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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Form 990 (200

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 7/1/2009 6/30/2010 For the 2009 calendar year, or tax year beginning and ending D Employer identification number Pi Beta Phi Ohio Beta Chapter C Name of organization Check if applicable use IRS Address change Doing Business As 31-4280353 label or print or Room/suite Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change type. Initial return 1845 Indianola Avenue Specific Terminated City or town, state or country, and ZIP + 4 Instruc-43201-1608 Columbus OH G Gross receipts \$ 461.099 Amended return tions. Application pending Name and address of principal officer: Х H(a) Is this a group return for affiliates? No Kristen Touche 1845 Indianola Avenue, Columbus, OH 43201 H(b) Are all affiliates included? No If "No," attach a list (see instructions) X 501(c) (7 4947(a)(1) or 527 Tax-exempt status:) < (insert no.) H(c) Group exemption number ► 0544 Website: ► N/A X Corporation L Year of formation K Form of organization Trust Association Other > 1894 M State of legal domicile ОН Part I Summary Briefly describe the organization's mission or most significant activities: To mutually encourage and assist its members in social, mental and moral advancement. It uses revenue collected from its members to operate the organization, to fulfill its Activities & Governance obligations to the fraternity and to support philanthropic and community service projects. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 5 0 5 6 10 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12. . . 1,246 7a Net unrelated business taxable income from Form 990-T, line 34. 7b 184 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 0 0 417,509 9 Program service revenue (Part VIII, line 2g) 456.261 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,314 1,246 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,235 3,592 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . 427,058 461,099 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25). h Other expenses (Part IX, column (A), lines 1 a-11 (24) VLL 435,692 446.943 17 446,943 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 2 435,692 18 Revenue less expenses. Subtract line 18 from line 12 -8.63414.156 19 **Beginning of Current Year** End of Year 429,841 Total assets (Part X, line 16) . . 415,145 20 21 Total liabilities (Part X, line 26) 541 22 Net assets or fund balances. Subtract line 21 from line 415,145 429,300 Part II Signature Block 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 9/17/10 Sign - VP of Finance Here Type or print name and title Preparer's Date Check if Preparer's identifying number self-(see instructions) signature Paid hileer 8/24/2010 employed Sherril Finley Preparer's Firm's name (or yours Michael J Taranto CPA, Inc. EIN **Use Only** if self-employed), 5060 Parkcenter Ave, Dublin, OH 43017 ▶ (614) 573-3020 address, and ZIP + 4 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions) . . .

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

(HTA)

	990 (2009)	Pi Beta Phi Ohio Beta Chapter	31-4280353	Page_ 2
Pa	art III	Statement of Program Service Accomplishments		
1		scribe the organization's mission:		
	To mutua	lly encourage and assist its members in social, mental and moral advancement.		
	Did the er	rganization undertake any significant program services during the year which were not listed		
2		Form 990 or 990-EZ?		X No
		describe these new services on Schedule O.	103	<u> </u>
3		rganization cease conducting, or make significant changes in how it conducts, any program		
_			Tyes	X No
	If "Yes," d	describe these changes on Schedule O.	_	
4		the exempt purpose achievements for each of the organization's three largest program servi		
		01(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of grants a	and
	allocation	s to others, the total expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 0 including grants of \$ 0) (Reven		
		ousing for 50+ members		
		oom and social activities for 60+ members		
				-
		•		
4h	(Code:) (Expenses \$ 0 including grants of \$ 0) (Reven	ue \$	0.)
40		/ (Expenses #) including grante or # / (rever		
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Reven	ue \$	0)
				-
		•		

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants
4e Total program service expenses ▶ 0 including grants of \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ł		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		
20	the control of the co	19		X

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27	*	
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		 ^-
b	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		 ^
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			7.
	U.S. Information Returns. Enter -0- if not applicable	3	1.5	1. J.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	13.7	5.E.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table	1,10	3570 Z
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Jungan.	1,121
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	? 2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,55
	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority		Γ^{-}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		44.5	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık	or's	113.
	and Financial Accounts.		- 1 m	- E
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n? 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng 🗍		
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		
	gifts were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).		1.564	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds	(4°4)	150 F
	and services provided to the payor?	<u>7</u> a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		4	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal content of the property of the	onal	237	
	benefit contract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;		
	required?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- 47864	
	organization, have excess business holdings at any time during the year?	<u> 8</u>	 	ļ.,
9	Sponsoring organizations maintaining donor advised funds.		پولائن، دهند ک ک	
а	Did the organization make any taxable distributions under section 4966?	<u>9</u> a	 	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	 _	
10	Section 501(c)(7) organizations. Enter:		1/2	
а	Initiation fees and capital contributions included on Part VIII, line 12	4,375) ji	32.4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0	}	
11	Section 501(c)(12) organizations. Enter:		7,46	
а	Gross income from members or shareholders		1.2	
b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ	20	15.3
. .=	against amounts due or received from them.)		4	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	417 12a		33: 35-3
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Trans	泉霧

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

000.	ion A. Governing Body and Management	-				Yes	No
1a	Enter the number of voting members of the governing body	1a		10	÷		\$11.00
b	Enter the number of voting members that are independent	1b		0	<u>-</u>	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	hip with	\Box		堻	
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or u	ınder t	he direct				
	supervision of officers, directors or trustees, or key employees to a management company of			L	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 wa	s filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	. [5		X
6	Does the organization have members or stockholders?				6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or	more r	nembers				
	of the governing body?				7a	X	<u></u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or of	her pe	rsons?	. [7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under					· · · · · ·	
	the year by the following:				*		
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?			[8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			ſ			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul	e O .		- 1	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the						
Reve	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			. [10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities	of sucl	n chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization	on? .		. [10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body l	oefore	filing the				
	form?				11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990)		. [* ÷	鐵樓	1,,,,,,,,,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			L	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	ould give				
	rise to conflicts?			L	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the po	licy? I	f "Yes,"				
	describe in Schedule O how this is done			Ļ	12c		
13	Does the organization have a written whistleblower policy?			.	13		X
14	Does the organization have a written document retention and destruction policy?			.	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and					4. F	1 2
	independent persons, comparability data, and contemporaneous substantiation of the delibe			?			- 44
а	The organization's CEO, Executive Director, or top management official				15a		_X
b	Other officers or key employees of the organization			Ļ	15b	Digities Ma	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					藩	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_					1 44
	with a taxable entity during the year?			L	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization						3
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	•	•			<u> </u>	المسيدة فانستام
	the organization's exempt status with respect to such arrangements?		<u> </u>		16b		
Sec	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed	,					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990)-T (501(c)(3))s or	ıly)		
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	ments	conflict of in	tere	st		
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the t						
	organization: ► Marjorie Y. Wittich		740-869-	2449)	- -	
	256 E Main Street, Mt Sterling, OH 43143						

31-4280353

Pi Beta Phi Ohio Beta Chapter

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B) (C) (D) (E) (F)								(F)	
Name and Title	Average hours per week	Position (check Chifcer Chifcer Institutional trustee or director				Highest compensated a employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Kristen Touche President	10.			X				0	0	0
Meredith Saunders VP-Member Dev	10.			x				0	0	0
Lauren O'Brien VP-Financial	10.			X				0	0	0
Amanda Sulc VP-Admin	10.			x				0	0	0
	,									
	3 A NO. 11.11.1									·
			Ц							
			Ц							

hours pir Quantity of the property of the pro	(A)	(B) (C)							(D)	(E)	(F)
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation	Name and title	hours per		_		_	•		compensation from the organization	compensation from related organization	n amount of other s compensation
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individual											
services rendered to the organization? If "Yes," complete Schedule J for such person	the organization and related organizations of	reater than \$15	50,00	0? If	"Ye:	s," c	ompl	ete .	Schedule J for s		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation											5 X
compensation from the organization. (A) (B) (C) Description of services Compensation	Section B. Independent Contractors										·
Name and business address Description of services Compensation	•	npensated inde	pend	ent o	contr	acto	rs tha	at re	ceived more tha	in \$100,000 d	of
2 Total number of independent contractors (including but not limited to those listed above) who received		ddress								vices	
2 Total number of independent contractors (including but not limited to those listed above) who received								ļ			
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2 Total number of independent contractors (including but not limited to those listed above) who received								<u> </u>			
2 Total number of independent contractors (including but not limited to those listed above) who received								\vdash	 		<u> </u>
	2 Total number of independent contractors (in	cludina but not	limite	ed to	thos	se lis	sted a	abov	e) who received	1 2	

31-4280353

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not red	quirea to compiete		ina (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•		
•	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			
	Benefits paid to or for members	0			
4	•	U		1	
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	_			
	persons described in section 4958(c)(3)(B)	.0			
7	Other salaries and wages	.0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroli taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	475			
С	Accounting	1,975			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17 [0			
f	Investment management fees [0			
g	Other	11,312			
12	Advertising and promotion [0			
13	Office expenses	22,198			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	291,948			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,424			
20	Interest	0			
21	Payments to affiliates	18,758			-
22	Depreciation, depletion, and amortization	10,730	0	0	0
	•	1,728			
23 24	Insurance	1,120			
24					
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	20.000			<u> </u>
a	Entertainment and social events	30,960			
b	Contributions	777			
C	Campus obligations	4,580			
d	Contributions to house corp	52,561			
8	Recruitment	5,008			
f		2,239			
25	Total functional expenses. Add lines 1 through 24f	446,943	0	0	. 0
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 2 407,686 421,194 2 3 3 4,149 4 6,040 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete ol 6 ol 7 7 Inventories for sale or use 8 875l 9 172 Prepaid expenses and deferred charges . . . 9 10a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 0 10c 0 0 11 0 11 ol 12 0 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 0 0 13 13 ol 14 0 14 2,435 15 2,435 15 415,145 16 429,841 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 541 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 0 22 Secured mortgages and notes payable to unrelated third parties . . . ol 23 0 23 ol 24 0 24 Unsecured notes and loans payable to unrelated third parties ol 25 0 Other liabilities. Complete Part X of Schedule D. 25 541 Ol 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 415,145 27 429,300 28 28 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds. 32 32 415,145 429,300 33 33 415,145 34 429,841

Part	XI Financial Statements and Reporting	_		
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		4	
	Schedule O.	,	1. 1.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
þ	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	_
	If the organization changed either its oversight process or selection process during the tax year, explain in			Ť., K
	Schedule O.			27.27
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		-	
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			990	(2000)

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service
Name of the organization ► Attach to Form 990.

Inspection Employer identification number

Pi Beta Phi Ohio Beta Chapter	31-4280353
Form 990 Part VI Section B Line 11 The VP of finance presents the form to the chapter member	s for
their review.	
···	
•••	
•	

Part X, Line 4 (990) - Accounts Receivable

•		Accounts red	eivable	Allowance for dou	btful accounts
	ſ	Beginning	End	Beginning	End
1 Accounts receivable	1 [4,149	6,040		
)	2 [
}	3 [
,	4				
)	5 [
· · · · · · · · · · · · · · · · · · ·	⁻ 6 [-
	7 [
	8				
)	9				
0	10				
1 Total accounts receivable	⁻ 11	4,149	6,040	0	0

Part X, Line 15 (990) - Other Assets

Part X, Line 15 (990) - Other Assets	2,435	2,43
Description	Beginning	End
1 Deposits	2,435	2,43
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		