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Form 990-EZ

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

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For 2009 calendar year, or tax year beginning AUGUST 01, 2009, and ending JULY 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Phi Lambda House Corp of Delta Delta Delta. D Employer identification number: 75-1275698. E Telephone number: (817) 335-9031. 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: [X] Cash [] Accrual Other (specify)

I Website: N/A. H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

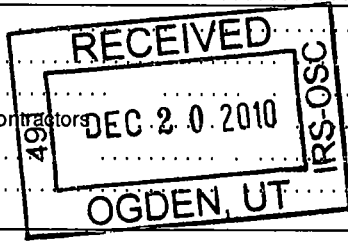
J Tax-exempt status (check only one) -- [X] 501(c)(7) (insert no.) 4947(a)(1) or 527. K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

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 ... \$ 36,040

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

Table with 21 rows for revenue and expenses. Line 1: Contributions, gifts, grants, and similar amounts received. Line 2: Program service revenue including government fees and contracts. Line 3: Membership dues and assessments. Line 4: Investment income. Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less: cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6: Special events and activities. Line 6a: Gross revenue (not including \$ of contributions reported on line 1). Line 6b: Less direct expenses other than fundraising expenses. Line 6c: Net income or (loss) from special events and activities. Line 7a: Gross sales of inventory, less returns and allowances. Line 7b: Less: cost of goods sold. Line 7c: Gross profit or (loss) from sales of inventory. Line 8: Other revenue (describe). Line 9: Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. Line 10: Grants and similar amounts paid (attach schedule). Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits. Line 13: Professional fees and other payments to independent contractors. Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping. Line 16: Other expenses (describe). Line 17: Total expenses. Add lines 10 through 16. Line 18: Excess or (deficit) for the year (Subtract line 17 from line 9). Line 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). Line 20: Other changes in net assets or fund balances (attach explanation). Line 21: Net assets or fund balances at end of year. Combine lines 18 through 20.

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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.)

Table with 7 rows for balance sheets. Column (A) Beginning of year, Column (B) End of year. Line 22: Cash, savings, and investments. Line 23: Land and buildings. Line 24: Other assets (describe See attachment #1). Line 25: Total assets. Line 26: Total liabilities (describe). Line 27: Net assets or fund balances (line 27 of column (B) must agree with line 21).

Handwritten mark resembling the number 8.

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?		X
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
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?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	0	
b	Gross receipts, included on line 9, for public use of club facilities	0	
40a	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		X
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		X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #4 Telephone no. Located at ZIP + 4		
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.		X
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		X
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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.

	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 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 a section 527 organization?	49b	X

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
NONE				

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
NONE		

d 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 *12/15/10*

Carol Walsh Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Kelly R Feik, CPA* Date *12-10-10* Check if self-employed
Firm's name (or yours if self-employed), address, and ZIP + 4 *Runnion Anderson & Feik* EIN ▶
1300 Summit Ave Suite 428 Phone no. ▶
Fort Worth, TX 76102-4458 *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 2009 or tax period beginning 08-01-2009, and ending 07-31-2010.
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Name of Organization Phi Lambda House Corp of Delta Delta Delta	Employer Identification Number 75-1275698
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Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Furniture & fixtures, net of depreciation	44,517	25,957	
Totals	44,517	25,957	

PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	08-01	, and ending	07-31-2010.
Name of Organization				Employer Identification Number
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 2009 or tax period beginning 08-01-2009, and ending 07-31-2010.**

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 2009 or tax period beginning 08-01, and ending 07-31-2010.

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.

Street Address

U.S. Address:

Zip code City State

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number