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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Change of Accounting Period **Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning 1/01, 2016, and ending 6/30, 2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Rho Phi Chapter of Phi Gamma Delta
PO Box 3047
Terre Haute, IN 47803

D Employer identification number
47-1133059

E Telephone number
(812) 232-7367

F Group Exemption Number ▶ 0204

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.rosefiji.com

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 70,952.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2 70,941.
	3	Membership dues and assessments	3
	4	Investment income	4 11.
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
EXPENSES	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	6c	Less: direct expenses from gaming and fundraising events	6c
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a	Gross sales of inventory, less returns and allowances	7a
	7b	Less: cost of goods sold	7b
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 70,952.
	10	Grants and similar amounts paid (list in Schedule O)	10 10,466.
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
	ASSETS	13	Professional fees and other payments to independent contractors
14		Occupancy, rent, utilities, and maintenance	14 10,255.
15		Printing, publications, postage, and shipping	15
16		Other expenses (describe in Schedule O)	16 81,482.
17		Total expenses. Add lines 10 through 16	17 102,203.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -31,251.
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 48,541.
20		Other changes in net assets or fund balances (explain in Schedule O)	20
21		Net assets or fund balances at end of year Combine lines 18 through 20	21 17,290.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		48,541.	22 17,290.
23	Land and buildings			23
24	Other assets (describe in Schedule O)	See Schedule O	5,000.	24 5,000.
25	Total assets		53,541.	25 22,290.
26	Total liabilities (describe in Schedule O)	See Schedule O	5,000.	26 5,000.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		48,541.	27 17,290.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

X

Expenses

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28	See Schedule O		
	(Grants \$) If this amount includes foreign grants, check here	☐	28 a 102,203.
29			
	(Grants \$) If this amount includes foreign grants, check here	☐	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	☐	30 a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31 a
32	Total program service expenses (add lines 28a through 31a)	☐	32 102,203.

Part IV.* List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

1

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		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	0.	
37b 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 tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
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. N/A		
section 4911 N/A; section 4912 N/A; section 4955 N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
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	IN	
42a The organization's books are in care of	Coleson Carmel	
Located at	PO Box 3047 Terre Haute IN	
Telephone no	(812) 232-7367	
ZIP + 4	47803	
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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? 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		N/A
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

▶ ☐ Yes ☐ No

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

Date

Coleson Carmell
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name T. Ryan Falconbury, CPA	Preparer's signature T. Ryan Falconbury, CPA	Date 5/9/17	Check ☐ if self-employed	PTIN P00920373
Firm's name ▶ SACKRIDER & COMPANY, INC.			Firm's EIN ▶ 35-1327464	
Firm's address ▶ 1925 Wabash Avenue Terre Haute, IN 47807-3326			Phone no 8122329492	

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

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

Rho Phi Chapter of Phi Gamma Delta

47-1133059

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid In Excess of \$5,000

Payments to Affiliates

Name: The Intn't Frat. of Phi Gamma
Address: PO Box 4599
1201 Red Mile Road, KY 40544
Purpose of payment: To support operations
Amount: \$ 10,466.

Form 990-EZ, Part I, Line 16

Other Expenses

Awards	\$ 140.
Bank Fees	158.
Brotherhood Committee	2,258.
Cleaning	3,584.
Donations	119.
Ekklesia	2,593.
Food & provisions	27,289.
Graduate relations	6,869.
Insurance	21,637.
Misc Expense	2,814.
Parent classes	3,929.
Pest Control	616.
Philanthropy	100.
Pledge expenses	810.
Public relations	713.
Rush expenses	1,501.
Social expenses	6,352.
Total	\$ 81,482.

Form 990-EZ, Part II, Line 24

Other Assets

	<u>Beginning</u>	<u>Ending</u>
Damage Deposits	\$ 5,000.	\$ 5,000.
Total	\$ 5,000.	\$ 5,000.

Form 990-EZ, Part II, Line 26

Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 5,000.	\$ 5,000.
Total	\$ 5,000.	\$ 5,000.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Provide room and board to approximately 97 undergraduate members as well as

various educational, social and service activities designated to benefit chapter

Name of the organization

Rho Phi Chapter of Phi Gamma Delta

Employer identification number

47-1133059

Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

and surrounding community and to develop leadership and social responsibility skills of members.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Provide room and board to approximately 97 undergraduate members as well as various educational, social and service activities designated to benefit chapter and surrounding community and to develop leadership and social responsibility skills of members.