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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 8/1/2008 , and ending 7/31/2009					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> C Name of organization NU CHAPTER OF GAMMA PHI BETA SORORITY, INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 1021 HILYARD ST City, town, or country State ZIP + 4 EUGENE OR 97401 </td> <td style="width:20%; vertical-align: top;"> D Employer identification number 93-0171801 </td> <td style="width:20%; vertical-align: top;"> E Telephone number 541-344-1606 </td> <td style="width:20%; vertical-align: top;"> F Group Exemption Number 0198 </td> </tr> </table>	C Name of organization NU CHAPTER OF GAMMA PHI BETA SORORITY, INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 1021 HILYARD ST City, town, or country State ZIP + 4 EUGENE OR 97401	D Employer identification number 93-0171801	E Telephone number 541-344-1606	F Group Exemption Number 0198
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

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

I Website: ► N/A

J Organization type (check only one)— ☒ 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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **403,816**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ 0 of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► See attached statement) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	1 0 2 326,220 3 61,865 4 12 5a 0 5b 0 5c 0 6a 0 6b 0 6c 0 7a 13,178 7b 12,910 7c 268 8 2,541 9 390,906
Expenses	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See attached statement) 17 Total expenses. Add lines 10 through 16.	10 0 11 12 13 14 303,103 15 16 61,062 17 364,165
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	18 26,741 19 12,268 20 0 21 39,009

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

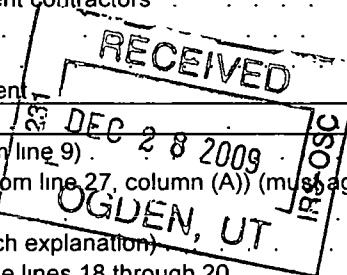
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	12,268	22	39,009
23 Land and buildings		23	
24 Other assets (describe ►)	0	24	0
25 Total assets	12,268	25	39,009
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	12,268	27	39,009

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED JAN 11 2010



Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**

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

What is the organization's primary exempt purpose? SOCIAL CLUB - SORORITY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 ACTIVITIES TO PROMOTE CULTURAL, SOCIAL AND EDUCATIONAL GROWTH OF MEMBERS(Grants \$ 0) If this amount includes foreign grants, check here ☐**28a** 359,024**29**(Grants \$ 0) If this amount includes foreign grants, check here ☐**29a** 0**30**(Grants \$ 0) If this amount includes foreign grants, check here ☐**30a** 0**31 Other program services** (attach schedule)(Grants \$ 0) If this amount includes foreign grants, check here ☐**31a** 0**32 Total program service expenses.** (add lines 28a through 31a)**32** 359,024**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Natasha Martin</u>	Str <u>1021 Hilyard Street</u>	Title <u>President</u>				
City <u>Eugene</u>	ST <u>OR</u> ZIP <u>97401</u>	Hr/WK <u>20.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Laura Leahy</u>	Str <u>1021 Hilyard Street</u>	Title <u>Administrative VP</u>				
City <u>Eugene</u>	ST <u>OR</u> ZIP <u>97401</u>	Hr/WK <u>10.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Karen Fan</u>	Str <u>1021 Hilyard Street</u>	Title <u>Financial VP</u>				
City <u>Eugene</u>	ST <u>OR</u> ZIP <u>97401</u>	Hr/WK <u>15.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title				
City	ST ZIP	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>

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

		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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	0	
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b	0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a	7,834	
b	Gross receipts, included on line 9, for public use of club facilities. 39b	0	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b ; section 4955 40c		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c		
d	Enter amount of tax on line 40c reimbursed by the organization. 40d		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		
41	List the states with which a copy of this return is filed. 41		
42 a	The books are in care of 42a Name Karen Fan Telephone no. 42a 541-344-1606		
	Located at 42a 1021 Hilayrd Street City Eugene ST OR ZIP + 4 42a 97401		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
	If "Yes," enter the name of the foreign country: 42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
	If "Yes," enter the name of the foreign country: 42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45		X



Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the 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
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶		<u>0</u>	<u>0</u>	<u>0</u>

51 Complete this table for the 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
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 ▶		<u>0</u>

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		<u>12/10/09</u> Date	
Paid Preparer's Use Only	<u>Karen Fan Financial Vice President</u> Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP +4 <u>WILLIAM E MAAS, PC</u> <u>925 COUNTRY CLUB RD STE 101, EUGENE, OR 97401-2271</u>	Date <u>12/9/2009</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>541-56-1594</u>
EIN ▶ <u>93-1223476</u>		Phone no ▶ <u>541-345-3900</u>		

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

Part I, Line 8 (990-EZ) - Other Revenue

2,541

Description		Amount	
1	MISCELLANEOUS	1	1,256
2	BADGES	2	1,285
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

61,062

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	2,433
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	INTERNATIONAL SORORITY DUES AND FEES	11	15,229
12	BADGES	12	4,895
13	BANK, CREDIT CARD AND SIMILAR FEES	13	2,193
14	COMPOSITE PHOTO AND RELATED EXPENSES	14	2,448
15	ADMINISTRATIVE EXPENSES	15	2,714
16	RECRUITMENT EXPENSES	16	5,340
17	EDUCATIONAL/SCHOLARSHIP EXPENSES	17	11,192
18	SOCIAL AND PHILANTHROPIC EXPENSES	18	8,989
19	PANHELLENIC DUES AND EXPENSES	19	5,395
20	MISCELLANEOUS	20	234
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	