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A For the 2010 calendar year, or tax year beginning 08-01-2010

C Name of organization

GAMMA PHI BETA SORORITY INC ALPHA NU CHAPTER

As Filed Data -

DLN: 93492136008802

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

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)

Short Form

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

and ending 07-31-2011

Open to Public Inspection

_		change			31-60492	79	
_	ame ch		not delivered to street address)	Room/suite	E Telephone	number	
Initial return Terminated		turii e e e e e e e e e e e e e e e e e e			(9:	37) 324-3436	5
_	Amended return City or town, state or country, and ZIP + 4 F Group Ex				F Group Exe	mption	
_		SPRINGFIELD, OH 455042124 on pending			Number ►		
		ting method				_	
		http://www4.wittenberg.edu/student_organizations					rganization is not
J Tax	-Exemp	pt status(check only one)— 501(c)(3)	nsert no) 4947(a)(1) or	527	•	o attach Sc), 990-EZ,	or 990-PF)
	eck F 0,000	If the organization is not a section 509(a)(3) so A Form 990-EZ or Form 990 return is not require			receipts are n	ormally not	t more than
		tion chooses to file a return, be sure to file a compl			. /D . III . 21	- I (P)	
L Add more		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross re Form 990 instead of Form 990-EZ	eceipts are \$200,000 or more, or	if total asse	ts (Part II, line 25	s, column (B) \$	54,190 54,190
Pa	rt I	Revenue, Expenses, and Changes in	Net Assets or Fund B	alances	(See the inst	ructions fo	r Part I)
		Check if the organization used Schedule O to re	spond to any question in th	ns Part I		<u> </u>	ᅜ
	1	Contributions, gifts, grants, and similar amounts r	eceived			1	4,039
	2	Program service revenue including government fe	es and contracts			2	
	3	Membership dues and assessments				3	48,770
	4	Investment income				4	
	5a	Gross amount from sale of assets other than invel	ntory	5a			
<u>a</u>	ь	Less cost or other basis and sales expenses		5b			
Revenue	С	Gain or (loss) from sale of assets other than inver	ntory (Subtract line 5b from	n line 5a)		5c	
A P	6	Gaming and fundraising events					
	а	Gross income from gaming (attach Schedule G if greater than	n \$15,000)	6a			
	b	Gross income from fundraising events (not including reported on line 1) (attach Schedule G if the sum (\$15,000)					
	С	Less direct expenses from gaming and fundraisin	g events	6c			
	d	Net income or (loss) from gaming and fundraising		b and sub	tract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowan		7a	,		
	ь	Less cost of goods sold		7b			
	c	Gross profit or (loss) from sales of inventory (Sub	tract line 7b from line 7a)			. 7c	
	8	Other revenue (describe in Schedule O)		<u>-</u>		8	1,381
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	d8			9	54,190
	10	Grants and similar amounts paid (list in Schedule				10	, , , , , , , , , , , , , , , , , , ,
	11	Benefits paid to or for members				11	
	12	Salaries, other compensation, and employee bene	fits			. 12	
ιΛ Δ	13	Professional fees and other payments to independ				. 13	4,683
Expenses	14	Occupancy, rent, utilities, and maintenance				. 14	,
×be	15	Printing, publications, postage, and shipping .				15	
Ш	16	Other expenses (describe in Schedule O) .				16	51,840
	17	Total expenses. Add lines 10 through 16				17	56,523
		Excess or (deficit) for the year (Subtract line 17 fi	rom line 9)	<u> </u>	• •		
Net.Assets	18	Net assets or fund balances at beginning of year (•	must sara	· · · ·	18	-2,333
A.	19			must agre	C VVICII		/O 220
√ et	20	end-of-year figure reported on prior year's return)				19	48,329
_	20	Other changes in net assets or fund balances (exp	•			. 20	
	21	Net assets or fund balances at end of year Combi	ne nnes 18 through 20			21	45,996

Part II Balance Sheets						_
Check if the organization use	d Schedule O to respond to	any question in th	nis Pa	rt II		<u> </u>
(See the instru	ctions for Part II)	Г	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .		[48,329	22	45,996
23 Land and buildings		[23	
24 Other assets (describe in Schedule C))	. [24	
25 Total assets		[48,329	25	45,996
26 Total liabilities (describe in Schedule	0)			0	26	0
27 Net assets or fund balances (line 27	of column (B) must agree wi	th line 21) .		48,329	27	45,996
Check if the organization use What is the organization's primary exemp	d Schedule O to respond to		hıs Pa	rt III . 🔽	(c)	Expenses equired for section 501)(3) and 501(c)(4)
TO FURNISH LIVING QUARTERS AND R BETA MEMBERS Describe what was achieved in carrying o describe the services provided, the numb program title	PROVIDE SOCIAL GATHER ut the organization's exemp	t purposes In a c	learaı	nd concise manner,	49	ganizations and section 147(a)(1) trusts, tional for others)
28 FURNISHED AND MAINTAINED CHA GATHERING ACTIVITIES FOR MEMBER (Grants \$ 0)					28a	0
(Grants \$) If the state of the	nis amount includes foreign (grants, check here	e .	▶┌	29a	1
	nis amount includes foreign	grants, check here	e .	▶┌	30a	1
31 Other program services (describe in S (Grants \$)	chedule O) . . nis amount includes foreign (grants.check here			31a	
32 Total program service expenses (add II				<u> </u>	32	
Part IV List of Officers, Directors, Tr					tructio	ons for Part IV)
Check if the organization use						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid enter -0)	,	(d) Contribution employee benefit p deferred compens	lans	
KATHERINE RITZI 628 WOODLAWN AVENUE SPRINGFIELD,OH 45504	PRESIDENT 0 00		0		O	0
CARRIE HENDERSON 628 WOODLAWN AVENUE SPRINGFIELD,OH 45504	DIRECTOR 0 00		0		O	0
SARAH WILSON 628 WOODLAWN AVENUE SPRINGFIELD,OH 45504	FINANCIAL VICE PRESIDENT 0 00		0		O	0
	<u> </u>					+

Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V $$.			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
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	36		No
37a	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?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
b	section 4911 , section 4912 , section 4955	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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		No
	List the states with which a copy of this return is filed	.		2426
42a	The organization's books are in care of ► THE ORGANIZATION Telephone no 628 WOODLAWN AVENUE	• <u>(93</u>	37)324	-3436
		4	550421	.24
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		Yes	No
	account)?	42b		No
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		l No
43	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
	in Schedule O	ì	l	i

Form 990-	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle ' <i>Form 990 and Schedule R must be</i>			ng of section 5	512(b)(13)? <i>If</i>	45		No
	he organization receive any paym					45a		No
	the organization engage, directly of ideas for public office? If "Yes,"			on behalf of or	in opposition to			
						46	<u> </u>	No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respon	nd to any question in t	hıs Part VI			Yes	No No
47 Did t	he organization engage in lobbyir	ng activities? If "Yes,"	' complete Schedule C	, Part II		47		
48 Is th	e organization a school described	d ın section 170(b)(1)	(A)(II)? <i>If "Yes," compl</i>	ete Schedule E		48		
49a Did t	he organization make any transfe	ers to an exempt non-c	charitable related orga	nızatıon?		49a		
b If"Y	es," was the related organization	a section 527 organiz	zation?			49b		
	plete this table for the organization oyees) who each received more t							
		(b) Title and average			ontributions to		e) Expe	nse
	e and address of each employee and more than \$100,000	hours per week	(c) Compensat	ion employe	e benefit plans &	a	ccount	and
	, , , , , , , , , , , , , , , , , , , ,	devoted to position	n	deferre	d compensation	othe	er allowa	inces
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				►		
	plete this table for the organization mpensation from the organization			contractors wh	o each received n	nore th	an \$10	000,0
	ame and address of each indeper			(b) Ty	pe of service	(c) (ompen	
(u) i	ame and address of each macper	racine contractor para	more than \$100,000	(2) 1 9	pe or service	(5)	ompen	3411011
51(d) Tot	cal number of other independent c	ontractors each recei	vina over \$100 000					
	d the organization complete Sche			zations and 49	47(a)(1) nonexer	npt cha	arıtable	 trusts
	st attach a completed Schedule						Yes ┌	
Under nena	Ities of perjury, I declare that I have	e evamined this return	including accompanying	ı schedules and	statements and to	the he	est of my	,
knowledge	and belief, it is true, correct, and co							
knowledge.								
	Tk.							
Sign	****** 2012-05-01 Signature of officer Date							
Here	Signature of officer SARAH WILSON FINANCIAL VICE PRESIDENT Type or print name and title							
	Type or print name and title		I s .					
.	Preparer's SHANNON DOYLE		Date 2012-05-01	Check if self-	Preparer's taxpay (See instructions)		ification i	umber
Paid	Signature			employed 🕨				
Preparer's	Firm's name (or yours CLARK SCH if self-employed),	CLARK SCHAEFER HACKETT & CO						
Use Only		scii ciripioyed),						
	SPRINGFIEL	.D, OH 45503			Phone no 🕨 (93			
May the IR	S discuss this return with the pre	eparer shown above? S	See instructions			₽	es 「	No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492136008802

OMB No 1545-0047

2010

(Form 990 or 990-EZ)
Department of the Treasury

Internal Revenue Service

SCHEDULE 0

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

Open to Public Inspection

Name of the organization GAMMA PHI BETA SORORITY INC ALPHA NU CHAPTER

► Attach to Form 990 or 990-EZ.

Employer identification number

31-6049279

ldentifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 1,381

Supplemental Information to Form 990 or 990-EZ

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INTERNATIONAL AND CHAPTER DUES AMOUNT 14,274 DESCRIPTION SOCIAL EVENTS AMOUNT 15,350 DESCRIPTION CONVENTION AMOUNT 11,097 DESCRIPTION EDUCATION AMOUNT 5,868 DESCRIPTION RECRUITMENT AMOUNT 1,053 DESCRIPTION SUPPLIES AMOUNT 4,198 TOTAL TO FORM 990-EZ, LINE 16 51,840

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: GAMMA PHI BETA SORORITY INC ALPHA NU CHAPTER

EIN: 31-6049279

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.