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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2015 calendar year, or tax year beginning 08/01/15, and ending 07/31/16**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GAMMA PHI BETA SORORITY, INC.		D Employer identification number 47-6046120
	Number and street (or P O box, if mail is not delivered to street address) 7130 S. 29TH STREET RM/STE F		E Telephone number 402-420-7300
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN NE 68516		F Group Exemption Number ▶ 0198
	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)

Website: ▶ **N/A****Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c)(7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ OtherAdd lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **129,401****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	105,134
	4 Investment income	4	14
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	21,523
	b Less cost of goods sold	7b	20,738
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	785
	8 Other revenue (describe in Schedule O)	8	2,730
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	108,663
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	105,953
	17 Total expenses. Add lines 10 through 16	17	105,953
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,710
	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	97,098
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	99,808

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	27,723	22	42,304
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	69,375	24	57,504
25 Total assets	97,098	25	99,808
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,098	27	99,808

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☐

7

What is the organization's primary exempt purpose?

SOCIAL SORORITY FOR COLLEGE WOMEN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	PROVIDES SOCIAL, ATHLETIC, AND ACADEMIC SUPPORT TO APPROXIMATELY 155 STUDENT MEMBERS AT THE UNIVERSITY OF NEBRASKA-LINCOLN.		
	(Grants \$) If this amount includes foreign grants, check here	28a	105,953
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	105,953

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

7

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
39a	8,100	
39b	0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>STRAIN SLATTERY BARKLEY</u> Telephone no. ▶ <u>402-420-7300</u> 7130 S 29TH ST, STE F Located at ▶ <u>LINCOLN</u> NE ZIP + 4 ▶ <u>68516</u>		
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)? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶		X
43 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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000 ▶

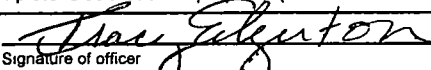
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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.

Sign Here	 Signature of officer	12/7/16 Date
	TRACY EDGERTON Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SHAUN BARKLEY		12/2/16		P00006371
	Firm's name ▶	STRAIN SLATTERY BARKLEY & CO., CPAS, P.C.		Firm's EIN ▶	47-0731426
	Firm's address ▶	7130 SOUTH 29TH STREET SUITE F LINCOLN, NE 68516		Phone no	402-420-7300

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**

Name of the organization

GAMMA PHI BETA SORORITY, INC.

Employer identification number

47-6046120

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
FINES	\$ 2,581
MISCELLANEOUS INCOME	\$ 149
TOTAL	\$ 2,730

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
SUPPLIES	\$ 1,125
POSTAGE & PHOTOCOPIES	\$ 217
CHAPTER PRESIDENT	\$ 2,243
RUSH	\$ 2,920
HOUSE MANAGER	\$ 6
COMPUTER	\$ 1,928
ACTIVITIES	\$ 301
ADMIN VICE-PRESIDENT	\$ 368
PANHELLENIC DUES	\$ 10,106
LIABILITY INSURANCE	\$ 17,650
TECHNOLOGY FEE	\$ 196
INTERNATIONAL DUES	\$ 12,361
MEMBERSHIP FEE	\$ 8,160
NATIONAL BUILDING PLEDGE	\$ 1,350
BILLINGHIGHWAY FEE	\$ 1,620
PUBLIC RELATIONS	\$ 3,175

Schedule O (Form 990 or 990-EZ) (2015)

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Name of the organization

Employer identification number

GAMMA PHI BETA SORORITY, INC.

47-6046120

CONVENTIONS	\$	9,647
INTRAMURALS	\$	135
EXECUTIVE RETREATS	\$	138
INTERNAL SOCIAL	\$	6,637
EXTERNAL SOCIAL	\$	7,207
ALUMNI RELATIONS	\$	115
COPIES	\$	59
INT'L OFFICER VISITS	\$	402
RITUALS	\$	351
HISTORIAN	\$	48
PLEDGE DIRECTOR	\$	3,833
DONATIONS	\$	423
PHILANTHROPY	\$	8,117
SCHOLARSHIP	\$	503
COMPOSITE	\$	2,820
THE ACADEMY	\$	153
MERIT CHAIR	\$	108
MEVP CHAIR	\$	1,427
MISCELLANEOUS	\$	45
PANHELLENIC REP	\$	34
SAFETY & WELLNESS	\$	25
TOTAL	\$	105,953

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 162	\$ 763
GAMMA PHI BETA BUILDING ASSOCIATION	\$ 68,227	\$ 56,409

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)

Page 2

Name of the organization

Employer identification number

GAMMA PHI BETA SORORITY, INC.

47-6046120

PREPAID CARD	\$	986	\$	332
TOTAL	\$	69,375	\$	57,504

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Schedule O (Form 990 or 990-EZ) (2015)