Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ightharpoons	Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990	17	A
	Information about Form 990 and its instructions is at www.irs.gov/form990		7

		nue Service	► Information about	Form 990 and its instruc	tions is at w	ww.irs.	gov/torm990.	<i>[] [</i>]	Inspection	
ΑI	or th	e 2016 calend		AUG 1, 2016	and endin			17	_	
В	Check (f ipplicab	C Name o	of organization				D Employer iden	tificatio	n number	
_	_Addre	ss NII C	CHAPTER OF GAMMA P	HT BETTA CODOR	דייט ד	1				
-	Name		DUSINESS as	III DEIA BOROF	111, 1		93.	-0173	1801	
F	_lchang _lnitial		r and street (or P.O. box if mail is not o	dalwared to etract address)	Room	/curto	E Telephone nun		1001	
F	lreturn [Final	1021	L HILYARD ST	benvered to suleet address)	noonii	Vanire	<u>-</u>		1-1606	
L	Ireturn termin ated		town, state or province, country, an	od ZID or foreign postal as				r-244	688,27	70
	∏Amen	ded Extra	ENE, OR 97401	iu ziP or foreign postar co	ue	ŀ	G Gross receipts \$ H(a) Is this a grou	n roturn	000,2	, o .
\vdash	⊒return ⊒Applic ⊒tion		and address of principal officer:KE	MONTAL DECUMPS			for subordina	•	Yes X	l No
	pend	24	AS ABOVE	NUADD KICHAKZ		_				No
		empt status:	501(c)(3) X 501(c) (7)◀ (insert no)	7(a)(1) or	527	H(b) Are all subordinal		see instructions	
		te: ► N/A		(IIISEIT IIO) 434	((a)(1) U(nber > 0198	
			X Corporation Trust	Association Other					e of legal domicile	
	irt I	Summary		Association Office		. Teal U	Hormation. 1900	ivi Stat	e of legal domiche	<u>. UK</u>
	·- <i>'</i>		be the organization's mission or mo	et significant activities: T	HE ORG	ΔΝΤΩ	ZATTON TO	Δ T.C	OCAT.	
če			R OF A NATIONAL SO				CTIVITIES			
Governance			ox I I I the organization disc							
ver	l		oting members of the governing bod	·	uisposeu oi	more	man 25% or its he	_ 1	•	3
ဌိ	1		-		a 1h)		<u> </u>	4		0
•ర			dependent voting members of the g	- • •			-			$-\frac{0}{0}$
ţį			of individuals employed in calendar		1)		-	6		$\frac{0}{0}$
Activities			of volunteers (estimate if necessary	• •			f .			0.
Ä			ed business revenue from Part VIII, o				,	7a 7b		0.
	D	<u>Net unrelated</u>	business taxable income from Form	11 990-1, line 34		· T	Prior Year	/B	Current Veer	<u> </u>
		Contributions	and grants (Bart VIII line 1h)			-	21,094	,	Current Year 12,66	5.8
Ę.			and grants (Part VIII, line 1h)				628,346		647,72	
Revenue	10	Investment in	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3,	A RECEIVE	D		63			96.
Be	10	Other revenue	Come (Part VIII, Column (A), lines 5,	4 and 70) (2021 0		-).		0.
			e (Part VIII, column (A), lines 5, 6d, 8 - add lines 8 through 11 (must equi				649,503		660,49	
			milar amounts paid (Part IX, column		1/2) SX).	000,42	0.
			to or for members (Part IX, column	1 1	≅).		0.
"			r compensation, employee benefits	1 1 11 - 1 10-11 1	170) <u>.</u>		0.
Expenses			• • • •		<u> </u>) <u>.</u>		0.
Sen			undraising fees (Part IX, column (A) ing expenses (Part IX, column (D), li		0.			, • —		<u>.</u>
Ä			• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	654,314		657,11	5
			es (Part IX, column (A), lines 11a-11 es. Add lines 13-17 (must equal Part				654,314		657,11	
			expenses. Subtract line 18 from lin				-4,811		3,37	
es.	19_	neveriue less	expenses. Subtract line 16 from lin	e 12		Posi	nning of Current Ye			<u></u>
anc anc	20	Tatal assets (Part X, line 16)			Degi	38,144		End of Year 41,52	1
4ss Bal			(Part X, line 26)		•	\vdash	250			50.
Net Assets or Fund Balances			fund balances Subtract line 21 from	m lina 20		-	37,894	_		71.
	rt II	Signature		III iiile 20			31,079	<u> </u>	41,41	<u> </u>
			1 declare that I have examined this return	n including accompanying si	hedules and s	tatemer	nts and to the hest o	f my knov	viedae and balief	it is
	•		. Declaration of preparer (other than offi				-	i iliy kilov	vicage and belief, i	LIJ
1100,	COLLEC		lleen Fraine	Cery is based on an intormatic	in or willon pro	paror n		t-20	217	
Sign		Signature	e of officer	}			Date	<u> </u>		
COLL THE STATE OF										
Here			orint name and title	MCIAD VICE FE	TOTION.	<u></u>	·-·-			
		Print/Type prep		Proparar's conneture		Da	te Check		PTIN	 ,
Paid			E. MAAS	Preparer's signature	1001		2-1-17 If self-em		01458096	; [
Prep		Firm's name		ID I.I.D	_		Firm's EIN		-1582096	
Use			450 COUNTRY CLUI		155		TIMISEIN	<u> </u>	1202030	
-JJ6	٠,	a auul 655	EUGENE, OR 9740:		100		Phone no /	5 <u>4</u> 1 \	345-390	ا 10
Mav	the IF	RS discuss this	s return with the preparer shown ab				I none no. (No

	Part III Statement of Program Service Accomplishments	93-01/1801 Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission 642521THE SORORITY PROVIDES ROOM AND BOARD TO APPROXIM	ANDERS 70
	STUDENTS AT THE UNIVERSITY OF OREGON AND CONDUCTS ACTOR PROMOTE THEIR CULTURAL, SOCIAL, AND EDUCATIONAL GROWTH	
	FROMOTE THEIR CONTORAL, BOCTAL, AND EDUCATIONAL GROWTH	1.
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	Tes ZZ No
3		es? Yes X No
3	If "Yes," describe these changes on Schedule O.	es: Lites Million
4		as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	
	revenue, if any, for each program service reported.	outers, the total expenses, and
 4а		evenue \$ 647,728.
-	GENERAL SORORITY ACTIVITIES, INCLUDING ROOM AND BOARD	
4b	b (Code) (Expenses \$) (Re	evenue \$)
~~	V (COUCE / (Expenses # / (ne	
		
		
4c	C (Code) (Expenses \$	2) A S
	/ (Code / (Expenses # / Pro	,
<u> </u>	d Other program services (Describe in Schedule O)	
4d		\
40	(Expenses \$ including grants of \$) (Revenue \$ ■ Total program service expenses ► 642,521.	
70	UTA, JAL +	Form 990 (2016)
		1 01111 000 (2010)

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		 	
_	If "Yes," complete Schedule A	1	ļ	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			.
	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			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	· · · · · · · · · · · · · · · · · · ·	7		X
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		
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, for escrow or custodial account liability, serve as a custodian for	_ <u>-</u> -		
9	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	3		
10	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	10_		
• •	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		х
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	116	}	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	110		X
đ	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		_X_
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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	13_		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		J	77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	Ì	v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		y
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
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		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		- 41
	complete Schedule G, Part III	19		x
	complete conceans of that in	Form	990 /	

`		_		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2	ю.		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- 1			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	1	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	,		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	2	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No", go to line 25a	2	4a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2	4b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	2	4c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2	4d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ļ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2	5a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1		
	Schedule L, Part I	2	5b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				!
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"				37
	complete Schedule L, Part II	2	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	···· - 2	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schodule I. Part IV.	9	8a	İ	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		8b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office		-		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	1	8c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· · —	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	· · · -	-		
-	pontributions? If "Von " complete Schodule M	з	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	з	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				-
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	3	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		- 1	ł	
	Part V, line 1	<u> 3</u>	4		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	5a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
		3	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?]	
		3	6		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<u> 3</u>	17		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			.	
	Note. All Form 990 filers are required to complete Schedule O	<u> 3</u>	8	X	

,	Check if Schedule O contains a response or note to any line in this Part V								
						Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		0					
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 r	eporta	able gamıng	_ 					
	(gambling) winnings to prize winners?				1c_				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		j						
	filed for the calendar year ending with or within the year covered by this return	_2a_	<u> </u>	0			l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?			2b		ļ		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)] [
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				_3a_		X		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?		4a		_X_		
b	If "Yes," enter the name of the foreign country.								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).				77		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	•		5b		<u>X</u>		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ha ara	anization ac		5c				
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	ne orga	anization sc	JICIL	60		Х		
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions o	ır aıfte		<u>6a</u>				
	were not tax deductible?		giita		6b	1			
7	Organizations that may receive deductible contributions under section 170(c).			•••••	-00				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to th	ne pavor?	7a	Ì			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred						
	to file Form 8282?		i		7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	ct?		7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as requ	red?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1	098-C?	7h				
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е		j				
	sponsoring organization have excess business holdings at any time during the year?		•		_8_				
	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?		•		9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b				
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a		0.		1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		0.		}			
	Section 501(c)(12) organizations. Enter.	_,,,,,	L						
	Gross income from members or shareholders	11a			1				
	Gross income from other sources (Do not net amounts due or paid to other sources against				l				
	amounts due or received from them)	11b							
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?		12a				
	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				1	1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,			- 1				
	organization is licensed to issue qualified health plans	13b			- 1				
	Enter the amount of reserves on hand	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		<u>X</u>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O			14b				

Form 990 (2016)	TITA	CDVDUDD	\cap E	CAMMA	DUT	סביידיא	SORORITY,	т	
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Doub VIII O	- A		1 D:-	-1					_

93-0171801 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No_ Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Another's website Own website → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

MAGGIE THOMPSON - 541-344-1606 1021 HILYARD ST, EUGENE, OR 97401

Form 990 (2	2016)	NU	CHAPTER	OF	GAMMA	PHI	BET'A	SORORITY,	I	93-0171801	Page 7	
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
•	Employees, an	d Inc	dependent C	ontr	actors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check if Schedule O contains a response or note to any line in this Part VII

- 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (D) (F) (E) Position Name and Title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) from related week from other (list any Individual trustee or director organizations compensation the hours for organization (W-2/1099-MISC) from the Institutional trustee related (W-2/1099-MISC) organization organizations and related Key employee below organizations Officer line) 20.00 (1) KENDALL RICHARZ 0. X 0. 0. PRESIDENT 10.00 (2) KENDALL RETTIG X 0 0 . 0. ADMINISTRATIVE VICE PRESID 15.00 (3) COLLEEN FRAINEY X 0. 0 0. FINANCIAL VICE PRESIDENT

		ER OF G	<u>MA</u>	ΔN	PI	ΙΙ	BI	3T <i>7</i>	A SORORITY,	I 93-01	718	301 P	age 8
Par	TVII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(B) (C) Position (do not check more than on box, unless person is both a						ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	compensa from th organizat and relat organizati	ation ie tion ted
											-		
											+		
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	 I, Section A		L			 - -	A A A	0. 0.		0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	o re	eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on		Yes 3	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co							the organization		4	x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsatı	on f	rom	any	unr			dual for services		5	Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co										ensa	tion from	
	the organization. Report compensation for (A) Name and business			endi ONI		ith c	or w	ithin	the organization's tax (B) Description of s		Co	(C) empensatio	
			110	<u> </u>				1					
					-			_					.
2	Total number of independent contractors (i	ncluding but n	ot lır	mite	d to	thos	se lis	sted	above) who received m	nore than			
	\$100,000 of compensation from the organi	zation 🕨				()			<u></u>			

Form **990** (2016)

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D)** Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1a Membership dues 1b c Fundraising events . 1c d Related organizations 1d e Government grants (contributions) <u>1e</u> f All other contributions, gifts, grants, and 12,668. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 12,668 Total. Add lines 1a-1f Business Code 2 a ROOM AND BOARD 400,003. 400,003. Program Service b CHAPTER DUES/FEES 138,591. 138,591. 86,257. c CHAPTER BUILDING FUND 86,257. d INTERNATIONAL DUES/FEE 22,877. 22,877. f All other program service revenue 647.728 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 96. 96. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns <u> 27,778.</u> and allowances 27,778. b Less: cost of goods sold c Net income or (loss) from sales of inventory 0 Miscellaneous Revenue Business Code 11 a All other revenue Total. Add lines 11a-11d 660,492. 647,728. Total revenue. See instructions.

060	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising						
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	ındıvıduals. See Part IV, line 22	·········									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. 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			1							
	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 403(b) employer contributions)										
9	Other employee benefits				·						
10	Payroll taxes	·									
11	Fees for services (non-employees)				 -						
	Management										
b											
c	,										
d	Lobbying										
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,			İ							
	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion										
13	Office expenses	5,769.		5,769.							
14	Information technology										
15	Royalties .	406 406	106 106								
16	Occupancy	486,486.	486,486.								
17	Travel										
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials										
19 20	Conferences, conventions, and meetings Interest										
21	Payments to affiliates	40,840.	40,840.								
22	Depreciation, depletion, and amortization		10/0101								
23	Insurance	9,045.	9,045.								
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 0.)										
а	PUBLIC RELATIONS/SOCIAL	50,760.	50,760.								
	PANHELLENIC DUES/EXPENS	18,561.	18,561.								
	EDUCATIONAL EXPENSES	15,840.	15,840.								
	PRESIDENT'S EXPENSES	14,651.	14,651.		·						
	All other expenses	15,163.	6,338.	8,825.							
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	657,115.	642,521.	14,594.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation. Check here (following SOP 88-2 (ASC 958-720)										
	Check here if following SOP 98-2 (ASC 958-720)			L							

	•	Check if Schedule O contains a response or note to any line in this Part X	·		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,565.	1	9,857.
	2	Savings and temporary cash investments	31,579.	2	31,664.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde	r	-	
	ł	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng]	
		employers and sponsoring organizations of section 501(c)(9) voluntary		ĺ	
ţ	[employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7_	
	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	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	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	38,144.	16	41,521.
	17	Accounts payable and accrued expenses	250.	17	250.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons			
Liabilities	{	Complete Part II 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			
		Schedule D		25	
	26_	Total liabilities, Add lines 17 through 25	250.	26	250.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.			
uce	27	Unrestricted net assets	37,894.	27	41,271.
ala	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
-i-	•	Organizations that do not follow SFAS 117 (ASC 958), check here			
orl		and complete lines 30 through 34.			
)ts	30	Capital stock or trust principal, or current funds		_30 _	
ISS(31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	37,894.	33	41,271.
	34	Total liabilities and net assets/fund balances	38.144.	34	41,521.

-orn	1990 (2016) NO CHAPTER OF GAMMA PHI BETA SORORITI, I	<u> </u>	<u>/1001</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,492.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,115.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,377.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	<u>,894.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments .	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	41	<u>,271.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	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 requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·	3b	
			Form 9	90 (2016)

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 Open to Public Inspection

Name of the organization

Employer identification number

NU CHAPTER OF GAMMA PHI BETA SORORITY, 1 93-01/1801
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CULTURAL, SOCIAL, AND EDUCATIONAL GROWTH OF THE MEMBERS.
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 CHANGES TO THE GOVERNING DOCUMENTS ARE SUBJECT TO A
VOTE OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE CHAPTER'S 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 19:
THE ORGANIZATION'S FORM 1024 AND FORM 990 ARE AVAILABLE FOR INSPECTION UPON
RECITEST AT THE SORORITY HOUSE