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0906
OMB No 1545-1150
2008
Open to Public Inspection

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
PI BETA PHI, OKLAHOMA BETA CHAPTER

D Employer identification number
73-0401920

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
324 SOUTH CLEVELAND STREET

E Telephone number
405-372-6400

City or town, state or country, and ZIP + 4
STILLWATER, OK 74074

F Group Exemption Number
0544

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) _____

I Website: **WWW.PIBETAPHI.ORG/OKSTATE**
H Check if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)

J Organization type (check only one) — 501(c) (7) (insert no.) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 701,242.**

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

		1	200.
Revenue	1 Contributions, gifts, grants, and similar amounts received	2	
	2 Program service revenue including government fees and contracts	3	693,059.
	3 Membership dues and assessments	4	7,129.
	4 Investment income	5a	
	5a Gross amount from sale of assets other than inventory	5b	
	b Less: cost or other basis and sales expenses	5c	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	6	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	6a	
	a Gross revenue (not including \$ 150. of contributions reported on line 1)	6b	125.
	b Less: direct expenses other than fundraising expenses	6c	729.
c Net income or (loss) from special events and ac	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
8 Other revenue (describe _____)	9	701,117.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	38,944.	
Expenses	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	1,900.
	13 Professional fees and other payments to independent contractors	14	304,767.
	14 Occupancy, rent, utilities, and maintenance	15	4,610.
	15 Printing, publications, postage, and shipping	16	322,707.
	16 Other expenses (describe SEE STATEMENT 1)	17	672,928.
	17 Total expenses Add lines 10 through 16	18	28,189.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	311,920.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20		
20 Other changes in net assets or fund balances (attach explanation)	21	340,109.	
21 Net assets or fund balances at end of year Combine lines 18 through 20			

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	375,706.	403,164.
23	Land and buildings		
24	Other assets (describe ACCOUNTS RECEIVABLE)	6,339.	3,245.
25	Total assets	382,045.	406,409.
26	Total liabilities (describe SEE STATEMENT 2)	70,125.	66,300.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	311,920.	340,109.

SCANNED JUN 21 2011

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT 5

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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

Table with 5 columns: (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, (e) Expense account and other allowances. Rows include: HAYLEY ZIMMERMAN, JESSIE HUGHES, LAUREN UHLENHOP, KYLIE RADKA, NICOLE LONGMORE, KIM KERRIGAN, KATELYN DICK, ASHLEE BAZER, HALEY COSNER.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0.</u>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 39a <u>0.</u>		
39b	Gross receipts, included on line 9, for public use of club facilities 39b <u>0.</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b <u>N/A</u>		
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u>		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e <u>X</u>		
41	List the states with which a copy of this return is filed. ▶ <u>OK</u>		
42a	The books are in care of ▶ <u>ASHLEE BAZER</u> Telephone no. ▶ <u>405-372-6400</u> Located at ▶ <u>324 SOUTH CLEVELAND STREET, STILLWATER, OK</u> ZIP + 4 ▶ <u>74074</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 <u>X</u>		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 <u>X</u>		

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Content: N/A

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Content: N/A

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.
Signature of officer: Blakey Shafer
Date: 4/21/11
Type or print name and title: Blakey Shafer Vice President Finance

Paid Preparer's Use Only
Preparer's signature: Marie Corrie CPA
Date: 3/30/11
Check if self-employed: []
Preparer's Identifying Number (See instr.): P00089427
Firm's name (or yours if self-employed), address and ZIP + 4: STONE CARLIE & COMPANY, LLC, 101 S. HANLEY ROAD, SUITE 800, ST. LOUIS, MO 63105-3437
EIN: 43-0642511
Phone no.: 314-889-1100

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BAD DEBT EXPENSE	4,137.
BANK SERVICE CHARGES	232.
CAMPUS OBLIGATIONS	3,414.
CHAPTER PROGRAMMING	24,273.
COMPOSITE EXPENSE	2,606.
CONVENTIONS AND SEMINARS	7,830.
ENTERTAINMENT AND SOCIAL	14,260.
FOOD EXPENSE	167,426.
FRATERNITY OFFICER VISITS	1,501.
GIFTS	2,271.
INSURANCE	3,192.
MEMBERSHIP DUES	25,077.
MISCELLANEOUS EXPENSE	2,091.
RECRUITMENT	7,861.
SPECIAL ASSESSMENTS	38,821.
SUPPLIES	464.
TECHNOLOGY EXPENSE	4,336.
TELEPHONE	12,915.
TOTAL TO FORM 990-EZ, LINE 16	322,707.

FORM 990-EZ OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	8,005.	0.
MEMBER DEPOSITS	62,120.	49,800.
CONTRIBUTION PAYABLE TO PI BETA PHI FOUNDATION	0.	16,500.
TOTAL TO FORM 990-EZ, LINE 26	70,125.	66,300.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PI BETA PHI FOUNDATION 1154 TOWN & COUNTRY COMMONS DRIVE TOWN & COUNTRY, MO 63017	NONE	36,450.
CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS LESS THAN \$5,000	NONE	2,494.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		38,944.

THE OKLAHOMA BETA CHAPTER OF PI BETA PHI FRATERNITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID BY ITS MEMBERS AND PROVIDES GOODS, FACILITIES, AND SERVICES TO MEMBERS WHILE ASSISTING STUDENTS IN IMPROVING VARIOUS EDUCATIONAL AND LEADERSHIP SKILLS BY SUPPORTING PHILANTHROPIC AND COMMUNITY SERVICE PROJECTS. DURING THE CURRENT FISCAL YEAR, THE CHAPTER SERVED APPROXIMATELY 205 MEMBERS.

TO MUTUALLY ENCOURAGE AND ASSIST MEMBERS IN SOCIAL, MENTAL, AND MORAL
ADVANCEMENT.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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
- 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 SOUTH CLEVELAND STREET	
	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 checked="" 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 |

ASHLEE BAZER

- The books are in the care of ▶ **324 SOUTH CLEVELAND STREET - STILLWATER, OK 74074**
 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) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ 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 **FEBRUARY 15, 2010**, 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 **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

3a 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	\$	N/A

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Form with fields: Name of Exempt Organization (PI BETA PHI OKLAHOMA BETA CHAPTER), Employer identification number (73-0401920), Number, street, and room or suite no. (324 SOUTH CLEVELAND STREET), City, town or post office, state, and ZIP code (STILLWATER, OK 74074)

Check type of return to be filed (File a separate application for each return).

- Form 990, Form 990-EZ (checked), Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ASHLEE BAZER

The books are in the care of 324 SOUTH CLEVELAND STREET - STILLWATER, OK 74074

Telephone No 405-372-6400

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) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until MAY 15, 2010

For calendar year, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

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

State in detail why you need the extension

INFORMATION REQUIRED TO COMPLETE 990-EZ IS NOT YET AVAILABLE

Table with 3 rows (8a, 8b, 8c) and 2 columns (Description, Amount). 8a: nonrefundable credits, \$ N/A. 8b: refundable credits and estimated tax payments, \$ N/A. 8c: Balance Due, \$ N/A.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: Attorney

Date: 2-12-2010