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Form **990-EZ****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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 8/1/2009 , and ending 7/31/2010		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► N/A**J** Tax-exempt status (check only one)— ☒ 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 Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **431,893****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	338,212
	3 Membership dues and assessments	3	77,748
	4 Investment income	4	4
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost of the basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	d Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	e Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
Expenses	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	13,154
	b Less cost of goods sold	7b	15,591
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-2,437
	8 Other revenue (describe ► BADGES)	8	2,775
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	416,302
	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
Net Assets	14 Occupancy, rent, utilities, and maintenance	14	338,575
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	66,365
	17 Total expenses. Add lines 10 through 16	17	404,940
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,362
	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	39,009
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	50,371

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	39,009	50,371
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	39,009	50,371
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,009	50,371

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

(HTA)

Form **990-EZ** (2009)

SCANNED MAR 31 2011

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		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 8,752		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a , section 4955 40a		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d	Section 501(c)(3) and 501(c)(4) organizations 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		X
41	List the states with which a copy of this return is filed 41		
42 a	The organization's books are in care of 42a Karen Fan Telephone no 42a 541-344-1606 Located at 42a 1021 Hilyard 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 If "Yes," enter the name of the foreign country: 42c		X
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

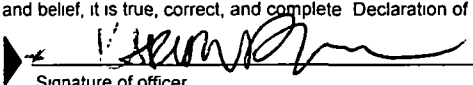
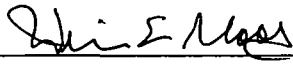
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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>
f Total number of other employees paid over \$100,000 <u>0</u>				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
d 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		Date <u>3/11/11</u>		
Paid Preparer's Use Only	Preparer's signature 		Date <u>3/9/2011</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P01458096</u>
	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>		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 <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

2,775

Description		Amount	
1	BADGES	1	2,775
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

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

66,365

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	12,176
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	INTERNATIONAL SORORITY DUES AND FEES	13	16,655
14	BADGES	14	2,502
15	BANK, CREDIT CARD AND SIMILAR FEES	15	4,728
16	COMPOSITE PHOTO, CONVENTION AND RELATED EXPENSES	16	6,120
17	ADMINISTRATIVE EXPENSES	17	2,074
18	RECRUITMENT EXPENSES	18	6,043
19	EDUCATIONAL/SCHOLARSHIP EXPENSES	19	9,449
20	SOCIAL AND PHILANTHROPIC EXPENSES	20	457
21	PANHELLENIC DUES AND EXPENSES	21	6,161
22	MISCELLANEOUS	22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	