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# Short Form Return of Organization Exempt From Income Tax

09/07 OMB No 1545-1150

Form **990-EZ**

**2008**

Department of the Treasury  
Internal Revenue Service

► 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 2008 calendar year, or tax year beginning** AUGUST 01 , 2008, **and ending** JULY 31 , 20 09

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Phi Lambda House Corp of Delta Delta Delta	<b>D Employer identification number</b> 75-1275698
		No. & street (or P O box, if mail is not delivered to street address) Room/suite	<b>E Telephone number</b> (817) 335-9031
		1300 Summit Avenue Suite 428	<b>F Group Exemption Number</b> , ... ►
		City or town, state or country, and ZIP + 4 Fort Worth TX 76102-4458	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

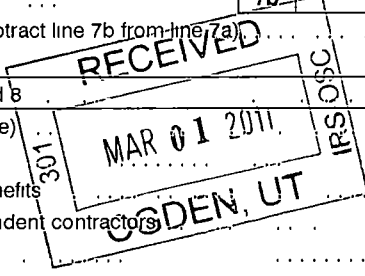
**I Website:** ► N/A  
**J Organization type** (check only one) --  501(c)(7) ◀ (insert no.) | 4947(a)(1) or | 527

**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.** ► \$ 38,720

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
REVENUE	1	Contributions, gifts, grants, and similar amounts received														4,100													
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments															34,620												
	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 schedule)																											
	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	<b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																38,720												
EXPENSES	10	Grants and similar amounts paid (attach schedule)																											
	11	Benefits paid to or for members															28,369												
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe ► _____)																											
17	<b>Total expenses.</b> Add lines 10 through 16																28,369												
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															10,351												
	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)															69,151												
	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.																79,502											



### 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	15,143	22 34,985
23	Land and buildings		23
24	Other assets (describe ► See attachment #1)	54,008	24 44,517
25	<b>Total assets</b>	69,151	25 79,502
26	<b>Total liabilities</b> (describe ► _____)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	69,151	27 79,502

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

2295



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45 regarding organizational activities, tax reporting, and financial accounts.

**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		

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: *Carol Walsh* Date: 6-7-10  
 Type or print name and title: Carol Walsh Treasurer

**Paid Preparer's Use Only**  
 Preparer's signature: *Kelly R Feik, CPA* Date: 6-7-10 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Runnion Anderson & Feik  
 1300 Summit Ave Suite 428  
 Fort Worth, TX 76102-4458  
 EIN: Phone no: 817-335-9031

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

**SCHEDULE OF OTHER ASSETS**

Attachment 1: 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 Phi Lambda House Corp of Delta Delta Delta Employer Identification Number 75-1275698

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Furniture & fixtures, net of depreciation	54,008	44,517	
Totals	54,008	44,517	

**PRIMARY EXEMPT PURPOSE**

Attachment 2: 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.
<b>Name of Organization</b>				<b>Employer Identification Number</b>
Phi Lambda House Corp of Delta Delta Delta				75-1275698

Primary Purpose

Maintenance and support of college sorority for approximately 200 members.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 3: 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** Phi Lambda House Corp of Delta Delta Delta **Employer Identification Number** 75-1275698

(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
Ginger Lawhon 3400 Autumn Drive Fort Worth, TX 76109	President	0	0	0
Patti Peterson 1408 Westover Lane Fort Worth, TX 76107	Secretary	0	0	0
Carol Walsh 6516 Shoal Creek Road Fort Worth, TX 76132	Treasurer	0	0	0

BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

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

Name of Organization Phi Lambda House Corp of Delta Delta Delta Employer Identification Number 75-1275698

Part V - Line 42a

Individual Name or Business Name Carol Walsh

Street Address 6516 Shoal Creek Road

U S Address

Zip code 76132 City Fort Worth State TX

Foreign Address

City

Province or State

Country

Postal code

Phone Number (817) 925-7567

Fax Number (817) 335-7142