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Form **990-EZ**

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

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

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

| Browned Secretary Secret | Second Part | Δ Ι | For the | 2009 calendar year, or tax year beginning JUL 1, 2009 | .o sansi | and end | | | | 2010 | | |
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| Section 501(c)(3) organizations and 497(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990 cF2). **Section 501(c)(3) organizations and 497(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990 cF2). **WWW.PIBETAPHT.ORG/UC | Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts mext attach a completed Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts mext attach a completed Chine (speed) Ch | <u> </u> | return | See Number and Silver (of P.O. Dox, it mail is not delivered to silver address | | | | | | | | |
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| Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Chemical Cash X Accrual Schedule A (From 990 or 990-E2). Website: | Section 501(K)3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Okacouning method: Cash Accouning method: Cash | L | iretum | | | | F | Group | Exe | | | |
| Website: MWW. PIBETAPHI. ORG/UC Jar-exempt stutus (check only one) XJ Solici (7) (Insert no.) 4947(a)(1) or 527 regulared to attach Schedule B ream 900 expt. or sistent of the organization is not a section 509(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. A Form 990-EZ or Form 990 returns not required, but the organization chooses to file a return, he sure to file a complete return. Add times 5b, 6b, and 7b, 10 time 9 to determine gross recepts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 94, 181. | Schedule A (Form 990 or 990-EZ). Website: MWW.PIBETAPHI.ORG/UC | | Applicat pending | CINCINNATI, OH 45220 | | | | Numb | er 🕨 | | | |
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| Tax-exempt status (check only one) | Tax-exempt status (check only one) — | | | Schedule A (Form 990 or 990-EZ). | | | Other (s | pecify) | <u> </u> | | | |
| Tax-exempt status (check only one) — IXI 501(c) (7) | Tax-exempt status (check only one) — | $\overline{}$ | Website | WWW.PIBETAPHI.ORG/UC | | - | H Check I | ▶ 🗓 |] ıf t | he organization is not | | |
| K Check | K Check | | | | (1) or | 527 | required to | attach S | chec | lule B (Form 990, 990-EZ, or 990-PF) | | |
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| 932 02- | 2172 -08-10 | | | | | | | | | | | - | _ | | | | | | • | | Form | 990-E | Z (2009) |

| Par | t V Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|-------------|---|------------|----------|----------|
| | | | Yes | |
| 33 [| Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | X |
| | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | X |
| 35 I | f the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | İ | |
| | 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? | 35a | | X |
| ь 1 | f "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/ | <u> </u> |
| 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 | 36 | | X |
| 37a E | Enter amount of political expenditures, direct or indirect, as described in the instructions. | | | |
| ьí | Old the organization file Form 1120-POL for this year? | 37b | | <u>X</u> |
| 38a [| Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | n a prior year and still outstanding at the end of the period covered by this return? | 38a | | <u> </u> |
| b I | if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | initiation fees and capital contributions included on line 9 | | | |
| | Gross receipts, included on line 9, for public use of club facilities 39b 0. | ļ | | , |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | Ì |
| | section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A | | | Ì |
| b 3 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | ı |
|) | 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 | | | ı |
| ı | has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | N/ | A_ |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | | | i |
| | or disqualified persons during the year under sections 4912, 4955, and 4958 | , | | i |
| d S | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | İ | | |
| (| organization ►N/A | | | |
| e / | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| 1 | transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 I | List the states with which a copy of this return is filed. NONE | | | |
| | The organization's books are in care of ▶ <u>VP OF FINANCE</u> Telephone no. ▶ <u>636-25</u> | | | |
| | Located at $ ightharpoonup$ 2634 STRATFORD AVE BLDG 18, MAILBOX 390, CINCINN ZIP+4 $ ightharpoonup$ 4 | <u>522</u> | 0 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | 1 | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| ; | account)? | 42b | | 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. | | | İ _ |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country: | | | |
| | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | _ | | Ш |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | N/A | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | 1 |
| | Form 990-EZ | 44 | <u> </u> | 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 | 45 | <u> </u> | X |
| | | Form 9 | 00-F7 | (2009) |

| Par | Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51. | | | | | 3) |
|--------------------------|--|---|---------------------------|---|--|----|
| 46 D | Did the organization engage in direct or indirect political campaign activities | on behalf of or in opposition to | candidates for public | | Yes N | 0 |
| | office? If "Yes," complete Schedule C, Part I | | · | | 46 | |
| 47 C | old the organization engage in lobbying activities? If "Yes," complete Sch | nedule C, Part II | | | 47 | |
| 48 ls | s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes | s," complete Schedule E | | | 48_ | |
| | Old the organization make any transfers to an exempt non-charitable related | | | [| 49a | |
| | f "Yes," was the related organization a section 527 organization? | | | | 49b | |
| | Complete this table for the organization's five highest compensated employer than \$100,000 of compensation from the organization. If there is none, enter | • | s, trustees and key e | mployees) who ea | ch received mor | е |
| | (a) Name and address of each employee paid more than \$100,000 N/A | (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 allowand | 1 |
| | | | | | | |
| | Complete this table for the organization's five highest compensated indepenorganization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid more | | ved more than \$100 | · | compensation | |
| | | | | | | |
| | | | | | | |
| d T | otal number of other independent contractors each receiving over \$100,00 | | > | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including a correct, and complete Orelaration of preparer (other than officer) is based on all signature of officer Signature of officer Jaco Ventre la VP Finance | ccompanying schedules and statemer information of which preparer has any | nts, and to the best of m | y knowledge and beli Date | ef, it is true, | |
| | Type or print name and title | - | | | | |
| Paid Prepai Use Or | nly 1. Come Come Co | lia b em | ployed 🕨 🔲 | parer's identifying nui | mber (See instr.) | |
| | Firm's name (or yours it sett-employed). address, and ZIP+4 STONE CARLIE & COMPANY 101 S. HANLEY ROAD, SU ST. LOUIS, MO 63105-34 | JITE 800 | Phor no. | ne 🕨 | 39-1100 | |
| Mav th | ne IRS discuss this return with the preparer shown above? See instructions | | | | | No |
| | | | | | rm 990-EZ (20 | |

| FORM 990-EZ . | OTHER | EXPENSES | | STATEMENT | 1 |
|---|---------|--------------|---------------------------|--------------------------------|-------------------|
| DESCRIPTION | | | | AMOUNT | |
| BANK SERVICE CHARGES CHAPTER PROGRAMMING ENTERTAINMENT & SOCIAL GIFTS HOUSE FUND FEE MEMBERSHIP DUES RECRUITMENT SUPPLIES TECHNOLOGY EXPENSE FOOD EXPENSE | | , | | 5,9 7,8 2 6,2 13,9 | 37. 85. 50. |
| TOTAL TO FORM 990-EZ, LINE 16 | | | | 35,7 | 95. |
| FORM 990-EZ CASH G | RANTS A | ND ALLOCATIO | ONS | STATEMENT | 2 |
| CLASS OF ACTIVITY/GRANTEE'S NAM | E AND A | DDRESS | GRANTEE'S RELATIONSHIP | AMOUN | T |
| CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS LES | S THAN | \$5,000 | NONE | 5 | 27. |
| TOTAL INCLUDED ON FORM 990-EZ, | LINE 10 | | | 5 | 27. |

990-EZ PG 2

STATEMENT

THE OHIO KAPPA CHAPTER OF PI BETA PHI FRATERNITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID 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 82 MEMBERS.

5 990-EZ PG 2 STATEMENT

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

| FO | RM 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 | |