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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

MISSISSIPPI GAMMA CHAPTER OF
PI BETA PHI FRATERNITY

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

P.O. BOX 6219

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

MISSISSIPPI STATE, MS 39762

D Employer identification number

26-3885107

E Telephone number

636-256-0680

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/MSSTATE

J Tax-exempt status (check only one) — ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 197,296.

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 19)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	196,396.	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6			
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	900.		
6b	Less: direct expenses other than fundraising expenses	6b	1,046.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<146.>		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	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	196,250.		
10	Grants and similar amounts paid (attach schedule) STMT 2	10	785.		
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	10,296.		
14	Occupancy, rent, utilities, and maintenance	14	8,631.		
15	Printing, publications, postage, and shipping	15	896.		
16	Other expenses (describe ▶ _____)	16	134,587.		
17	Total expenses. Add lines 10 through 16	17	155,195.		
18	Excess or (deficit) for the year (Subtract line 17 from line 19)	18	41,055.		
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	17,859.		
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	58,914.		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	16,449.	58,586.
23 Land and buildings		
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)	1,410.	328.
25 Total assets	17,859.	58,914.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,859.	58,914.

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

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SCANNED DEC 21 2010

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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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.	0.	
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	0.	
b	Gross receipts, included on line 9, for public use of club facilities	0.	
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>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
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>NONE</u>		
42a	The organization's books are in care of <u>VP OF FINANCE</u> Telephone no. <u>636-256-0680</u> Located at <u>P.O. BOX 6219, MISSISSIPPI STATE, MS</u> ZIP + 4 <u>39762</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)? If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		X
c	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: <u></u>		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 <u>43</u> <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		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

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 a section 527 organization?
- 50 Complete this table for the organization's 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				

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

- 51 Complete this table for the organization's 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
N/A		

d Total number of other independent contractors each receiving over \$100,000

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 <i>Rebecca A. Kershaw</i>	Date <i>11/14/10</i>	
	Type or print name and title <i>Rebecca A. Kershaw, Vice President of Finance</i>		
Paid Preparer's Use Only	Preparer's signature <i>Marie Carrie CPA</i>	Date <i>11/14/10</i>	Check if self-employed <input type="checkbox"/>
	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	Preparer's identifying number (See instr.) EIN Phone no. 314-889-1100	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
BANK SERVICE CHARGES	69.
CAMPUS OBLIGATIONS	5,084.
CHAPTER PROGRAMMING	16,716.
COMPOSITE EXPENSE	1,105.
CONVENTIONS & SEMINARS	657.
ENTERTAINMENT & SOCIAL	16,139.
FOOD EXPENSE	19,412.
GIFTS	945.
HOUSE FUND FEE	15,000.
INSURANCE	1,536.
MEMBERSHIP DUES	23,295.
RECRUITMENT	14,071.
SPECIAL ASSESSMENTS	15,064.
SUPPLIES	2,456.
TECHNOLOGY EXPENSE	2,988.
TAXES AND LICENSES	50.
TOTAL TO FORM 990-EZ, LINE 16	134,587.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
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<u>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</u>	<u>GRANTEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS LESS THAN \$5,000	NONE	785.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		785.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- 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

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 4
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
BROOKE DAVIS (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	CHAPTER PRESIDENT 20.00	0.	0.	0.
KRISTIN STENTIFORD (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP ADMINISTRATION 20.00	0.	0.	0.
BRENDA WILLEMSSEN (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP MEMBER DEVELOPMENT 20.00	0.	0.	0.
JODI WEBB (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP FRATERNITY DEVELOPMENT 20.00	0.	0.	0.
JUDY LYNN SHACKELFORD (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS	VP FINANCE 20.00	0.	0.	0.
MARY MEGAN SWEATT (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP MEMBERSHIP 20.00	0.	0.	0.
BLAKELEE PARSONS (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP PHILANTHROPY 20.00	0.	0.	0.
MAGGIE HARRIS (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP COMMUNICATIONS 20.00	0.	0.	0.
MICHELLE PATRICK (2009), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP EVENT PLANNING 20.00	0.	0.	0.
KRISTIN STENTIFORD (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	CHAPTER PRESIDENT 20.00	0.	0.	0.
HOLLY PEARSON (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP MEMBER DEVELOPMENT 20.00	0.	0.	0.
AISLINN KOPP (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP FRATERNITY DEVELOPMENT 20.00	0.	0.	0.
REBECCA KERSHAW (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP FINANCE 20.00	0.	0.	0.
BROOKE DAVIS (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP MEMBERSHIP 20.00	0.	0.	0.

MISSISSIPPI GAMMA CHAPTER OF PI BETA PHI

26-3885107

CAITLIN, LESLEY (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP ADMINISTRATION 20.00	0.	0.	0.
MORGAN STEIN (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP PHILANTHROPY 20.00	0.	0.	0.
TAYLOR BUSBY (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP COMMUNICATIONS 20.00	0.	0.	0.
KENDYL HALL (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP EVENT PLANNING 20.00	0.	0.	0.
STEPHANIE SIGMAN (2010), P.O. BOX 6219, MISSISSIPPI STATE, MS 39762	VP HOUSING 20.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

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STATEMENT 5

THE MISSISSIPPI GAMMA 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 228 MEMBERS.

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STATEMENT 6

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