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

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/	Form 9 .90
()	

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

2942306700109

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

V	Depa	rtment of the	Treasury Service	 ▶ Do not enter social security numbers on this in the property of the property o	form as it may be made s and the latest info	public. rmation.	1940 1	İ	Inspection	,
				<u> </u>	, 2018, and ending	7/3		, ,	2019	_
	_	Check if appl	- 12				D Employ		ication number	_
		Address	change X	HOUSE CORPORATION OF GAMMA PHI E	BETA		82-0	01208	305	
	•	Name ch	hange 57	RORITY, INC.		ľ	E Telepho	ne numb	er	_
	•	Initial re		4 SUSAN DRIVE						
		Final retur	n/terminated M	SCOW, ID 83843		ı				_
1	_	Amende	ed return			1	G Gross re	eceipts \$	420,107.	
//	•	Applicat	ion pending F	Name and address of principal officer	H	(a) Isthisa	group return	for suborc	inates? Yes X No	-
10	0	₩"	i I _s	AME AS C ABOVE	~ (H	(b) Are all	subordinates attach a list	included	? Yes No	0
	$\overline{}$	Tax-exemp			(a)(1) or 527	11 140,	attach a iist	(266 1112	a 100	
	J	Website	:		Н.	(c) Group e	exemption nu	ımber ►	0148	
	ĸ	Form of or		Corporation Trust Association Other ►	L Year of formation	1916	5 Ms	tate of le	gal domicite ID	_
	Pa	rt I S	ummary		t					_
_		1 Brie		he organization's mission or most significant activities						_
2021	ą.			OPERTY, MANAGE AND COLLECT INCOME		RECT	<u>EXPENS</u>	ES_F	OR THE	_
	anc	<u>BU</u>	ILDING_I	OCATED AT 709 ELM STREET, MOSCOW	RECEIVED	===			. 	_
-	Governance	_ =-			_ :					_
, T	ŏ		ck this box	if the organization discontinued its operations or members of the governing body (Part VI, line (Re))	r disposed of more	1 (7)	% of its no	et asse		6
1 T .	صع	3 Nun 4 Nun	nber of inder	endent voting members of the governing body (Fart VI, integrat V	/DFnG 1310 2019	RS-0		4		6
_	es.	5 Tota	al number of	individuals employed in calendar year 2018 (Part V, II	ne 2a)	188		5	2:	ĭ
	Activities	_						6	1.00	
Ž	Act	7a Tota	al unrelated l	volunteers (estimate if necessary) pusiness revenue from Part VIII, column (C), line 12	JUDEN, OI			7a	0	<u>. </u>
Z		b Net	unrelated bu	siness taxable income from Form 990-T, line 38				7b	0	<u>.</u>
SCANNEL						Pı	rior Year		Current Year	_
S	ம			d grants (Part VIII, line 1h)			454.0		410 701	_
	nua		•	revenue (Part VIII, line 2g)			454,9		419,781	
	Revenue			ne (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	`			81.	326	÷
ə	-			add lines 8 through 11 (must equal Part VIII, column			455,1	37	420,107	_
>				ar amounts paid (Part IX, column (A), lines 1-3)	(1), 1110 12		100,1	" 	120/10/	÷
				or for members (Part IX, column (A), line 4)				<u> </u>		-
N				ompensation, employee benefits (Part IX, column (A)	. lines 5-10)	ļ	87,1	06	89,345	_
O D	es			draising fees (Part IX, column (A), line 11e)	,,		0,71	-	03/010	÷
D	Expenses							\rightarrow		7
J	쫎			expenses (Part IX, column (D), line 25)			221 1		077 050	_
•	_			(Part IX, column (A), lines 11a-11d, 11f-24e)	05)		331,1		277,250	_
ა -			•	Add lines 13-17 (must equal Part IX, column (A), line	25)		418,2		366, 595	
~ >		19 Rev	enue iess ex	penses Subtract line 18 from line 12		Dag:	36,9		53, 512 End of Year	÷
כ	ets or lances	20 Tota	al accete (Pa	rt X, line 16)			g of Curren , 727, 8		2,781,633	_
>	Assel Bala		•	Part X, line 26)				29.	439	
•	10 P		•	nd balances Subtract line 21 from line 20		-			2,781,194	_
သ သ သ	Zű		ignature				<u>,727,6</u>	02.	2, 101, 134	÷
5		.1			tomonic and to the best of	my knowled	ice and helief	it is trie	correct and	-
	com	plete Declara	ition of preparer	hat I have examined the return, including accompanying schedules and stal (other than other) topsaid on all information of which preparer has a	ny knowledge	my knomed		11 13 1100,		
_		·	MIA	MARINAN			2111	<u> 2019</u>	1	_
51	Sig	n	Signature	f officer U		Dai	te			
2	He		▶ MELIS	SA RENFROW		TREAS	SURER			_
2			Type or pri	nt name and title						
SIGNA SIGNA			Print/Type prep	arer's name Preparer's signature	Date /	,	Check	J "	PTIN	
7	Pa		JACKSON	E DAVIS AND CANA	0 12/11/	2019	self-employ	ed]	P00328549	_
~	Pro	eparer	Firm's name	PRESNELL GAGE						•
	Us	e Only	Firm's address	609 S. WASHINGTON, SUITE 202					1943775	_
	_		<u> </u>	MOSCOW, ID 83843			Phone no	208-	882-2211	_
	Mar	the IRS	diecilee thie	aturn with the preparer shown above? (see instruction	151				Yes No	

Partilli E l State	ment of Program Service A	OF GAMMA PHI BETA	82-01		
	if Schedule O contains a response	•			
		of flote to any line in this rare in			
	e the organization's mission	ADDOCE TO MO HOLD DDODEDT	V MANACE AND COL	T ECT	TNCOM
		RPOSE IS TO HOLD PROPERT			
AND PAY	<u>DIRECT EXPENSES FOR TH</u>	E BUILDING LOCATED AT 70	<u>9 ELM STREET, MOS</u>	COW I	<u>DAHO.</u>
2 Did the organ	zation undertake any significant pre	ogram services during the year which w	ere not listed on the prior		
Form 990 or		- 3	•	Пу	res X
	ribe these new services on Schedul	lo O		ш.	CS A
·				п.	
-		significant changes in how it conducts, a	any program services?	۱ 📋	Yes X
If "Yes," desc	ribe these changes on Schedule O				
Section 501 (c	organization's program service acco (3) and 501(c)(4) organizations are if any, for each program service re	omplishments for each of its three large e required to report the amount of grants ported	st program services, as me s and allocations to others,	asured be the total	y expens expense
An (Codo:) (Expenses \$	including grants of \$) (Revenue	\$	
4 a (Code:					
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ALL REVE	NUES WERE COLLECTED VI	A HOUSE BILLS/FEES FROM	THE LADIES LIVING	INT	'HE
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4 d Other progra	n services (Describe in Schedule O)		\$ \$	
4 d Other progra	n services (Describe in Schedule O) ng grants of \$) (Revenue	\$ \$	
4 d Other progra	n services (Describe in Schedule O)			



<u> </u> Rart V■	Checklist of Required Schedules	

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	}	Х
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		Х
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 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	,	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		х
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 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			10.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X	
ь	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	11 b		Х
c	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	11 c		Х
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	11 d		х
е	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
	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 (see instructions)	17		Х
	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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
BAA			1 990 (

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Form	1 990 (2018) XI HOUSE CORPORATION OF GAMMA PHI BETA 82-012080	5	F	⊃age
Par	t IV Checklist of Required Schedules (continued)		V	
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	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	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	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	,	
t	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
	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,' complete Schedule L, Part II	26		X
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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 Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
	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	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
t	o If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		_
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	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_

		Yes	No
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	1 c	Х	
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	4 0	4 0 1 1 c	Yes 4 0 1 c X Form 990 (2

Form 990 (2018) XI HOUSE CORPORATION OF GAMMA PHI BETA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2 a Ender the number of employees reported on Form W.3, Transmitat of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. It is teast one is reported on line 2a, did the organization file all required feederal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to #cle sen structions. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 a fairly time during the calendar year, did the organization have a marked at the structure of the structure		•		Yes	No
ments, field for the calendar year ending with or within the year covered by this return It is a least one is reported on the 2a, did the organization field in repured federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 but the organization have unrelated basiness gross income of \$1,000 or more during the year? 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the bea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the hea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the hea 8b, provide an epidentium in Steakely 0 3 bit 1'es, has third a farm \$9.7 for this year? If the hea 9b, provide 1 for the year \$1.5 for this year	2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	7.5	N.	
Note. If the sum of lines 1a and 2a is greater than 290, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross increed of \$1,000 or more during the year? 4 a A tary 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 baria account, securities account, or other financial account). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization and party to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization and party to a prohibited tax sheller transaction at any time during the lax year? 5 a Was the organization and party to a prohibited tax sheller transaction at any time during the lax year? 5 a Did any taxoling party nority the organization file Form 8886.7? 6 a Does the organization had read eductable as charibable contributions? 5 b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6 b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 c If the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided? 9 b If Yes, did the organization include with every solicitation and express promoted? 10 the organization self-excess power of forms 8392 feed during the year 10 different parts of the organization from the payment of the value of the goods or services provided? 11 Yes, if indicate the number of Forms 8382 feed during the year 12 b If the organization received a contribution of q		ments, filed for the calendar year ending with or within the year covered by this return 2a 21		1	لنخد
3 a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4 a X hay time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 a lift Yes, indicate the name of the foreign country. 5 a Was the organization a foreign country. 5 a Was the organization in the organization that it was or is a party to a prohibited tax shelter transaction? 6 a Doss the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions? 8 bit Yes, indicate the number of Forms 8822 fixed during the year? 9 bit Yes, indicate the number of Forms 8822 fixed during the year. 9 bit Yes, indicate the number of Forms 8822 fixed during the year. 10 bit the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bit organization received a contribution of qualified intellectual property, did the organization file a granization make any taxable distributions under section 4966? 8 possibility organization make any taxable distributions under section 4966? 9 possibility organization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a granization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a granization received a contribution of cars, boats, anylanes, or other vehicles, did the organization file a file organization make any taxable distributions under section 4966? 9 possibility organization in the section 4960 to differ the organization file of promises or shareholde	ı				35.01
b if Yes, has if filed a from 993-T for this year? If No! to fine 3b, provide an explanation in Schedule 0 4 a A tary time during the calendary year, did the originazion have an interest in, or a signisture or other authority over, a financial account in a foreign country (acch as a bank account, securities account, or other furnicial account). If Yes, enter the name of the foreign country securities account, or other furnicial accounts (FBAR) b If Yes, enter the name of the foreign country. 5 a Was the organization a party to a prohibitions for Info (FBAR) and the organization as the organization and a transition of the organization and a she will be did any contributions a party to a prohibition at which the organization selected in the organization of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a Dos the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or thibutions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 6 b If Yes, if add the organization notify the donor of the value of the goods or services provided? 7 b If Yes, if and the organization notify the donor of the value of the goods or services provided? 8 b If Yes, if which the organization organization of the payor? 9 b If Yes, if and the organization organization of the value of the goods or services provided? 9 b If Yes, if and the organization organization and party the organization	_			74	15 m
4 A kary time dump the selendar year, del the organization have an interest in or a signature or other authority over, a hindred seconth in a foreign country (such as a bank account, securities account, or other financial account)? B if Yes, i enter the name of the foreign country See instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (*BAR) 5 a Was the organization to a provide data sheller transaction at any time during the tax year? 5 b D di any taxable party notify the organization file from 888-7. 6 a Doss the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit align contributions from 16 for 6. 6 a Doss the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit align contributions. 6 b If Yes, indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax dedictible as charitable contributions. 6 b J Organization stat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided? 7 b If Yes, if did the organization notify the donor of the value of the goods or services provided? 9 b If Yes, if indicate the number of Forms 8282 filed during the year 9 b If the organization received a contribution of qualified intellectual property, did the organization file form 8299 as required? 1 b If the organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1086-7. 8 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds. 10 b Gross receipts, included on Form 990, Part VIII, line 12. 5 b Gross receipts, included on Form 990, Part VIII, line 12. 6 Form 1086-7 (1000) (1000) (1000) (
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If 'Yes,' complete Form 4720, Schedule O	16		16		******************
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Form 990 (2018) XI HOUSE CORPORATION OF GAMMA PHI BETA 82-0120805 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? X 8 b b Each committee with authority to act on behalf of the governing body? 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 Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12 a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х X b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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 16 b 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 (1024 or 1024-A 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 Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records > MELISSA RENFROW 1010 EAST FIRST STREET MOSCOW ID 83843 (208) 882-9365

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Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a 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

Check this box if neither the organization nor any re	lated orga	anıza	tion	cor	npe	nsate	ed a	ny current officer,	director, or trustee	
				(C)						
(A) Name and Title	(B) Average hours per	IS	both	an o	fficer truste	eck moss s pers and a ee)	1	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) JADE RODGERS CHAPTER ADVISOR	- ⁵ -	х						0.	0.	0.
(2) JENNY BEITZ MEMBER AT LARGE	510	Х						0.	0.	0.
(3) MARIE DUNCAN MEMBER AT LARGE	5 0	Х						0.	0.	0.
(4) ERIN JESSUP VICE PRESIDENT	5 0			Х				450.	0.	0.
(5) MELISSA RENFROW TREASURER	$-\frac{10}{0}$			Х				1,500.	0.	0.
(6) MEGGIE CAFFERTY PRESIDENT	<u>5_</u>			Х				1,500.	0.	0.
(7) MEGHAN RANEY SECRETARY	50			Х				0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
ΒΔΔ	TEFAO	1071	08/0	3/18			·	•		Form 990 (2018)

TEEA0107L 08/03/18

Page 8

Rart VIII Section A. Officers, Directors, Tr	ustees,	Key	En	npl	oye	ees,	an	d Highest Co	npensated En	ployees (continued)
•	(B)			((;)					
(A) Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable	(F) Estimated
	week (list any		_					the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	nploy nploy) Mil	(11-2/1039-14/13C)	(**-2 1055-111130)	organization and related
	related organiza	g F	igna Gna	7	n D O	èe on	٦			organizations
	- tions below dotted) Juste	ਡੂ		œ	Pen.				
	line)	ě	tee			Highest compensated employee				
(15)										-
(16)										
(17)									:	
(18)										
(19)		 					-			
(20)		-								
(21)		 				<u> </u>				
(22)		\vdash				ļ	\vdash		-	
(23)										
(24)					-					
(25)						-				
	<u> </u>	<u> </u>				<u> </u>	Ĺ	<u></u>	L	
1 b Sub-total	- A						-	3,450.	0	
c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c)	пА						•	3,450.	0	. 0. . 0.
2 Total number of individuals (including but not limit	ited to tho	se lis	ted	abo	ve)	who	rec			
from the organization 0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	stee,	key	emį	ploy	ee, c	or hi	ghest compensate	ed employee	3 X
For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportable	e con	nper 0? <i>I</i>	nsat 'f 'Y	ion : es, '	and o	othe plete	er compensation fr e Schedule J for	om	
such individual5 Did any person listed on line 1a receive or accrue	e compens	sation	n fro	m a	ıny ı	unrela	ated	d organization or ii	ndıvıdual	4 X
for services rendered to the organization? If 'Yes Section B. Independent Contractors	,' comple	te Sc	hed	ule .	J for	Suci	h pe	erson		5 X
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	pend for t	lent he c	con aler	trac	tors year	that r en	received more th	an \$100,000 of the organization's	s tax year
(A) Name and business add								Description)	(C) Compensation
	-									
					_			 	+	<u> </u>
2 Total number of independent contractors (including	ng but not	lımıt	ed t	o th	ose	liste	d at	oove) who receive	d more than	· · · · · · · · · · · · · · · · · · ·
\$100,000 of compensation from the organization									•	
BAA		TEEAC	0108L	. 08/	03/18	1				Form 990 (2018)

Par	t VI	II Statement of Re							
_		Check if Schedule O	contains	a respo	nse or note to an			(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns		1 a					
3rar oun	ı	Membership dues		1 b	· · · · · · · · · · · · · · · · · · ·				
S. E	1	: Fundraising events		1 c		1		,	
Gif		Related organizations	>	1 d		-		,	
Sim		Government grants (contributi	•	1 e		-			
ž ž	f	All other contributions, gifts, q similar amounts not included	grants, and above	1 f					
		Noncash contributions include				1			
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		_	•				
Program Service Revenue		-	- -		Business Code				
e≷e		ROOM AND BOARD	<u>CHARG</u>	<u> </u>		419,781.	419,781.		
Se E	5	, _				+			
eιχ	ا	, 		+					
S E	e								
ogra	f	All other program service	e revenu	e					
<u>₽</u>	g	Total. Add lines 2a-2f			•	419,781.			
	3	Investment income (included the similar amounts)	luding div	ıdends,	interest and	326.	326.		
	4	Income from investmen	t of tax-e	kempt b	ond proceeds	. 320.	320.		
	5 Royalties				•				<u> </u>
		-	(i) R	eal	(ii) Personal				
		Gross rents				_		• •	
		Less rental expenses				-			
	l	: Rental income or (loss) I Net rental income or (lo	L						
		Gross amount from sales of	(i) Secu	irities	(ii) Other				
	/ a	assets other than inventory							
	l t	Less cost or other basis						13 E	
		and sales expenses				_			
		: Gain or (loss) I Net gain or (loss)			<u> </u>		··········		
			draising o	unta		 	· · · · · · · · · · · · · · · · · · ·		
nue	8 a	Gross income from fund (not including \$							
eve		of contributions reported	d on line	1c)					
ά	١.	See Part IV, line 18		a					
Other Revenue		Less direct expenses : Net income or (loss) fro	m fundra	ם עם מרוכו	ents •				
0		Gross income from gam See Part IV, line 19			,				
		Less: direct expenses		b	·	1			
		: Net income or (loss) fro	m gamını	g activit	ies	•			
	10 a	Gross sales of inventory and allowances	y, less ret	urns					,
				a		-			
		Less cost of goods solo		b of unwon	tone				
	۳	: Net income or (loss) fro Miscellaneous Reven		Inven	Business Code				·
	11 a			-					
	t								
	0	;							
	l	All other revenue		L			<u> </u>		
		Total. Add lines 11a-110 Total revenue. See insti				420,107.	420,107.	0.	0.
	114	i otal leveline, occ 11150	140110115		-	1420,10/.	4ZU, IU/.	υ.	<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) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 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 . . Compensation of current officers, directors, trustees, and key employees 0 3,450 3,450 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages. 80,651 80,651 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 5,244 5,244 Fees for services (non-employees) a Management **b** Legal c Accounting. 4,325 4,325 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 104,578 104,578. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 9,481 23 Insurance 9,481 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) 124,276 124,276 a FOOD 20,167 20,167 b OTHER HOUSING COSTS 8,686 8,686 c SUPPLIES 5,737 5,737 d ADMINISTRATION COSTS e All other expenses 0 0. 366,595 366,595 25 Total functional expenses Add lines 1 through 24e 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 ► I if following

SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 41,582. Cash - non-interest-bearing 60,105 Savings and temporary cash investments. 204,992 2 277,388. 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 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) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 3,194 3,143. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2,459,520 **b** Less accumulated depreciation 10 b 2,459,520 10 c 2,459,520. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 16 2,727,811 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,781,633 Accounts payable and accrued expenses 129 17 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 26 439 129 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 2,727,682 32 2,781,194 32 2,727,682 33 2,781,194. Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 2,727,811 2.781,633. 34

Part X

Balance Sheet

Form	990 (2018) XI HOUSE CORPORATION OF GAMMA PHI BETA 82	-01208	305	Pa	ge 12
Par	t 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	4	20,1	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	66,5	95.
3	Revenue less expenses Subtract line 2 from line 1	3		53,5	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,7	27,6	82.
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	2,7	81,1	94.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	,			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate			
	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 review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				

Х

3 a

3 b

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

TEEA0112L 08/03/18

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number XI HOUSE CORPORATION OF GAMMA PHI BETA SORORITY, INC. 82-0120805 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements. 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 >\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items **►**\$ (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. ▶\$ a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

S

Schedule D (Form 990) 2018 XI HC						har Cimi	82-012		,,,,d\	Page 2
Part III Organizations Maintain			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
3 Using the organization's acquisition items (check all that apply)	on, accession,	, and oth	_			that are a	significant us	e of its	collection	nc
a Public exhibition			Н "		change programs					
b Scholarly research	- •		e Other							
c Preservation for future generation					£					
4 Provide a description of the organ Part XIII				_				: in		
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or r ian to be mair	receive d ntained a	as part of the or	, nisto ganiz	ation's collection?	r other sim	illar assets	Yes		No
Part IV Escrow and Custodial A line 9, or reported an	rrangement	s. Com	plete if the o	rganı	zation answere			, Part I	V,	<u> </u>
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodiar	or othe	r intermediary f	for co	ntributions or othe	er assets n	ot included	Yes	Г	No
b If 'Yes,' explain the arrangement	ın Part XIII ar	nd comp	lete the following	ng tab	le					_
								Amoun	t	
c Beginning balance						1 c				
d Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance						1 f				
2 a Did the organization include an ai								Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIII C	heck he	re if the explan	ation	has been provide	d on Part)	KIII		Ĺ	ال
Part V : Endowment Funds. Co	mplete if th	ne orga	nization ans	were	d 'Yes' on For	m 990, F	Part IV, line	10.		
•	(a) Current	year	(b) Prior yea	r	(c) Two years bac	k (d) T	hree years back	(e)	Four years	s back
1 a Beginning of year balance								<u> </u>		
b Contributions			<u></u>							
c Net investment earnings, gains,	I									
and losses								<u> </u>		
d Grants or scholarships								1		
e Other expenditures for facilities and programs	1					1		1		
f Administrative expenses							-			
g End of year balance	<u> </u>									
2 Provide the estimated percentage	of the currer	nt year e	nd balance (line	e 1g,	column (a)) held a	as				
a Board designated or quasi-endow	/ment ►		%							
b Permanent endowment ▶	%									
c Temporarily restricted endowmen	it >		_ %							
The percentages on lines 2a, 2b,	and 2c should	d equal	100%							
3 a Are there endowment funds not in organization by	n the possess	ion of th	e organization	that a	re held and admir	nistered for	r the	[Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ted organization	ons liste	d as required o	n Sch	edule R?			3b		
4 Describe in Part XIII the intended	uses of the o	organizat	tion's endowme	nt fun	ds					
Part VI Land, Buildings, and										
Complete if the organi	zation ansv	vered '	Yes' on Forr	n 991	0, Part IV, line	: 11a. Se	e Form 990), Part	X, lın	e 10.
Description of property			or other basis vestment)	(b) Cost or other basis (other)	(c) Aco	cumulated reciation	(d)	Book va	alue
1 a Land		(,,,	129,800.				ţ,		129	,800.
b Buildings .		2.	,034,820.					2		,820.
c Leasehold improvements										
d Equipment			294,900.						294	,900.
e Other										
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Form	1 990, Part X, c	olumr	(B), line 10c)		•	2	, 459	,520.

BAA

2,459,520. Schedule D (Form 990) 2018

Part VII Investments — Other Securities.	'Yes' on Form 990	N/A , Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	(b) Dook value	(C) method of variation cost of end-of-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments — Program Related.	'Yes' on Form 990	N/A , Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A	
Complete if the organization answered 'Y	es' on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)	 	
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	N (15)	>
Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.) line 15)	
Part X Other Liabilities. Complete if the organization answered 'Yes' on I	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5) (6)		
(7)	·	-
(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo		ancial statements that reports the organization's liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h	as been provided in Part XIII	

Schedule D (Form 990) 2018 XI HOUSE CORPORATION OF GAMMA PHI	BETA	82-0120805	Page 4
Part XI■ Reconciliation of Revenue per Audited Financial Statements		urn. N/A	
. Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b.		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
PartiXIII Reconciliation of Expenses per Audited Financial Statements		eturn. N/A	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	_	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.		131	
Partanii Juudieneniai Illoniialion.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2018

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.

► Go to www.irs.gov/Form990 for the latest information.

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Department of the Treasury Internal Revenue Service

Name of the organization XI HOUSE CORPORATION OF GAMMA PHI BETA SORORITY, INC.

Employer identification number

82-0120805

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWED THE FORM 990 BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2018

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization XI HOUSE CORPORATION OF CO	GAMMA PHI BETA				Employer identification number 82-0120805	n number	
Part I Identification of Disregarded Entities. Complete	+	the organization answered 'Yes' on Form 990, Part IV, line 33.	ss' on Form 990), Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		country)	(d) Total income End	(e) End-of-year assets	(f) Direct controlling entity	βυ
(b)							
	; ; ;						
(2)	1 1						
	1 						
(3)							
Part II Identification of Related Tax-Exempt Organization had one or more related tax-exempt organizations	rganizations. Complete of the or	s. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it during the tax year.	n answered 'Ye	s' on Form 990, F	art IV, line 34, b	ecause it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	(13) ntity?
						Yes	ş
(1) GAMMA_PHI_BETA	NATIONAL AFFILIATE	03	L	:	N/A		×
(2) XI CHAPTER OF GAMMA PHI BETA 314 SUSAN DRIVE ————————————————————————————————————	EDUCATIONAL SOCIAL HOUSING	QI	,		N/A		×
(3) UNIVERSITY OF IDAHO	EDUCATIONAL INSTITUTION	QI	ε	EDUCATION	N/A		×
(4)					9		

Schedule R (Form 990) 2018

TEEA5001L 06/07/18

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018 XI HOUSE CORPORATION OF GAMMA PHI BETA

Part III. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	(g) Share of end-of-year assets	 	oor- ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k). Percentage owriership
									1	,	3		
Part IV Identification of Related Organization and Inne 34, because it had one or mice 34, because it had one organization in the second sec	Identification of Related Organizations Taxable as a Corporation or Trust. Complete of the organization as a Corporation or trust during the tax year. (a) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	tions Taxa more rela	Taxable as a Corl	orporation or Tri izations treate (c) Legal domicile (state or foreign	d as a corporate as a corporate (d) Direct controlling	oration or trust d (e) Type of entity (C corp., S corp.)	trust durii	ring the tax (f) Share of total income	year.	ar. (9) Share of end-of-	9.0	(0) Sec 512(b)(13) controlled entity?	b)(13) entity?
				(A)	for the state of t	5	6					Yes	N .
									<u></u>				
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[Rartw] Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			_	Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns listed in Parts II-l'	۲>		Ë	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		×
b Gift, grant, or capital contribution to related organization(s)			1 p		×
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan guarantees to or for related organization(s)			P 1		×
e Loans or loan guarantees by related organization(s)			٦ ا	-	×
f Dividends from related organization(s)			1		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s)			٦ ۲		×
i Exchange of assets with related organization(s)			;=		×
j Lease of facilities, equipment, or other assets to related organization(s)			-		×
k Lease of facilities, equinoment, or other assets from related organization(s)			7		×
Deformance of courses or manufacture or fundraising solicitations for related organization(s)			=		: >
I PETIOTITIATIVE OF SETVICES OF HIETIDELSTIP OF FUNCTIONING SOFTCHAINS FOR FEATER OF GARACTERS OF SETVICES OF MAMPERSHIP OF FUNCTIONS by related organization(s)			- E		4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	+	×
Charing of real amplying with related proprietation(s)				\dagger	< >
o strainty of paid employees with related of gathranolits)			2		<
Consequence and (a) and a second backers of the consequence of the					>
p Keimbursement paid to related organization(s) for expenses			<u>a</u> ,		<u>ح </u> :
q Reimbursement paid by related organization(s) for expenses			5	1	×
			=	\dagger	× :
ωl			18	\dashv	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	overed relationships	and transaction threshold	S.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved M	(d) Method of determining amount involved	stermir	ning d
(1) UNIVERSITY OF IDAHO	Σ	3,600.0	CASH		
(3)					
(4)					
(3)					
9					
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Part VI | Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	מווילמנוסון סכר ווופנו	S Supplied to the supplied to			cdir banking and	- 1				-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Il or Per Iing ow	Percentage ownership
			from tax under sections 512-514)	Yes	S.		Yes No	- 1	Yes	ş	
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Part.VII'. Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.