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Form **990**

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 1545-0047

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

Open to Public

Ā	For th	e 2008 cl	alendar	ear, or tax year beginning August 1 , 2008, and ending	Ju	ıly 31	, 20 09	
R		applicable	Please	Name of organization Gamma Phi Beta, Beta Sigma Chapter		D Em	oloyer identification number	
		change	use IRS label or	Doing Business As Gamma Phi Beta Sorority, Beta Sigma Chapter	r	91	6057502	
	Name c	•	print or	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Tele	phone number	
	instial re		type. See	PO Box 87		()	
	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4				
_		ed return	tions	Pullman, WA 99163		G Gros	s receipts \$ 117,097	
_		on pending	F Nan	and address of principal officer Jessica Schumaker,	H(a) is th	is a droup re	etum for affiliates? Yes No	
_	грриодис	on pending	l				es included? Yes No	
ī	Tax-ex	empt status		1(c) (7)◀ (insert no.)			h a list (see instructions)	
J	Websi	ite: ▶			H(c) Group	exemption	number >	
K	Type of	organization:	Corpo	tion ☐ Trust ☐ Association ☐ Other ► L Year of formation	1955	M Stat	e of legal domicile WA	
	art I	Summ	ary	/ \				
	1	Briefly de	ecriba	he organization's mission or most significant activities: Provide r	room, b	oard, a	cademic and social	
	'	activitie	s to so	ority patrons of the Washington State University campus chapt	ter.			
9	'		<u> </u>					
Activities & Governance								
Ver		Chaak thia	hav b	If the organization discontinued its operations or disposed of more than 259	% of its a	esets		
ဒိ	1 -				, , ,	3	9	
ණ න				endent voting members of the governing body (Part VI, line 1b)		· -		
豐						5		
Ę	1					6		
⋖				volunteers (estimate if necessary)		7		
	/a	Not upro	iss unre Istad hi	siness taxable income from Form 990-T, line 34.		7		
_	 	THEE GITTE	idiod D	SHOOS TANABIO THOUTH SHITLE OF THE OFF.	Prior Y		Current Year	
	_	O						
93		Contribut		111,75	2 117,095			
Revenue	1	-		revenue (Part VIII, line 2g)	1			
Be				ne (Part VIII, column (A), lines 3, 4, and 7d)		•	'	
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Latel revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				3 117,097	
						111,75	117,007	
	13	Grants a	na s <u>imi</u>	ar amounts pard (Part IX, column (A), lines 1–3)			- 	
8	14	Benefits	paid to	or for members (Rank X, column (A), line 4)				
Expenses	15	Saranes,	otherica	npensation, employee benefits (Part IX, column (A), lines 5–10)				
×	16a	Protessio	onai run	raising fees (PartiX, columo(A), line 11e)				
ш				xpeases (Partix, column (1) Ine 25) ▶		103,95		
	17	Other exp	penses	Part IX, column (A), lines 11a-11d, 11f-24f)		103,95		
	18	lotal exp	enses.	Add Tines 5-17 (must equal Part IX, column (A), line 25).		7,79		
or Ses	19	neveriue	iess egi		eginning		End of Year	
on č	:I	-			9	11,11		
Asset Balar	1 I		-	t X, line 16)			0 0	
te de				art X, line 26)		11,11		
Ē	art II		ature			,	20,042	
	<i>a</i> r c ar _t			erjury, I declare that I have examined this return, including accompanying schedules a	and state	nents, and	to the best of my knowledge	
		and belie	f, it yay tru	correct, and complete Declaration of preparer (other than officer) is based on all in	nformation	of which	preparer has any knowledge	
e:		\ · · /	///	is I alread	16	/9/	10	
Sign Superture of officer Date								
Here Signature of officer Financial Vice president Jessica E. Schumaker						-ر.		
		Type	 	ame and title			<u></u>	
		 		Date Check	ıf	Preparer	's identifying number	
	_	Preparer's		Self- employ	_		ructions)	
Paid				Mm C./Sella 16/2/10 employ	, L.I	1	P00850658	
	parer's	Firm's na	me (or yo	McEldowney & McEldowney, PS	EIN	▶ 37		
Use	Only	if self-em	ployed),		+			
Ma	v the	address,		return with the preparer shown above? (see instructions)	Ti none i		✓ Yes No	

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Recognize and encourage individual excellence in education; promote the development of leadership ability and character in its members; foster, disseminate and improve education through appropriate community service projects; develop campus and community volunteers and leaders; provide innovative programming which
	addresses issues relevant to woman and society.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$101,875 including grants of \$) (Revenue \$) Provide room, board, social and academic activities to the local chapter of sorority, located on WSU campus.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

	·
	······
	<u></u>
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses \$ 101.875 (Must equal Part IX Line 25 column (R))

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		√
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		√
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	√
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		<u>√</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		<u></u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		
22 23	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25.	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_ <u>·</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√

Pa	Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓

Form **990** (2008)

га	t V Statements Regarding Other IRS Filings and Tax Compliance						
	•		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ĺ			
	U.S. Information Returns. Enter -0- if not applicable			ĺ			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
	gaming (gambling) winnings to prize winners?	1c		<u> </u>			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			į			
	instructions)			ĺ			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by						
	this return?	3a		✓			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	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	4-		,			
	account)?	4a		<u> </u>			
b	If "Yes," enter the name of the foreign country: ▶			ĺ.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank						
_	and Financial Accounts.	5a		1			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		Ż			
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
С	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
62	6a Did the organization solicit any contributions that were not tax deductible?						
	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
D	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	,					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	`	-::	أسست			
	\$75?	7a		√			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	ì	,			
	required to file Form 8282?	7c		∀			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e					
	benefit contract?	7f		<u> </u>			
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		,			
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .						
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section						
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring						
	organization, have excess business holdings at any time during the year?	8_		✓			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a		_✓_			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓_			
10	Section 501(c)(7) organizations. Enter:	Í	l				
а	Initiation fees and capital contributions included on Part VIII, line 12	[ł				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0		1				
11	Section 501(c)(12) organizations. Enter:						
a		I	-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1					
12-	amounts due or received from them.)	12a					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b NA	120		-			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the crucimstances, processes, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body be Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Does the organization have bread chapters, branches, or affiliates? 9 Does the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have local chapters, branches, or affiliates? 9 Description of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Description in surface or trustees, and key employees r	360	tion A. Governing body and Management			
a Enter the number of voting members of the governing body be Enter the number of voting members that are independent 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 1 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person. 4 Did the organization make any significant changes to its organizational documents since the prior form 990 was filled? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Destine organization have members or stockholders, or other persons who may elect one or more members of the governing body? 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 10 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 Each committee with authority to act on behalf of the governing body? 12 Description organization have local chapters, branches, or affiliates? 13 Description in the programization have local chapters, branches, or affiliates? 14 Pryes," does the organization have local chapters, branches, or affiliates? 15 Description in Schedule O the process, farty, the organization set on the subject of the organization? 16 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, farty, the organization set of the organ				Yes	No
table the number of voting members of the governing body be flet the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization diegate control over management duftes customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization have members or stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Bab C Bab				ŀ	,
Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Do the organization make any significant changes to its organization of counters since the prior Form 990 was filled? 5 Did the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 6 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 7a V 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization of the governing body? 9 Does the organization have local chapters, branches, or affiliates? 9 Did the organization have local chapters, branches, or affiliates? 9 If Yes, Ye does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 Usas a copy of the Form 990 prouded to the organization such such such such such such such such		circumstances, processes, or changes in Schedule O. See instructions.			ļ
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	1a	Enter the name of verify members of the governing body			,
any other officer, director, frustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization have not be supervisional documents since the prior Form 990 was filed? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? A reany decisions of the governing body subject to approval by members, stockholders, or other persons who may elect one or more members of the governing body? A reany decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? A reany decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization have written policies and procedures governing the activities of such chapters, ariffiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee itself in Part VII, Section A, who cannot be reached at the organization have a written conflict of interest policy? If "No," go to line 13 Does the organization have a written conflict of interest policy? If "No," go to line 13 Does the organization have a written whistleblower policy? Does the organization have a written whistleblower policy? Does the organization in some any any time white the policies. Does the organization in point venture arrangement with a taxable entity during the year? Does the organization in point v	þ	Enter the Hermon or Young members that are medipendent.			!
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organizations as sets? Does the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Designed the organization have local chapters, branches, or affiliates? Diff "Ves," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule Of the process, if any, the organization was to review the Form 990. Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Ves No Does the organization have a written conflict of interest policy? If "No," go to line 13. Does the organization have a written conflict of interest policy? If "No," go to line 13. Does the organization have a written whistleblower policy? Does the organization is compar	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
supervision of officers, directors or trustees, or key employees to a management company or other person? 4			2		- ✓-
Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filled? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 7a Does the organization have members or stockholders? 7a Does the organization have members or stockholders? 7b Dest be organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b V 7c Dest the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8b V 9c Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have broad chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b If "Yes," does the organization have boat of the organization is overning body before it was filed? All organizations must describe in Schedule Ot the process, if any, the organization uses to review the Form 990. 10 V Is the service of the process of the procedures governing body before it was filed? All organizations in the organization's making address? If "Yes," provide the names and addresses in Schedule O 11 V 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12b Are officers, directors or trustees, and key employee sequined to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," to be sche organization have a written document retention and destruction policy? 12c Does the organization revertion, governmentation of the deliberation and decision:	3	Did the organization delegate control over management duties customarily performed by or under the direct			
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the	b	Other officers or key employees of the organization?	15b		✓_
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the organization's exempt status with respect to such arrangements?	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 		its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
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policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the		— — — — — — — — — — — — — — — — — — —			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the	19		of inte	rest	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► Treasurer, Gamma Phi Beta Sorority, Washington State University, 600 NE Campus St, Pullman, WA		•			
00163	20	organization > Treasurer, Gamma Phi Beta Sorority, Washington State University, 600 NE Campus St, F	ds of	the an, W	Ά

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key en	nployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation - from the organization and related organizations
Tasia Duske Pullman, WA 99163				1						
Jessica Schumaker				,						
Pullman, WA 99163				-						
Samantha Lloyd Pullman, WA 99163				1						

Name and tifle Average Postor (check all that apply) Postor Postor		Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)	(F)
Total Tota		Name and title	Average			chec	k all	that ap	opły)	Reportable	Reportable	' '
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address NA				Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address NA												
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organization ▶ 0 Yes N 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation NA	1b	Total							▶			
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) Description of services (C) Compensation NA	2		e in 1a) wh	o rec	eive	ed n	nore	than	\$10	00,000 in repo	rtable compe	· · · · · · · · · · · · · · · · · · ·
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3								oyee	e, or highest co	ompensated 	3 🗸
services rendered to the organization? If "Yes," complete Schedule J for such person	4	the organization and related organizations										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation NA	5	Did any person listed on line 1a receive services rendered to the organization? If ")	or accrue /es," comp	comp lete S	ens Sche	atic edui	n fi le J	rom a	any <i>uch</i>			5 ✓
compensation from the organization. (A) Name and business address Description of services Compensation NA												
Name and business address Description of services Compensation	1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	eper	nde	nt c	ontra	ctor	s that received	I more than S	\$100,000 of
			ress								rvices	(C) Compensation
2. Total number of radio and an extraction (reduction there is 1) who was allowed to 100 000	NA											
2. Total number of undersedent contractors (under those up 1) who was a discount to the order.	_					_						
		Total number of independent contractors (including +	hose	ID 1	1 141	hc :	2000	,od :	more than \$10	0.000 :-	

Part	: VII	Statement of Re	venue					
		Say "		7	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, gand similar amounts not includent total. Add lines 1a-1f	grants, ided above 1f				20 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
<u> </u>				Business Code				,
Program Service Revenue	2a	Member Dues/Fees		900099	100,587	100,587		
eve				900099	16,508	16,508		
e E	b			300033	10,500	10,500		
ξ	С							
Ser	d							
Ē	e							
gra	f	All other program servi	ce revenue .					
Pro		Total. Add lines 2a-2f			117,095		٠, ,	,
			****		1,1,1000			
	3	Investment income (inc	iluding dividends	s, interest, and	. 2		2	
		other similar amounts)						
	4	Income from investment of	of tax-exempt bond	d proceeds 🕨				
	5	Royalties	<u> </u>					
			(i) Real	(ii) Personal	٠.	<u>.</u>		
	6-	Gross Rents			, ,			
					ير ماد. سر و ر	12. 1 s	•	- :
		Less: rental expenses				34	ي څر	ي ` بر
		Rental income or (loss)			***			
	d	Net rental income or (lo	oss)	. •		P96 % /		
	7a	Gross amount from sales of	(i) Securities	(ii) Other	•			* * * * * }
		assets other than inventory					,	
		· · · · · · · · · · · · · · · · · · ·				·		j
	D	Less cost or other basis						-
		and sales expenses .						-
		Gain or (loss)	L				,	
	ď	Net gain or (loss) .		<u> </u>				
ē	8a	Gross income from	fundraising		ر د	₹ .	, sk	` !
venue		events (not including \$				`		
Ž		of contributions reported					* *	- 1
ď			· · · · a					
er	١.							
Other	b	Less: direct expenses	bl					
O	С	Net income or (loss) fro	om tundraising e	vents . ►				
	9a	Gross income from gam	ing activities.				-	٠, ١
		See Part IV, line 19			* ^	- •	۲ ۸ ۲	a supplied
	ь	Less: direct expenses,						`
	С	Net income or (loss) fro	om gaming activi	ities ▶				
	100	Gross sales of inve						
	IVa							
		returns and allowances					}	
		Less: cost of goods so				·		
	C	Net income or (loss) from						
		Miscellaneous Reve	enue	Business Code				
	11a							
					· 		· · · · · ·	
		All other revenue			- 		 ,	
į	е	Total. Add lines 11a-1	1d	🕨				
	12	Total Revenue. Add In	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,				
		9c, 10c, and 11e .		<u> </u> ▶	117,097	117,095	2	0_

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . Other employee benefits . . . Payroll taxes Fees for services (non-employees): a Management **b** Legal . 400 400 c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 1,630 1.630 12 Advertising and promotion 2,276 2,276 Office expenses 14 Information technology Royalties 15 11,526 11,526 Occupancy . 16 17 Travel , 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,984 11,984 19 Conferences, conventions, and meetings . 306 306 20 21 Payments to affiliates 1,614 1.614 22 Depreciation, depletion, and amortization. 3,274 3,274 23 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Recruitment 5,983 5.983 Social/Activities 16,625 16,625 b Charity/Philantropy 3,308 3,308 C Composite/Chinook 3,396 3,396 25,977 25,977 Dues e 13,576 13,576 All other expenses Slush Fund Expenses 101,875 Total functional expenses. Add lines 1 through 24f 101,875 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Рa	rt X	Balance Sheet					
			(A) Beginning of year		End	(B) of year	
	1	Cash—non-interest-bearing	4,736	1		21	1,100
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
		Receivables from current and former officers, directors, trustees, key					
- 1	5	employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
S.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a 9,252		16.16	7 722	* ^	42.5
	b	Less: accumulated depreciation Complete		~ ,	1. " 1	<i>\$</i>	
	Ų	Part VI of Schedule D	6,383	10c		5	5,242
	11	Investments—publicly traded securities	·	11			
	12	Investments—other securities. See Part IV, line 11		12			
				13			
	13	Investments—program-related. See Part IV, line 11		14			
	14	Intangible assets		15	 		
	15 16	Other assets. See Part IV, line 11	11,119			26	5,342
\dashv			11,110	17			,, ,,,,
	17	Accounts payable and accrued expenses		18			
	18	Grants payable		19	 		
	19	Deferred revenue		20			
	20	Tax-exempt bond liabilities		21			
ies	21	Escrow account liability. Complete Part IV of Schedule D		21 4588	C-04 98-1 408080.	30 min 2 (
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		22			li
	00	persons. Complete Part II of Schedule L		23			
	23	Secured mortgages and notes payable to unrelated third parties		24			
	24	Unsecured notes and loans payable	• •	25			
	25 26	Other liabilities. Complete Part X of Schedule D	0	26			
sa	20	Total liabilities. Add lines 17 through 25		_20			
ances		complete lines 27 through 29, and lines 33 and 34.		27		ماــــــــــــــــــــــــــــــــــــ	تكلك
Bala	27	Unrestricted net assets		28			
8	28	Temporarily restricted net assets		29			
Fund	29	Permanently restricted net assets	TO EXPLOSE THE TAX	<u>23</u>	17 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$77.78 X	7. %.3
5		and complete lines 30 through 34.		-14°			
Net Assets	30	Capital stock or trust principal, or current funds		30	 		
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	44 440	31	 		242
¥	32	Retained earnings, endowment, accumulated income, or other funds	11,119	32	<u> </u>		3,342
S S	33	Total net assets or fund balances	11,119	33	 		3,342
	34	Total liabilities and net assets/fund balances	11,119	34	<u> </u>	26	5,342
Pa	rt XI	Financial Statements and Reporting					
			_		<u> </u>	Yes	No
1		ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrual			- <u>-</u> -	 	لرسا
2a		e the organization's financial statements compiled or reviewed by an inc		?	2a	+-+	V
b		e the organization's financial statements audited by an independent acc			. 2b	+	✓
C		es" to lines 2a or 2b, does the organization have a committee that assumes					l
		audit, review, or compilation of its financial statements and selection of an in			<u>2c</u>	╁┼	
За		result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?	audit or audits as set	forth 	ıın . 3a		1
b		es," did the organization undergo the required audit or audits?			. 3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	lame of the organization Employer identification number						
Gar	nma Phi Beta, Beta Sigma Chapter			91	6057502		
Pa	Organizations Maintaining Do the organization answered "Ye	onor Advised Funds or Other Similars" to Form 990, Part IV, line 6.	r Fun	ds or A	ccounts. Comple	te ıf	
		(a) Donor advised funds		(b) Fun	ds and other accounts		
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year) .		ļ				
4	Aggregate value at end of year						
5		d donor advisors in writing that the assets opect to the organization's exclusive legal of				_ No	
6	used only for charitable purposes and no	donors, and donor advisors in writing that to the benefit of the donor or donor advisors.	isor o	r other		□No	
Pa		plete if the organization answered "Yes	" to F	orm 990), Part IV, line 7.		
1	Purpose(s) of conservation easements he Preservation of land for public use (e. Protection of natural habitat Preservation of open space	id by the organization (check all that apply g., recreation or pleasure) Preservat	y). ion of tion of	an histori f certified	cally important land I historic structure		
	,				Held at the End of the	ne Year	
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation	easements		2b			
С		certified historic structure included in (a) .		. <u>2c</u>			
d	Number of conservation easements include	ded in (c) acquired after 8/17/06		2d	1		
3	Number of conservation easements mode the taxable year ▶	fied, transferred, released, extinguished, o	r term	inated by	y the organization d	uring	
4	, , , , , , , , , , , , , , , , , , , ,	to conservation easement is located ▶					
5	enforcement of the conservation easemed				L Yes L		
6		oring, inspecting, and enforcing easement		-			
7		ig, inspecting, and enforcing easements d	-	-			
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirement			Yes L		
9	the organization's accounting for conserv	the text of the footnote to the organization ation easements.	n's fin	ancial sta	atements that descr		
Pai	Organizations Maintaining Col Complete if the organization ans	ections of Art, Historical Treasures, owered "Yes" to Form 990, Part IV, line 8	or Oth 3.	ner Simi	lar Assets.		
1a		nder SFAS 116, not to report in its revenuets held for public exhibition, education, or the to its financial statements that describe	resea	ırch ın fur	therance of public s		
b	If the organization elected, as permitted a historical treasures, or other similar asset provide the following amounts relating to	s held for public exhibition, education, or i					
	(i) Revenues included in Form 990, Part				\$		
	(ii) Assets included in Form 990, Part X				· \$		
2	If the organization received or held work following amounts required to be reported	under SFAS 116 relating to these items:			financial gain, provid	de the	
	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part ${\sf X}$				• \$ • \$		

Page :	2
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Par	rt III Organizations Maintainin	g Collections of	Art, Hi	storica	I Treas	ures, o	r Oth	er Similar A	Assets (con	tınued)
3	Using the organization's accession a items (check all that apply):	nd other records,	check a	any of t	he follov	ving tha	tare a	significant	use of its co	ollection
a	Public exhibition		d		oan or e					
b	Scholarly research		е		Other					
С	Preservation for future generation									
4	Provide a description of the organiza Part XIV.	tion's collections	and expl	laın hov	v they fu	irther th	e orga	nızatıon's ex	cempt purpo	se in
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	rt IV Trust, Escrow and Custor Part IV, line 9, or reported						answe	red "Yes" to	Form 990	·
	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					□ No				
Ь	If "Yes," explain the arrangement in F	Part XIV and comp	olete the	followi	ng table	: г			\mount	
							40	· · · · · · · · · · · · · · · · · · ·	Amount	
С	Beginning balance					· ·	1c			
d	Additions during the year					· · -	1d			
е	Distributions during the year					·	1e			
f	•					L	11			<u> </u>
	Did the organization include an amount "Yes," explain the arrangement in F	Part XIV.				• •		· · · ·	Yes	<u> </u>
Pa	rt V Endowment Funds. Com				1					
	<u> </u>	(a) Current year	(b) Prior	r year	(c) Two	years bac	k (d)	Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance		Š.,	<u>.</u>	<u> </u>	ار ة -		· · · · · · · · · · · · · · · · · · ·		
b	Contributions		k	et at her	, · 8033		_	4 12 2		
С	Investment earnings or losses							***	1 4/37	*
d	Grants or scholarships , , , .		<u>; </u>	• (į.		_	·		
е	Other expenditures for facilities and programs				a and a second	44 <u> </u>		\	•	,
f g	Administrative expenses End of year balance	33.70		•				•		t agen
2	Provide the estimated percentage of	the year end bala	nce held	d as:						
а	Board designated or quasi-endowme	nt ▶	.%							
b	Permanent endowment ▶	%								
С	Term endowment ▶%									
За	Are there endowment funds not in the	possession of the	organiza	ation tha	at are he	ld and a	dminis	tered for the		
	organization by:					s No				
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organ								3b	
4	Describe in Part XIV the intended use						V line	10		
Fall	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
	Description of investment	(a) Cost or othe (investmen			st or other s (other)		(c) Depr	eciation	(d) Book va	alue
1a	Land								0	
b	Buildings								0	
С	Leasehold improvements				_	-			0	
	Equipment	9,252			4,010			10	5,242	
	Other					1			0_	
Tota	I. Add lines 1a-1e. (Column (d) should eq	ual Form 990, Part	X, colum	nn (B), lir	ne 10(c).)		·	▶		5,242

Part VII Investments - Other Securities	See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		-	
			
T. 1. (0.1 (1.1 .			9.
Total (Column (b) should equal Form 990, Part X, col (B) line 12)	d Soo Form 000 Port V	<u> </u>	
Part VIII Investments – Program Relate			atas
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			
			······································
			, ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Pa	rt V line 15		
Other Assets. See Form 990, Fa	(a) Description		(b) Book value
	(4)		(-,
			
Total. (Column (b) should equal Form 990, Part X, col	!. (B) line 15)		
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
Federal income taxes			
		_	
		-{	
 			
		7	
		7	
] .	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	·		Í

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page	4
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Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4–8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	o per Peture
		1 1
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
р	Donated services and use of facilities	-
C	necoveries of prior year grants	┥ ┃
d	Other (Bescribe III Factory)	2e
e	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	
4	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
a	Other (Describe in Part XIV)	7
C	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
ь	Prior year adjustments	_
С	Losses reported on Form 990, Part IX, line 25	_
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· [
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_{ }
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	t XIV Supplemental Information	
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at	
anu	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	

Schedule D (For	m 990) 2008	Page 5
Part XIV	m 990) 2008 Supplemental Information (continued)	
ALC: ALC:		
·	***************************************	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
Gamma Phi Beta, Beta Sigma Chapter	91 6057502
Part VI, Section A, Line 10	
CPA performs annual bookkeeping, performing bank reconciliations and adjusting journa	l entries.
CPA confirms asset purchases and updates depreciation schedule periodically throughout	ıt year.
After all account balances have been confirmed, with outside independent third parties, the	ne CPA prepares the Forms 990.
The return is reviewed by the CPA again before they are copied for the taxpayer and IRS.	The corporation's
board is given a copy to review before an officer signs and submits the final copy to the lo	ocal IRS Service Center.
Part VI, Section B, Line 15b	·
All officers are volunteers and do not receive compensation for their services.	
Part VI, Section C, Line 19	
The organization has its governing documents and tax returns available upon request. The	ey are not available via any
other outlet. The corporation does not posess a written conflict of interest policy.	
Financial statements are not prepared primarily because: (1) there cost outweighs the ber	nefit provided, and (2) financial
information is readily available to the board members throughout the year. With no outsta	nding debts, and no bankers
involved, having financial statements prepared is not a necessity.	

Form **4562**

Depreciation and Amortization(Including Information on Listed Property)

OMB No 1545-0172 2008

Department of the Tre Attachment Internal Revenue Service ► See separate instructions. ► Attach to your tax return. Sequence No 67 Business or activity to which this form relates Name(s) shown on return Identifying number Form 990 Only Gamma Phi Beta, Beta Sigma Chapter 91-6057502 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses . . . \$250,000 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-, If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8, 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 1,567 17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B--Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 473 HY S/L 47 5 yrs 7-year property C d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. 5/1. 275 yrs ММ h Residential rental S/L property 275 yrs MM S/L 39 vrs ММ S/L i Nonresidential real S/L ММ property Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 . . Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. 1,614

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

Cat No 12906N