



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

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 Fraternity AZ Gamma Chapter

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

522 Charles Road

City or town, state or country, and ZIP + 4

Flagstaff, AZ 86001

D Employer identification number

86-0648252

E Telephone number

(928) 774-5086

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/nau

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 \$ 76,391

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	150
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	74,199
	4	Investment income						4	16
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							
	a	Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1)				6a	2,026		
	b	Less direct expenses other than fundraising expenses				6b	839		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	1,187			
7a	Gross sales of inventory, less returns and allowances				7a				
b	Less cost of goods sold				7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
8	Other revenue (describe _____)						8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)						9	75,552	
Expenses	10	Grants and similar amounts paid (attach schedule)						10	1,487
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	
	14	Occupancy, rent, utilities, and maintenance						14	6,920
	15	Printing, publications, postage, and shipping						15	676
	16	Other expenses (describe _____)						16	61,294
17	Total expenses (add lines 10 through 16)						17	70,377	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	5,175
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	43,232
	20	Other changes in net assets or fund balances (attach explanation)						20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)						21	48,407

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

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

45,997

22

48,407

23

355

24

0

46,352

25

48,407

3,120

26

0

43,232

27

48,407

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>TO MUTUALLY ENCOURAGE AND ASSIST MEMBERS IN SOCIAL, MENTAL, AND MORAL ADVANCEMENT</u>			
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			
28 The Arizona Gamma Chapter of Pi Beta Phi Fraternity is a membership organization supported by dues, fees, charges, or other funds provided by its members that 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 92 members (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		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)				
(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
See Additional Data Table				

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

33

No

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

34

No

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

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

Yes

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

Yes

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

0

b

Did the organization file **Form 1120-POL** for this year?

37b

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?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

0

b

Gross receipts, included on line 9, for public use of club facilities

39b

0

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶

b

Section 501(c)(3) 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

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

0

d

Enter amount of tax on line 40c reimbursed by the organization ▶

0

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶ AZ

42a

The books are in care of ▶ Marjorie McClanahan Telephone no ▶ (928) 774-5086

522 Charles Road

Located at ▶ Flagstaff, AZ ZIP + 4 ▶ 86001

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

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**.

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

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

No

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	Yes	No
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?		
49b	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 received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(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
Total number of other employees paid over \$100,000				

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 are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

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.	
	***** Signature of officer	2010-03-15 Date
	Alexis Fowler Vice President of Finance Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	Stone Carlie & Company LLC 101 S Hanley Road Suite 800 St Louis, MO 631053437			Phone no (314) 889-1100

May the IRS discuss this return with the preparer shown above? See instructions	Yes	No
---	-----	----

Additional Data

Software ID:

Software Version:

EIN: 86-0648252

Name: Pi Beta Phi Fraternity AZ Gamma Chapter

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Ashlee Shortridge 522 Charles Road Flagstaff, AZ 86001	Chapter President 1 00	0	0	0
Lauren Salter 522 Charles Road Flagstaff, AZ 86001	VP Member Development 1 00	0	0	0
Kerry Maciha 522 Charles Road Flagstaff, AZ 86001	VP Fraternity Heritage 1 00	0	0	0
Sam Lane 522 Charles Road Flagstaff, AZ 86001	VP Membership 1 00	0	0	0
Nicole Senelick 522 Charles Road Flagstaff, AZ 86001	VP Administration 1 00	0	0	0
Alyssa Nelson 522 Charles Road Flagstaff, AZ 86001	VP Philanthropy 1 00	0	0	0
Claire Harper 522 Charles Road Flagstaff, AZ 86001	VP Communications 1 00	0	0	0
Holly Merrow 522 Charles Road Flagstaff, AZ 86001	VP Event Planning 1 00	0	0	0
Justine Henderson 522 Charles Road Flagstaff, AZ 86001	VP Finance 1 00	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** Pi Beta Phi Fraternity AZ Gamma Chapter**EIN:** 86-0648252

Item No.	1
Class of Activity	CHARITABLE
Donee's Name	ST JUDES CHILDRENS HOSPITAL
Donee's Address	501 ST JUDE PLACE MEMPHIS, TN 38105
Amount (FMV)	120
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-10

Item No.	2
Class of Activity	CHARITABLE
Donee's Name	INTREPID FALLEN HEROES
Donee's Address	ONE INTREPID SQUARE WEST 46TH ST NEW YORK, NY 10030
Amount (FMV)	60
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-10

Item No.	3
Class of Activity	CHARITABLE
Donee's Name	PI BETA PHI FOUNDATION
Donee's Address	1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017
Amount (FMV)	961
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	CHARITABLE
Donee's Name	FIRST BOOK
Donee's Address	1319 F STREET NW SUITE 1000 WASHINGTON, DC 20004
Amount (FMV)	346
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: Pi Beta Phi Fraternity AZ Gamma Chapter

EIN: 86-0648252

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	355	0

TY 2008 Other Expenses Schedule

Name: Pi Beta Phi Fraternity AZ Gamma Chapter

EIN: 86-0648252

Description	Amount
Bad Debt Expense	355
Bank Charges	34
Chapter Programming	19,010
Composite Expense	1,400
Conventions & Seminars	3,600
Entertainment & Social	6,270
Food	700
Fraternity Officer Visits	439
Gifts	720
Insurance	1,464
Membership Dues	13,935
Miscellaneous Expense	84
Pi Phi Forever Manuals	1,221
Recruitment	2,378
Special Assessments	7,035
Supplies	811
Technology Fees	1,838

TY 2008 Other Liabilities Schedule

Name: Pi Beta Phi Fraternity AZ Gamma Chapter

EIN: 86-0648252

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	3,120	0

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: Pi Beta Phi Fraternity AZ Gamma Chapter

EIN: 86-0648252

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.