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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)

OMB No. 1545-1150

2009

Open to Public  
Inspection

► 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.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

ALABAMA PANHELLENIC ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 1880

City or town, state or country, and ZIP + 4

TUSCALOOSA, AL 35403-1880

D Employer identification number

63-1058441

E Telephone number

(205) 348-6219

F Group Exemption  
Number ►

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

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.GREEKLIFE.UA.EDU

H Check ►  if the organization is notJ Tax-exempt status (check only one) —  501(c)(4) (insert no.)  4947(a)(1) or  527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 320417.

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

1	Contributions, gifts, grants, and similar amounts received	1	4078.
2	Program service revenue including government fees and contracts	2	223839.
3	Membership dues and assessments	3	85581.
4	Investment income	4	6920.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less: direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► )	9	320417.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	STMT 4	10 33250.
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12 22078.
13	Professional fees and other payments to independent contractors		13 5311.
14	Occupancy, rent, utilities, and maintenance		14 3009.
15	Printing, publications, postage, and shipping		15 14253.
16	Other expenses (describe ► )	SEE STATEMENT 1	16 215605.
17	Total expenses. Add lines 10 through 16		17 293506.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 26911.
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)		19 185589.
RECEIVED	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 212500.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

16	MAY 24, 2010	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		179390.	210407.
23	Land and buildings		23	
24	Other assets (describe ► )	SEE STATEMENT 2	6806.	2737.
25	Total assets		186196.	213144.
26	Total liabilities (describe ► )	ACCOUNTS PAYABLE	607.	644.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		185589.	212500.

932-171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)



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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 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 why the organization did not report the income on Form 990-T.

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

38a	X
-----	---

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  
 b Did the organization file Form 1120-POL for this year?  
 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 outstanding at the end of the period covered by this return?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
39b	N/A

39 Section 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  
 40a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  
 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  
 d Section 501(c)(3) and 501(c)(4) organizations. 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

► 0.  
► 0.

40b	X
40e	X

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► GENTRY MCCREARY Telephone no. ► (205) 348-7047  
 Located at ► DEAN OF STUDENTS, UNIVERSITY OF ALABAMA, TUSCALO ZIP + 4 ► 35486

	Yes	No
42b		X
42c		X

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.

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: ► \_\_\_\_\_

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

	Yes	No
44		X
45		X

Form 990-EZ (2009)

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

**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 charitable trusts must answer questions 46-49b 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 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 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 a section 527 organization?

50 Complete this table for the organization's 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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

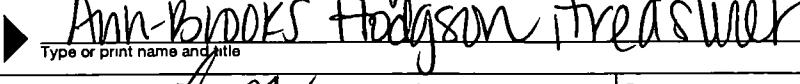
f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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		
	► 	Date	10/10/2010
	► Signature of officer	Date	
	► 	Date	
	► Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 5.17.2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► GREEK RESOURCE SERVICES, INC. ► PO BOX 1880 ► TUSCALOOSA, AL 35403-1880	Preparer's identifying number (See instr) EIN ► Phone ► no. (205) 758-7754	

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

►  Yes  No

Form 990-EZ (2009)

## ALABAMA PANHELLENIC ASSOCIATION

63-1058441

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
MISCELLANEOUS	16845.
PUBLICITY/ADVERTISEMENT	8467.
CONFERENCES	10198.
RUSH	60480.
GREEK WEEK	40024.
EDUCATIONAL PROGRAMMING	22516.
ADMINISTRATION	10704.
COMPUTER EXPENSE	10868.
AWARDS/SCHOLARSHIPS	18373.
SPECIAL EVENTS	17130.
TOTAL TO FORM 990-EZ, LINE 16	215605.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	3227.	0.	
OTHER DEPRECIABLE ASSETS	3579.	2737.	
TOTAL TO FORM 990-EZ, LINE 24	6806.	2737.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	3
DESCRIPTION	AMOUNT		
DEPRECIATION	842.		
OTHER EXPENSES	2167.		
TOTAL TO FORM 990-EZ, LINE 14	3009.		

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
TURNING POINT	NONE	3000.
AMERICAN CANCER SOCIETY	NONE	12500.
LAPS FOR CYSTIC FIBROSIS	NONE	12500.
BOYS & GIRLS CLUB	NONE	250.
WEST ALABAMA RED CROSS	NONE	5000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>33250.</u>

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 5**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE ASSOCIATION PROVIDED PROGRAMMING FOR THE GENERAL UNIVERSITY COMMUNITY, BOTH HOLDING AND ATTENDING EVENTS AND CONFERENCES TO PROMOTE STABILITY WITHIN THE GREEK SYSTEM.

SUPPORT THE UNIVERSITY OF ALABAMA GREEK SYSTEM COMMUNITY