ (| ,2008) |

GAMMA PHI CHAPTER GAMMA PHI BETA SORORITY, INC. Form 990-EZ (2008) 63-6066478 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. 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No office? if "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 50 of compensation from the organization. If there is none, enter "None" (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances N/A compensation 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" N/A (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 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, claration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign

832174 12-17-08

Here

Paid

Preparer's

Use Only

Preparer's signature

Firm's name (or yours

address, and ZIP + 4

if self-employed).

MACHEN,

1820 E.

AUBURN,

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

Date

MCCHESNEY(& CHASTAIN, LLP

36830

UNIVERSITY DRIVE

ALABAMA

Check if self-

EIN >

Phone >

12/08/09 employed ▶

Preparer's Identifying Number (See instr.)

334-887-7022

X Yes

Form 990-EZ (2008)

| FORM 990-EZ | OTHER EXPENSES | STATEMENT 1 |
|--|----------------|--|
| DESCRIPTION | | AMOUNT |
| DUES AND FEES INSURANCE RECRUITING AND BADGES CONVENTIONS AND TRAVEL CHAPTER EXPENSES ADVERTISING AND RELATIONS NEW MEMBER EXPENSES RETREATS & EDUCATION MISCELLANEOUS | | 52,394. 100. 39,833. 24,021. 17,469. 75,262. 12,386. 3,553. 1,976. |
| TOTAL TO FORM 990-EZ, LINE 16 | | 226,994. |

| FOI | RM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | s | TATE | MENT | 2 |
|-----|-------------|---|-----|------|------|----|
| A) | DIRECTLY OR | ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT? | [] | YES | [X] | NO |
| B) | | ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? | [] | YES | [X] | NO |

990-EZ.PG 2 STATEMENT 3

ACTIVITIES HELD TO PROMOTE CULTURAL, SOCIAL & EDUCATIONAL GROWTH TO ITS MEMBERS