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## Form **990**

Department of the Treasury Internal Revenue Service

## **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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning AUG 1. 2011 and ending JUL C Name of organization D Employer identification number Check if applicable Address change NU CHAPTER OF GAMMA PHI BETA SORORITY, I Name 93-0171801 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1021 HILYARD ST 541-344-1606 Amended G Gross receipts \$ 469,944 City or town, state or country, and ZIP + 4 Applica-EUGENE, OR 97401 H(a) Is this a group return pending F Name and address of principal officer MORGAN NELSON for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: 501(c)(3) X 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0198 J Website: ► N/A K Form of organization: X Corporation Trust Association Other > Year of formation: 1908 M State of legal domicile: OR Part I | Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A LOCAL Activities & Governance CHAPTER OF A NATIONAL SORORITY. IT CONDUCTS ACTIVITIES TO PROMOTE Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** <u>4,361</u> 7,190. Contributions and grants (Part VIII, line 1h) Revenue 475,126 452,100. Program service revenue (Part VIII, line 2g) 43. 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -835 893. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 478,652 457,440. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. O Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 458,971 448,293. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 458,971. 448,293. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19,681 9,147. Revenue less expenses Subtract line 18 from line 12 Assets or | **Beginning of Current Year End of Year** သွ 70,052. 79,199. Total assets (Part X, line 16) DEC I 3 2012 0. Ω. 21 Total liabilities (Part X, line 26) 70. 052. 199. Net assets or fund balances Subtract line 21 from Part II Signature Block 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 fother than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature -self-employed P01458096 WILLIAM E. MAAS Paid 93-1223476 Firm's name WILLIAM E MAAS, PC Firm's EIN Preparer Firm's address > 925 COUNTRY CLUB RD, **STE 101** Use Only Phone no. 541-345-3900 EUGENE, OR 97401-2271 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2011)

Form	rt III   Statement of Program Service Accomplishments	<u>e                                    </u>
га	<del></del>	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission THE SORORITY PROVIDES ROOM AND BOARD TO APPROXIMATELY 70 STUDENTS AND	
	CONDUCTS ACTIVITIES TO PROMOTE THEIR CULTURAL, SOCIAL AND EDUCATIONAL	
		—
	GROWTH.	—
	Did the organization undertake any significant program services during the year which were not listed on	—
2		NI.
	•	10
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	N.,
3		10
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$	_ '
	GENERAL SORORITY ACTIVITIES, INCLUSING ROOM AND BOARD.	
		—
4b	(Code) (Expenses \$	_ )
		_
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	(COURT ) (Experience 4	- '
		_
		_
		_
		_
		—
		—
		—
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e_	Total program service expenses ► 423,583.	11\
	Form 330 (20)	,

		1 =	T.,	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<del>                                     </del>	
	during the tax year? If "Yes," complete Schedule C, Part II	4		l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	}	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	1	х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		-	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.5
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the office states:  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form 9	90 (2	011)

	Check if Schedule O contains a response to any question in this Part V			Γ
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ر ا	100	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	┥		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	ا ار		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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 account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	[ ]		
	any contributions that were not tax deductible?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	li	i	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 7, 949.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  0.			
11	Section 501(c)(12) organizations. Enter:	,	- 1	
а	Gross income from members or shareholders	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l	1	
	amounts due or received from them.)	•		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form 9	200 15	0441
		⊢orm \$	つつしょ /ツ	11111

Form 990 (2011) NU CHAPTER OF GAMMA PHI BETA SORORITY, I 93-0171801 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, bb, or rob balow, deduction and discussions, processes, or ordinares in definitions.			
	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management			<del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	┨		İ
	If there are material differences in voting rights among members of the governing body, or if the governing	1	İ	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		<u>'</u>	
b	Enter the number of voting members included in line 1a, above, who are independent  1b  0	-		1
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?	2	<u> </u>	X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_	37	<u>X</u>
6	Did the organization have members or stockholders?	6	X	
7a		_	7.7	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l '	3.5	
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3.5	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI -
10-	Did the executation have lead chanters branches as offiliates?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
Ð	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ŭ	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		<u>x</u>
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.		
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ĺ	
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ► NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	cıal	
	statements available to the public during the tax year			
0:	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	on. 🟲		
	AUDREY GRASER - 541-344-1606			
	1021 HILYARD ST, EUGENE, OR 97401			

Form 990 <u>(</u> 2	2011)	NU	CHAPTER	OF	GAMMA	PHI	BETA	SORORITY,	I	93-0171801	Page 7
Part VII	Compensation	of C	Officers, Dire	ctor	s, Trustee	s, Key	/ Emplo	yees, Highest	Com	pensated	
	Employees, an	d Ind	dependent (	ontr	actors						

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- 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

LAL CITE	eck this box if neither the organization	1	orga I	anıza			mpe	nsat	I .		
	(A)	(B)			Pos	C)	,		(D)	(E)	(F)
	Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
		hours per	box	, unle cer ar	ss pe	rson Irecto	is bot or/trus	h an stee)	compensation	compensation	amount of
		week	-	T	T			,, <u> </u>	from the	from related organizations	other
		(describe hours for	irect		ļ	ł		ļ	organization	(W-2/1099-MISC)	compensation from the
		related	60.0	ᇐ			sate	Ì	(W-2/1099-MISC)	(***271099****130)	organization
		organizations	ruste	E		8	튵		(** 27 1000 111100)		and related
		in Schedule	dual	rtona	_		s st	, at			organizations
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MORG	GAN NELSON										
PRESIDEN	NT	20.00					<u> </u>	<u> </u>	0.	0.	0.
(2) EMII	LY PELLEGRINI			ŀ				ŀ		_	_
	FRATIVE VICE PRESIDENT	10.00			_		<u> </u>		0.	0.	0.
	REY GLASER	15.00									•
FINANCIA	AL VICE PRESIDENT	15.00				<b>-</b>	<del> </del>		0.	0.	0.
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Pa	rt VII Section A. Officers, Directors, Tru	•	mple	oyee			High	nest		ees (continued)			
	(A)	(B) Average				C) sitior	1		(D)	(E)	1	(F)	
	Name and title	hours per			check	more	than is bot		Reportable compensation	Reportable compensation	,	Estima amour	
	•	week					or/trus		from	from related	'	othe	
		(describe	rector						the	organizations		compens	
		hours for related	e or du	_ <u>8</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from t	
		organizations	truste	al trus		98	шреп		(44-271099-141130)			organization organization	
		in Schedule	Individual trustee or director	Institutional trustee	ا	Key employee	Highest compensated employee	펄			İ	organiza	
		O)	를	1 ₹	Officer	Key	Hg m	Former				-	
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1h	Sub-total					L	L	<u> </u>	0.		0.		0.
	Total from continuation sheets to Part VI	I, Section A					•		0.		0.1		0.
	Total (add lines 1b and 1c)						<b></b>		0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization	<u>.</u>							<del> </del>				0
•	Did the organization list any fermer officer	director or tru	otoo	. ko		مامم		٠. ١	and a second second second second second second second second second second second second second second second	malayaa aa	Г	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		Siee	, Ke	y en	ipio	yee,	Or I	iignest compensated e	ripioyee ori		3	x
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	ition	and	oth	ner compensation from	the organization		<u> </u>	1
	and related organizations greater than \$150	-							•		L	4	X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fi	rom	any	unre	elate	ed organization or indivi	dual for services			
	rendered to the organization? If "Yes," com	olete Schedule	J fo	r su	ıch j	oers	on_		·	<u> </u>		5	<u>_x</u>
	tion B. Independent Contractors									<b>**</b>			
1	Complete this table for your five highest con the organization Report compensation for t										ensai	ion from	
	(A)	no oaiondai ye	<i>,</i>	1011	<u>.g</u>	1011	<u>,, ,,,,</u>	T	(B)	- Car		(C)	<del></del>
	Name and business	address	NO	NE	3			ᆜ	Description of s	ervices	Co	mpensation	on
								-					
									<u> </u>				
								+					
			-										
								$\downarrow$					
	Total number of independent contractors (in	eludina but na	t lim	uted	l to t	thos	اعدا م	L ted	ahove) who received m	ore than		<u></u>	
2	\$100,000 of compensation from the organiz		/C (III I			0		.ou	above, with received in	oro man			
										. *	F	orm <b>990</b> (	2011)

	art VI		ilde		<b>(A)</b> 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	1 a b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grands similar amounts not included about	nts, and nts, and nts, and	7,190.				
Son	g	Noncash contributions included in lines Total. Add lines 1a-1f	3 1a-1f \$		7,190.			
		TOTALLY INTO TA TI		Business Code			···	-
ø	2 a	ROOM AND BOARD			354,458.	354,458.		
Program Service Revenue	b	CHAPTER DUES/FE	EES		67,472.			1
S	С	INTERNATIONAL I	UES/FEE		18,544.	18,544.		
a a	d	CHAPTER BUILDIN	IG FUND		11,626.	11,626.		
90	е							
₫	f	All other program service reve	enue .					
	g	Total. Add lines 2a-2f			452,100.			
	3	Investment income (including	dıvıdends, ınter	est, and				
	İ	other similar amounts)		<b>&gt;</b>	43.			43.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties	·					
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	•						
	С	` '		L				
	_ d	, ,						ļ
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		<del></del>				1
	b	Less: cost or other basis	,					
		and sales expenses						
	C	• •		1				
		Net gain or (loss)	a avanta (nat					
Other Revenue	ва	Gross income from fundraising including \$	•			ľ		
ě		contributions reported on line		,		ļ		
۳. R		Part IV, line 18	a					
the	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	raising events	<b>&gt;</b>				
	9 a	Gross income from gaming ac	tıvıties. See					_
		Part IV, line 19 .	а		ľ			
	b	Less direct expenses	b					
	C	Net income or (loss) from gam	ing activities	<b>.</b>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	10,611.				
		Less. cost of goods sold	b	12,504.				
ŀ	<u>C</u>	Net income or (loss) from sales		<u> </u>	_1,893.			
	<del>-</del>	Miscellaneous Revenue	9	Business Code				
	11 a							· · · · · · · · · · · · · · · · · · ·
	b							
	C	All III-	<del></del>					
	ď	All other revenue						<del></del>
l	_	Total. Add lines 11a-11d  Total revenue See instructions.	•		457,440.	450,207.	0.	43.
	_12 _	iviai ievenue occinstructivits.			<u> </u>	3001010	U •	<u> </u>

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).

	Check if Schedule O contains a respon	ise to any question in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			}	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	<del></del>			
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С		2,090.		2,090.	
d	· · · · · ·	····			
e	Professional fundraising services. See Part IV, line 17	··			
f	Investment management fees				
g	Other .	<del>"</del>			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	6,763.		6 762	<del></del>
13	Office expenses	0,703.		6,763.	
14 15	Royalties	<del></del>			
15 16	Occupancy	354,899.	354,899.	************	
17	Travel		334,033.		<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	16,875.	16,875.		
22	Depreciation, depletion, and amortization		•		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PUBLIC RELATIONS	18,043.	18,043.		
b	BUILDING FUND	11,626.	11,626.		
	EDUCATIONAL EXPENSES	10,658.	10,658.		
d	PRESIDENT'S EXPENSES	7,722.	7,722.		
е	All other expenses	19,617.	3,760.	15,857.	
25	Total functional expenses. Add lines 1 through 24e	448,293.	423,583.	24,710.	0.
26	Joint costs. Complete this line only if the organization	ĺ			
	reported in column (B) joint costs from a combined		Í		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011)
Part X Balance Sheet

Ра	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	44,736.	1	29,193.
	2	Savings and temporary cash investments	25,316.	2	50,006.
	3	Pledges and grants receivable, net		3	<u> </u>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			· · · · ·
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	<del></del>	- <del>-</del>	
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
	}	employees' beneficiary organizations (see instructions)		6	
ţ	,	Notes and loans receivable, net	•	7	
Assets	7	Inventories for sale or use		8	
Þ	8	Prepaid expenses and deferred charges		9	
	9			9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		40	
		Less accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11	70 050	15	70 100
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	70,052.	16	79,199.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
les	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	.		
-iat		highest compensated employees, and disqualified persons. Complete Part I	'		
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		i	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ļ		Organizations that follow SFAS 117, check here   X and complete	e		
ses		lines 27 through 29, and lines 33 and 34.	70 050		50 100
Fund Balances	27	Unrestricted net assets	70,052.	27	79,199.
Bal	28	Temporarily restricted net assets		28	<del></del>
2	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.		- 1	
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	70,052.	33	79,199.
	34	Total liabilities and net assets/fund balances	70,052.	34	<u>79,199.</u>

Form **990** (2011)

-orn	1990 (2011) NO CHAPTER OF GAMMA PHI BETA SORORITY, I	93-	-01/1801	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				<u>.go</u>
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45	7,4	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44	8,2	93.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	0,0	52.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7	9,1	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			į	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aud	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	lit I		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	2011)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 93-0171801

Schedule O (Form 990 or 990-EZ) (2011)

NU CHAPTER OF GAMMA PHI BETA SORORITY, I 93-0171801
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CULTURAL, SOCIAL AND EDUCATIONAL GROWTH OF THE MEMBERS.1
FORM 990, PART VI, SECTION A, LINE 6: THE SORORITY IS A MEMBERSHIP
ORGANIZATION BY NATURE.
FORM 990, PART VI, SECTION A, LINE 7A: ALL MEMBERS OF THE GOVERNING BODY
(OFFICERS) ARE ELECTED BY VOTE OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7B: MAJOR DECISIONS AND CHNAGES TO THE
GOVERNING DOCUMENTS ARE SUBJECT TO A VOTE OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
CHAPTERS FINANCIAL VICE PRESIDENT , WITH THE ASSISTANCE OF THE
ORGANIZATION'S BOOKKEEPER AND THE TREASURER OF THE ORGANIZATION THAT OWNS
THE BUILDING.
FORM 990, PART VI, SECTION B, LINE 12C: MONITORING OF THE CONFLICT OF
INTEREST POLICY IS DONE INFORMALLY BY THE OFFICERS AND ADVISORS OF THE
SORORITY.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1024 AND
FORM 990 ARE AVAIALABLE FOR INSPECTION UPON REQUEST AT THE SORORITY HOUSE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENT, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedul	e O (Form 990 o	<u>r 990-E</u>	-Z) (201°	1)										Page 2
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