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Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: PI BETA PHI, OKLAHOMA BETA CHAPTER. Address: 324 S. CLEVELAND, STILLWATER, OK 74074

D Employer identification number: 73-0401920. E Telephone number: (405) 533-2800. F Accounting method: Accrual

G Website: N/A

J Organization type (check only one): [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [X] Yes [] No. I Group Exemption Number: 0544. M Check [X] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 666,650

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 666,650 and total expenses are 598,071.

RECEIVED APR 27 2011 ACS SUPPORT CLERICAL

RECEIVED

0426 IRS-PHILA, PA 348

RECEIVED MAY 18 2011 THE BRANCH OGDEN

SCANNED JUN 20 2011 Revenue 2007 81-695

610

3

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
25 b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
25 c	Compensation and other distributions, 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
26	Salaries and wages of employees not included on lines 25a, b, and c	0			
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	1,800		1,800	
32	Legal fees	0			
33	Supplies	0			
34	Telephone	0			
35	Postage and shipping	579		579	
36	Occupancy	0			
37	Equipment rental and maintenance	3,765		3,765	
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	1,636		1,636	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize):				
43 a	See attached statement	590,291	572,112	18,179	0
43 b		0	0	0	0
43 c		0	0	0	0
43 d		0	0	0	0
43 e		0	0	0	0
43 f		0	0	0	0
43 g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	598,071	572,112	25,959	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	126,253	45	111,797
	46 Savings and temporary cash investments	181,336	46	263,909
	47 a Accounts receivable	47a 6,339		
	b Less: allowance for doubtful accounts	47b 0	47c	6,339
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities.	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	0
	b Investments—other securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	0
	56 Investments—other (attach schedule)		56	0
	57 a Land, buildings, and equipment: basis	57a 0		
	b Less: accumulated depreciation (attach schedule)	57b 0	57c	0
58 Other assets, including program-related investments (describe)		58	0	
59 Total assets (must equal line 74) Add lines 45 through 58		307,589	59	382,045
Liabilities	60 Accounts payable and accrued expenses	4,112	60	8,005
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe)	58,816	65	62,120
	66 Total liabilities. Add lines 60 through 65	62,928	66	70,125
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	244,661	72	311,920
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	244,661	73	311,920
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	307,589	74	382,045

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

a Total revenue, gains, and other support per audited financial statements			a	
b Amounts included on line a but not on Part I, line 12:				
1 Net unrealized gains on investments	b1			
2 Donated services and use of facilities	b2			
3 Recoveries of prior year grants	b3			
4 Other (specify):	b4	0		
Add lines b1 through b4			b	0
c Subtract line b from line a			c	0
d Amounts included on Part I, line 12, but not on line a:				
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify):	d2	0		
Add lines d1 and d2			d	0
e Total revenue (Part I, line 12). Add lines c and d			e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a Total expenses and losses per audited financial statements			a	
b Amounts included on line a but not on Part I, line 17:				
1 Donated services and use of facilities	b1			
2 Prior year adjustments reported on Part I, line 20	b2			
3 Losses reported on Part I, line 20	b3			
4 Other (specify):	b4	0		
Add lines b1 through b4			b	0
c Subtract line b from line a			c	0
d Amounts included on Part I, line 17, but not on line a:				
1 Investment expenses not included on Part I, line 6b	d1			
2 Other (specify):	d2	0		
Add lines d1 and d2			d	0
e Total expenses (Part I, line 17). Add lines c and d			e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			
Name N/A City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 75a, 75b, 75c, and 75d regarding officer compensation and conflict of interest.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Multiple rows for listing individuals.

Part VI Other Information (See the instructions)

Table with 3 columns: Question, Yes, No. Rows include questions 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b regarding organizational changes and expenditures.

Part VI Other Information (continued)

Table with columns for question text, Yes, and No. Includes questions 82a through 91b regarding donations, compliance, dues, and financial accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a HOUSE REVENUE					511,575
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					132,268
95 Interest on savings and temporary cash investments	900001	7,285			
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE					15,522
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		7,285		0	659,365
105 Total (add line 104, columns (B), (D), and (E))					666,650

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c			RECEIVED	
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Bakely Shafer Signature of officer 11/4/2011 Date

Bakely Shafer Type or print name and title Vice President Finance

Paid Preparer's Use Only

Preparer's signature	<i>Jerry Parsons</i>	Date	11/13/2008	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)	[REDACTED]
Firm's name (or yours if self-employed), address, and ZIP + 4	JERRY PARSONS CPA PC		2324 W 7TH PL SUITE 5, STILLWATER, OK 74074		EIN	▶ 27-0019887	
					Phone no	▶ (405) 533-2800	

Line 20 (990) - Other Changes in Net Assets or Fund Balances

-1,320

Description		Total
1	INCOME TAXES	-1,320
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part II, Line 43 (990) - Other Expenses

590,291

572,112

18,179

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	HOUSE EXPENSES	473,578	473,578		
2	MEMBER DUES, ASSESSMENTS	98,534	98,534		
3	RUSH EXPENSE	8,832		8,832	
4	MASTER INSURANCE	3,218		3,218	
5	CHAPTER SUPPLIES	493		493	
6	CHARITY	590		590	
7	MISC	408		408	
8	COMPOSITE	800		800	
9	OFFICER VISIT	379		379	
10	FUNDRAISING EXPENSE	3,459		3,459	
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 MEMBER ACCTS REC	1		6,339		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	0	6,339	0	0

Part IV, Line 65 (990) - Other Liabilities

58,816

62,120

Description		Beginning	End
1	MEMBER DEPOSITS	58,816	62,120
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part VII, Line 93 (990) - Program Service Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a HOUSE REVENUE					511,575
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

Part VII, Line 103 (990) - Other Revenue

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a OTHER REVENUE					15,522
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization PI BETA PHI, OKLAHOMA BETA CHAPTER	Employer identification number 73-0401920
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 324 S. CLEVELAND	
	City, town or post office, state, and ZIP code For a foreign address, see instructions STILLWATER	OK 74074

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ (405) 533-2800 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0544. If this is for the whole group, check this box . If it is for part of the group, check this box **X** and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning 7/1/2007, and ending 6/30/2008

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.