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Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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.

A For the 2009 calendar year, or tax year beginning

07-01, 2009, and ending

06-30, 2010

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PHI CHAPTER OF ALPHA GAMMA DELTA

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

360 NW 26TH ST

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

CORVALLIS, OR 97330-5421

D Employer identification number

93-0388543

E Telephone number

F Group Exemption

Number 0416

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: \_\_\_\_\_

J Tax-exempt status (check only one) - ☒ 501(c) ( 7 ) (insert no ) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not 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. \$ 372,264

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	372,244
	4	Investment income	4	20
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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)	6a	
	6b	b Less direct expenses other than fundraising expenses	6b	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	8 Other revenue (describe _____)	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	372,264	
Expenses	10	10 Grants and similar amounts paid (attach schedule) STM122	10	5,868
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	62,162
	13	13 Professional fees and other payments to independent contractors	13	7,155
	14	14 Occupancy, rent, utilities, and maintenance	14	190,936
	15	15 Printing, publications, postage, and shipping	15	539
	16	16 Other expenses (describe _____) STM130	16	98,582
	17	17 Total expenses. Add lines 10 through 16	17	365,242
Assets	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,022
	19	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	49,074
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,096

## 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

(See the instructions for Part II)

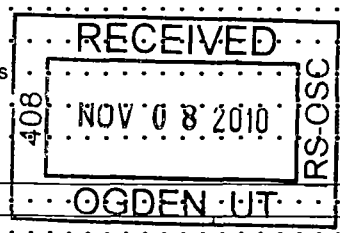
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	49,074	56,096
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	49,074	56,096
26 Total liabilities (describe _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,074	56,096

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

SCANNED NOV 9 2010



## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

## 28 MEMBERSHIP RECRUITMENT AND RETENTION

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

28a

## 29 CHARITABLE AND EDUCATIONAL ACTIVITIES

(Grants \$ 5,868 ) If this amount includes foreign grants, check here . . . . . ▶

29a

## 30 HOUSING

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶

30a

31 Other program services (attach schedule) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

31a

32 Total program service expenses (add lines 28a through 31a) . . . . .

32

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )</b>
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part 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		X
34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T		
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?		X
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 Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
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 in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	11,257
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	40b	
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	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of SANDRA JAMESON Telephone no 541-753-4944		
Located at 1140 SW STOPP PL CORVALLIS, OR ZIP + 4 97330		
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)?	42b	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 Foreign Bank and Financial Accounts.		
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 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 completed instead of Form 990-EZ	45	X

**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 . . . . . 

46	Yes	No
47		
48		
49a		
49b		
- 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 . . . . .
- 49 a 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."

(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

- 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."

(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 . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	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.			
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Signature of officer            Sandra D. Jameson            Type or print name and title         </div> <div style="text-align: right;">           Date <u>11/4/10</u>            Finance Advisor         </div> </div>			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <u>11-02-2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See inst.) <u>P00228732</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CORVALLIS BOOKKEEPING SERVICE</u> <u>903 NW BECA</u> <u>CORVALLIS, OR 97330</u>		EIN <u>93-0626608</u> Phone no <u>541-757-7727</u>	

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

## 2009

FEIN

## STATEMENT #122

TOTAL	<u>5,868</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEMBERSHIP	21,883
REIMBURSED ITEMS	24,593
OFFICE SUPPLIES	5,422
CONVENTIONS	6,850
SOCIAL AND RECRUITING	14,052
MISCELLANEOUS	<u>25,782</u>
TOTAL	<u>98,582</u>