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SCANNED JUL 13 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

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Form 990-EZ (2009) SORORITY			62-	<u> 17939</u>	98 Page 2
Part III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		E	xpenses
What is the organization's primary exempt purpose? TO PROVIDE AC	TIVITIES FOR T	HE MEMBER	RS.		or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	irposes. In a clear and cond	cise manner, desci	adr		4) organizations and 17(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant	int information for each prog	gram title.		for others)	
28 PROVIDE ACTIVITIES FOR THE MEMBERS	TO FURTHER TH	IE MENTAL,			
MORAL, AND SOCIAL ADVANCEMENT OF T	HE MEMBERSHIP.				
				1	
(Grants \$) If this amount includes foreign	grants, check here	>		28a	
29					
]]	
(Grants \$) If this amount includes foreign	grants, check here	▶		29a	
30	grants, check note			LJu	
					
(C	aranta abaali bara	D>		30a	
(Grants \$) If this amount includes foreign	grants, check here			302	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	grants, check here	▶	<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key I	Employees			32	
Part IV List of Officers, Directors, Trustees, and key i	Littpioyees. List each one ev	ven if not compensated			or Part IV)
	(b) Title and average hours	(c) Compensation	, ,	intributions imployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0-)		eferred	other allowances
			com	pensation_	
BETHANY BRILL, 1010 UNIVERSITY OAKS,	PRESIDENT				
COLLEGE STATION, TX 77840	20.00	0.		0.	0.
RACHAEL GAREY, 1010 UNIVERSITY OAKS,	VP - NEW MEMB	l .	ION	•	
COLLEGE STATION, TX 77840	13.00	0.		_0.	0.
GRACE GREEN, 1010 UNIVERSITY OAKS,	VP - MEMBERSH	IP			
COLLEGE STATION, TX 77840	20.00	0.		0.	0.
REBECCA PUDLOWSKI, 1010 UNIVERSITY	VP - OPERATIO	NS			
OAKS, COLLEGE STATION, TX 77840	10.00	0.		0.	0.
HEATHER KAIN, 1010 UNIVERSITY OAKS,	VP - COMMUNIT	Y SERVICE			
COLLEGE STATION, TX 77840	14.00	0.		0.	0.
JACQUELINE COLEMAN, 1010 UNIVERSITY	VP - PUBLIC R	ELATIONS			
OAKS, COLLEGE STATION, TX 77840	11.00	0.		0.	0.
ELIZABETH ANDERSON, 1010 UNIVERSITY	VP - STANDARD				
OAKS, COLLEGE STATION, TX 77840	11.00	0.		0.	0.
ALYSSA FLOYD, 1010 UNIVERSITY OAKS,	SECRETARY				<u>.</u>
COLLEGE STATION, TX 77840	11.00	0.		0.	0.
ANNA DINWOODIE, 1010 UNIVERSITY	TREASURER	0.			
OAKS, COLLEGE STATION, TX 77840	15.00	0.		0.	0.
OARS, CODDEGE STATION, IX 7/040	13.00	<u></u>		<u> </u>	<u>0.</u>
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]			T	
932172 02-08-10				Form 9	990-EZ (2009)

Pa	Part V Other Information (Note the	statement requirements in the instructions for Part V)			
	•			Y	es No
33	33 Did the organization engage in any activity not pi	reviously reported to the IRS? If "Yes," attach a detailed descri	ption of each activity	33	X
34	Were any changes made to the organizing or go	verning documents? If "Yes," attach a conformed copy of the o	hanges	34	X
35	If the organization had income from business ac	tivities, such as those reported on lines 2, 6a, and 7a (among	others), but no t		
		aining why the organization did not report the income on Forn			
a	a Did the organization have unrelated business gro	oss income of \$1,000 or more or was it subject to section 603	3(e) notice, reporting,		Ì
	and proxy tax requirements?			5a	X_
b	b If "Yes," has it filed a tax return on Form 990-T fo			<u>5b 1</u>	N/A
36	B6 Did the organization undergo a liquidation, disso	lution, termination, or significant disposition of net assets dur	ing the year? If "Yes,"		
	complete applicable parts of Sch. N	. 1		36	<u> X</u>
	37 a Enter amount of political expenditures, direct or	,	37a 0.		
	b Did the organization file Form 1120-POL for this			37b	X
38 a		pans to, any officer, director, trustee, or key employee or were			1,7
	in a prior year and still outstanding at the end of		·	38a	<u> </u>
	b if "Yes," complete Schedule L, Part II and enter th	ne total amount involved	38b N/A		- 1
39	' // '	on line O	39a O.		
a	a Initiation fees and capital contributions included		39b 0.		
40.0	b Gross receipts, included on line 9, for public use	f tax imposed on the organization during the year under:	390 0 •		
40 a		ection 4912 \triangleright <u>N/A</u> , section 4955	▶ N/A		
h		Oid the organization engage in any section 4958 excess benefit			
·		enefit transaction with a disqualified person in a prior year, and			
		's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L,		оь 1	1/A
C	, , , , , , , , , , , , , , , , , , , ,	Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sec		►N/A		
d	d Section 501(c)(3) and 501(c)(4) organizations E			1	
	organization		▶N/A		
е	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		4	0e	X
41	• •				
42 a	2a The organization's books are in care of 🕨 AM		Telephone no $\triangleright 713-825$		3
		OAKS, COLLEGE STATION, TX	$ZIP + 4 \triangleright 778$	340	
b	-	anization have an interest in or a signature or other authority		Υe	es No
		h as a bank account, securities account, or other financial	[A:	2b	X
	account)?		'''	20	 ^-
	If "Yes," enter the name of the foreign country:	uirements for Form TD F 90-22 1, Report of Foreign Bank an	d Financial Accounts	1	
	c At any time during the calendar year, did the orga			2c	x
C	If "Yes," enter the name of the foreign country:		1.79	.0]	
43		filing Form 990-EZ in lieu of Form 1041 - Check here		t	> 🗀
43	and enter the amount of tax-exempt interest rece		▶ 43 N	/A _	
	and onto the amount of tax exempt interest food		- (
				Υe	s No
44	4 Did the organization maintain any donor advised	funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ		4	4	X
45	Is any related organization a controlled entity of t	he organization within the meaning of section 512(b)(13)? If "	Yes," Form 990 must be		
	completed instead of Form 990-EZ		4		X
			Forr	n 990- E	Z (2009)

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

	organizations and section 4947(a)(1) nonexempt charitate	ole trusts must answer questio	ns 46-49b and cor	mplete the table	s for	lines 5	50
46	Did the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to	candidates for public	; ;		Yes	No
	office? If "Yes," complete Schedule C, Part I			Γ	46		
47	Did the organization engage in lobbying activities? If "Yes," complete S	schedule C, Part II		į-	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Y				48		
				-	49a		
	If "Yes," was the related organization a section 527 organization?	od organization.			49b		
	Complete this table for the organization's five highest compensated emplo	week (other than officers, directors	tructees and key er	_		ewed	more
	than \$100,000 of compensation from the organization of there is none, en	· ·	s, irusiees and key ei	inployees/ willo ea	611 160	ervea	IIIOIG
	(a) Name and address of each employee paid more than \$100,000 ${f N/A}$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe count r allow	
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indeperorganization. If there is none, enter "None" N/A (a) Name and address of each independent contractor paid mo		ved more than \$100,	·		om the	_
d	Total number of other independent contractors each receiving over \$100,0	000	>				
Sıgn Here		accompanying schedules and statement all information of which preparer has any l	is, and to the best of my knowledge	knowledge and belie 5/13 /	f, it is t	rue,	
	Type of print name and title	Treasurer					
Paid Prepa Use C	Preparer's signature And Manager Soniy	5-5-10 emp	loyed D	PO0171	011	e instr)
	Him's name (or yours is self-employed). 2100 East Villa Maria Bryan, TX 77802	any, P.C. Rd, Ste. 100	Phone no.	>		-26	500
May t	the IRS discuss this return with the preparer shown above? See instructions	e e		<u> </u>	Yes		No
iviay t	nio nio discussi tino retatti mati tile preparet snown above. Oce ilistributioni	· · · · · · · · · · · · · · · · · · ·				0-EZ (

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
BANK SERVICE CHARGE				75.
PANHELLENIC EXPENSE			2,27	
PLEDGE EXPENSE			38,99	
GIFTS/PRESENTS				8.
OTHER CHAPTER EXPENSES			20,82	
CHARITABLE DONATIONS				54.
SHAMROCK PROJECT			26,90	
T-SHIRT/NOVELTY			35,84	
PASSTHROUGH			-3,82	
SOCIAL			32,66	
SUPPLIES			2,42	53.
PHOTOGRAPHY			20,14	
NATIONAL DUES			6,35	
CONVENTION INSURANCE			4,22	
PARLOR FEES			35,06	
Total to Form 990-EZ, line 16			223,86	50.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ır
PREPAID EXPENSES AND DEFERRED CH	ARGES	300.	30	00.
Total to Form 990-EZ, line 24		300.	30	00.

FO:	RM 990-EZ '	Information Regarding Transfers Associated with Personal Benefit Contracts		tatemer	nt ——	3
A)	directly or	anization, during the year, receive any funds, indirectly, to pay premiums on a personal cract?	[]	Yes [X	K] No	o
B)		anization, during the year, pay premiums, indirectly, on a personal benefit contract?.	. []	Yes [X	[] No	5