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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ 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 09/01, 2008, and ending 08/31/2009

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PI BETA PHI HOUSE CORPORATION OF BLOOMINGTON		D Employer identification number 35-6007520
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2825 POINTE COVE		E Telephone number (812) 824-2762
		City or town, state or country, and ZIP + 4 BLOOMINGTON, IN 47401		F Group Exemption Number . . . ▶

• 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) ▶H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Organization type (check only one) - ☒ 501(c) (7) ◀ (insert no) 501(c)(1) or 527K 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 . . . ▶ \$ 451,876.**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	
	2	Program service revenue including government fees and contracts	2	432,950.
	3	Membership dues and assessments	3	15,600.
	4	Investment income STMT 1	4	3,326.
	5 a	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) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a	Gross revenue (not including \$ of contributions reported on line 1) 6a		
b	Less: direct expenses other than fundraising expenses 6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c			
7 a	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		451,876.	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		145,312.
	13	Professional fees and other payments to independent contractors 13		12,973.
	14	Occupancy, rent, utilities, and maintenance 14		175,937.
	15	Printing, publications, postage, and shipping 15		836.
	16	Other expenses (describe ▶) STMT 2 16		44,488.
17	Total expenses. Add lines 10 through 16 ▶ 17		379,546.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		72,330.
	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		1,423,768.
	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		1,496,098.

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 . . . STMT 3	164,958.	22 161,296.
23 Land and buildings	1,656,382.	23 1,656,382.
24 Other assets (describe ▶)		24
25 Total assets	1,821,340.	25 1,817,678.
26 Total liabilities (describe ▶ STMT 4)	397,572.	26 321,580.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,423,768.	27 1,496,098.

SCANNED MAY 13 2009

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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.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b 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 Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b 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
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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		X
41 List the states with which a copy of this return is filed. ▶ <u>IN</u> ,		
42a The books are in care of ▶ <u>BKD LLP</u> Telephone no. ▶ <u>812-336-8550</u>		
Located at ▶ <u>1600 W BLOOMFIELD STE B, BLOOMINGTON, IN</u> ZIP + 4 ▶ <u>47403</u>		
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)?		X
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.?		X
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 ▶ <input type="checkbox"/>		
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		X
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		X

Form 990-EZ (2008)

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. | 46 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
| 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." | | | |

(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 is 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 ▶		

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.

**Sign
Here**

Mary Jane Hobb, Treasurer

Signature of officer

4/5/10
Date

Date _____

Mary Jane Hall, Treasurer
 Type or print name and title

Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's
signature

Kate E. Burns, CPA

Date _____

3/27/10

☐ Check if self-employed

Preparer's Identifying Number (See instructions)

P00771066

Firm's name (or yours) _____

PKD III

<p>EIN</p>

44-0160260

If self-employed).

BRD, LLP

EIN	
-----	--

44-0160260

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

PI BETA PHI HOUSE CORPORATION

35-6007520

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

AMOUNT

INTEREST INCOME

3,326.

TOTAL

3,326.
=====

STATEMENT 1

03-068203-068203

FORM 990EZ, PART I - OTHER EXPENSES
=====

INTEREST	25,409.
INSURANCE	12,134.
CAMPUS ACTIVITIES	2,851.
FILING FEE	10.
MISCELLANEOUS	3,884.
FLOWERS & GIFTS	200.

TOTAL	44,488.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	67,077.	60,319.
INVESTMENTS - SECURITIES	97,881.	100,977.
TOTALS	164,958.	161,296.

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	1,582.	3,178.
MORTGAGES AND OTHER NOTES PAYABLE	395,990.	318,402.
	-----	-----
TOTALS	397,572.	321,580.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROVIDE HOUSING, EDUCATIONAL, LEADERSHIP, AND SOCIAL ACTIVITIES
TO ACTIVE CHAPTER MEMBERS ATTENDING INDIANA UNIVERSITY.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT. AND OTHER ALLOWANCES -----
PAT SHIDLER 2825 POINT COVE BLOOMINGTON, IN 47401	BOARD MEMBER 1.	NONE	NONE	NONE
JANE HACHEL 2825 POINT COVE BLOOMINGTON, IN 47401	TREASURER 1.	NONE	NONE	NONE
MARTHA GUTMANN 2825 POINT COVE BLOOMINGTON, IN 47401	SECRETARY 1.	NONE	NONE	NONE
ANN JOHNSON 2825 POINT COVE BLOOMINGTON, IN 47401	BOARD MEMBER 1.	NONE	NONE	NONE
MARY JANE HALL 2825 POINT COVE BLOOMINGTON, IN 47401	PRESIDENT 1.	NONE	NONE	NONE
ANN VIEL 2825 POINT COVE BLOOMINGTON, IN 47401	BOARD MEMBER 1.	NONE	NONE	NONE

35-6007520

[illegible]

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----

None	None	None
1	1	1
2	2	2
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100	100	100

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**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**File by the
due date for
filing your
return. See
instructionsName of Exempt Organization PI BETA PHI HOUSE CORPORATION
OF BLOOMINGTONEmployer identification number
35-6007520

Number, street, and room or suite no. If a P O box, see instructions

2825 POINT COVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions

BLOOMINGTON, IN 47401**Check type of return to be filed (file a separate application for each return)**
☐
☐
☒
☐
Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
☐
☐
☐
☐
Form 990-T (corporation)
Form 990-T (sec 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
☐
☐
☐
☐
Form 4720
Form 5227
Form 6069
Form 8870

- The books are in the care of ► BKD LLP

Telephone No. ► 812 336-8550

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 04/15, 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 09/01, 2008 , and ending 08/31, 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	\$

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.

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

Form **8868** (Rev 4-2009)