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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

<u>A</u>	for the	2009 calendar year, or tax year beginning ししし 1, 2009 and endi	ing J	UN 30, 2010					
В	Check If	Please C Name of organization		D Employer identific	cation number				
	applicable	USCONSIN ALPH	Ą						
Г	Addres	as label or CHAPTER							
⊢	Name	Noe David Burney		39-1	553017				
⊢	lchange lnitial	Doing Business As	/						
누	lretum	0	m/suite	E Telephone numbe					
느	Termin	Instruc- 130 LANGDON ST.		(608					
L	Amend	City or town, state or country, and ZiF + 4		G Gross receipts \$	588,635.				
		TADIBON, WI 33703		H(a) is this a group re					
	pendin	F Name and address of principal officer:SARAH SCHUPANITZ		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No				
1	Tay-aya	empt status: X 501(c) ( 7 ) ◀ (insert no.) 4947(a)(1) or 527		1	list. (see instructions)				
		e: NWW.PIBETAPHI.ORG/WISC		H(c) Group exemptio					
			L Year	of formation. 1034[N	A State of legal domicile. WI				
P	art I	Summary							
0	1 1	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f MUTU}$	UALL	Y ENCOURAGE	AND ASSIST				
Activities & Governance		MEMBERS IN SOCIAL, MENTAL, AND MORAL ADVANC	CEME	NT.					
Ē	-	Check this box   if the organization discontinued its operations or disposed of			ssets.				
Š	1 -	Number of voting members of the governing body (Part VI, line 1a)		3	10				
Ĝ	I.				10				
≪	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	70				
<u>ë</u>	5	Total number of employees (Part V, line 2a)		5	106				
₹	6	Total number of volunteers (estimate if necessary)		6	126				
Ę	7a '	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	(1) 2,127.				
•	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current-Year				
	8	Contributions and grants (Part VIII, line 1h)							
Revenue	١٠		-		585,914.				
é	9	Program service revenue (Part VIII, line 2g)			1,461.				
ě	10	Investment income (Part VIII, Column (A), line 37), and 7d)	_						
_	11	Other revenue (Part VI)I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			666.				
	12	Total revenue - add lines through 11 (must equal Partvill, column (A), line 12)			588,041.				
	13	Grants and similar amounts paid (Part IX) column (A), lines 1-3)			1,260.				
		Benefits paid to or for members (Part IX, column (A), line 4)							
۰.	l	Salaries, other compensation and lower benefits (Part IX) column (A), lines 5-10)			-				
Expenses	10								
ē	10a	Professional fundraising fees (Part IX, Column (A), fine 116)							
×	b	Total fundraising expenses (Part IX, column (D), line 25)	_						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	<del> </del>	518,565.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			519,825.				
	19	Revenue less expenses. Subtract line 18 from line 12	-		68,216.				
Net Assets or	3		Be	ginning of Current Year	End of Year				
ta Si	20	Total assets (Part X, line 16)		144,081.	210,272.				
SSS	3 24	·		3,285.	1,260.				
<u>=</u>	21	Total liabilities (Part X, line 26)	-	140,796.	209,012.				
		Net assets or fund balances. Subtract line 21 from line 20		140,730.	209,012.				
P	art II	Signature Block							
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stall and complete. Declaration of preparer (other than officer) is pased on all information of which preparer has any kr	itements, nowledge	and to the best of my knowled	ige and belief, it is true, correct,				
	100 and the state of the state								
Sig	gn	IN THEATHAN (TIBATINY COLV-			/// 10				
Signature of officer Date									
		Megan Hoffman, Via President of	- I	inance					
		Type or brint name and title		11104190					
_		I Suite	Ch	eck if Prepar	rer's identifying number				
Price (see instructions)									
Drongroup									
Hen Delty Vousifi STONE CARLIE & COMPANY, LLC									
-	,	self-employed), 101 S. HANLEY ROAD, SUITE 800							
_		ZIP+4 ST. LOUIS, MO 63105-3437		Phone no ► 3	14-889-1100				
Ma	y the li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2009)								

4d Other program services. (Describe in Schedule O.) including grants of \$

) (Revenue \$

Total program service expenses > \$ 4e

Form	990 (2009) CHAPTER 39-155	<u>  301 /</u>	P	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ. <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	Ļ.,	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		١.	1
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5	N/	A
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	ļ	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	L	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	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		ŀ	
	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, VIII, IX, or X		l	
	as applicable .	11	X	ļ
•	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.	ļ		
•	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	ŀ		١
	Schedule D, Parts XI, XII, and XIII.	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X	-+	ļ	<del> </del>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	١,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١,,
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
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	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1-	X
10	Did the erganization report more than \$15,000 of group income from gaming activities on Bort VIII. line 932 If "Ves."		1	1

complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part 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 17 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		<u> </u>
b	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		
d	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	N/	<u>A</u>
Ь	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 990-EZ? If "Yes," complete			
	Schedule L, Part i	25b	N/	<u>A</u>
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		<u>X</u>
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? If "Yes, " complete			
	Schedule L, Part III	27	,	X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
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		_X_
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		<u> </u>
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		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		١.	
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
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	_X_	
		Form	<b>990</b> (	2009)

Form	990 (2009) CHAPTER	3	39- <u>1553</u> (	017	P	age <b>5</b>
Pai	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			,,,,,		
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gan	ning			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		i			
	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 retuined	rns?	Į.	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)	1			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this retu	rn? .	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		,	3b	Х	
4a	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)?	1	4a		X
b	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.					.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ŀ	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and the second of the second			5b_		_ <u>^</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarded to the control of	irding Prohibit	ted	_		
_	Tax Shelter Transaction?			5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organizatio	n solicit		X	
	any contributions that were not tax deductible?		• • }	6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or giπs		01	X	
7	were not tax deductible?		N/A	6b	Λ	
7	Organizations that may receive deductible contributions under section 170(c).	anada and na	, I		,	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for provided to the payor?	goods and se	ervices	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ae reguired	ŀ	70		
·	to file Form 8282?	as required		7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	Ì			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a property of the pay premium o					
Ū	benefit contract?	, 0, 0 0 1 1 a	;	7e		]
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	Ì	7f		
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		- -	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		,	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations.	Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business	holdings			
	at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	0.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	0.			
11	Section 501(c)(12) organizations. Enter:	( 1				
а	Gross income from members or shareholders N/A	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	ļ	12a	ļ	ļ
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>
				Form	990	(2009)

Form 990 (2009)

CHAPTER

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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.

Sec	tion A. Governing Body and Management		1	<del></del>
4.	Enter the number of voting members of the governing body	٠	Yes	No
	10			
	in the figure of	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	i	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
J	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6	Х	
6		<del> </del>		
7a	governing body?	7a	х	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	"		
Ü	by the following:			
2		8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
<u> </u>	tion B. I onoics (mis occion a requests mioritation about policies not required by the micrial nevertice code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	102		
_	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del> </del>		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
-	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this is done	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		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	h		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 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 documents, conflict of interest policy, a	ınd fina	ıncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza  VP_FINANCE - 608-257-5521	ation:		
	130 LANGDON ST., MADISON, WI 53703			
		Form	990	(2009)

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

Section A. 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.

Check this box if the organization did not co (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position				L A	Reportable	Reportable	Estimated	
	hours per		(check all that a			app	iy)	compensation from	compensation from related	amount of other
	week	firecto				_		the	organizations	compensation
		3e or c	<u>S</u>			nsate E		organization	(W-2/1099-MISC)	from the
		tana	ם		88. 6	eg.		(W-2/1099-MISC)		organization and related
		individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
TANDOGA MOONED (2000)		면	=	δ	¥	ΞS	3		·	
VANESSA WEGNER (2009) CHAPTER PRESIDENT	8.00	x		х		ĺ		0.	0.	0.
LAUREN GIMBEL (2009)	0.00	^		Λ		-		·	0.	0.
VP MEMBER DEVELOPMENT	3.00	х		Х		i		0.	0.	0.
ELIZABETH HAMBURGER (200	3.00	Λ				<del> </del>	-	•		
VP FRATERNITY DEVELOPMEN	3.00	x		x		Ì		0.	0.	0.
CAROLINE FRENCH (2009)	3.00	-	<del> </del>					-		
VP FINANCE	8.00	x		Х			ĺ	0.	0.	0.
SUSIE JENSEN (2009)		Ī								
VP MEMBERSHIP	3.00	X		Х				0.	0.	0.
KELLY BLOCK (2009)			-							
VP ADMINISTRATION	3.00	Х		X				0.	0.	0.
LAUREN MARINARO (2009)										
VP PHILANTHROPY	3.00	X		Х		_	_	0.	0.	0.
KRISTEN LINDSEY (2009)			1	İ				_		_
VP COMMUNICATIONS	3.00	X	<u> </u>	Х				0.	0.	0.
DARBY BOESE (2009)				l						
VP EVENT PLANNING	5.00	X	<u> </u>	X		-		0.	0.	0.
SARAH SCHUPANITZ (2010)	15 00	,,							0.	0
CHAPTER PRESIDENT	15.00	X	├	Х		-	_	0.	0.	0.
NATALIE WALKER (2010) VP MEMBER DEVELOPMENT	7.00	X		X				0.	0.	0.
LAURA DATTILO (2010)	7.00	^	-	1	├	┼	├	0.		- 0.
VP FRATERNITY DEVELOPMEN	5.00	X	ļ	X		1		0.	0.	0.
MEGAN HOFFMAN (2010)	3.00	-		<u>^``</u>	┢	╁╌╴	<del> </del>			
VP FINANCE	15.00	X		X				0.	0.	0.
BONNIE JIRTLE (2010)	25000	亡	┢		H	$\vdash$	H			
VP MEMBERSHIP	13.00	X		X		1	Ì	0.	0.	0.
MEREDITH NEISON (2010)					T					
VP ADMINISTRATION	7.00	Х	L	Х	L			0.	0.	0.
KARI WOLTER (2010)										
VP PHILANTHROPY	5.00	X		X				0.	0.	0.
AMY VERHEY (2010)				1					_	_
VP COMMUNICATIONS	5.00	X		X	1	$\perp$		0.	0.	0.

932007 02-04-10

Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	уеє	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average hours	/2	h	Pos			.1. 1	Reportable compensation	Reportable	Estimated amount of		
	per	<del>- 1</del>		(check all that			עניי <u>.</u> 	from	compensation from related	اعا	other	OI .
	week	director			ļ	l.		the	organizations	i i	npensa	
		8	trustae			ansate ansate		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the	
		Individual trustee	Para E		Кеу етріоуве	Highest compens employee		(44-2/1099-14113C)		1 -	ganızatı d relat	
		P P	Institutional	Officer	E A	P Ses	Ē			org	anızatio	ons
		<u> </u>	=	L	3	Ξ 5	<u> </u>					
ANGELINA KALAYTOWICZ (20	12 00											^
VP EVENT PLANNING HOPE STIMAC (2010)	13.00	X		X	<b> </b>	<del> </del>	-	0.	0	<u> </u>		0.
VP HOUSING	5.00	X		X				0.	0	_		0.
TI HOODING	3,00	<del>                                     </del>		-	t	<del>                                     </del>		1		<u> </u>		
										1		
		L										
		ļ	ļ		ļ	<del> </del>				4		
		├		$\vdash$	<del>                                     </del>	-	-			<del></del>		
		$\vdash$				1				<del> </del>		
										1		
							ł					
		<u></u>	L	L	<u> </u>	L_						
1b Total	-4 14 - 4 4 - 44	<del></del>				<u> </u>		0.	0	•		0.
<ul> <li>Total number of individuals (including but n compensation from the organization</li> </ul>	ot ilmited to tr	nose	liste	ed a	bov	e) wi	no re	eceived more than \$100	0,000 in reportable			0
Compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tru	stee	. ke	v en	olan	vee.	or h	nighest compensated ei	mplovee on	[		
line 1a? If "Yes," complete Schedule J for s				•	•	•		,	, ,	3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	," со	mpl	ete S	Sche	edul	e <i>J</i> 1	for such individual		4	ļ	X
5 Did any person listed on line 1a receive or a				from	any	y uni	elat	ed organization for serv	ices rendered to			
the organization? If "Yes," complete Sched	ule J for such	pers	on							5		X
Section B. Independent Contractors  1 Complete this table for your five highest co								h -	\$100,000 of company			
the organization. NONE	inpensateu in	uepe	silue	ant C	JOIN	racii	JI 5 (	mat received more man	\$100,000 of comper	isalion	HOIII	
(A)						•		(B)		((	C)	
Name and business	address							Description of s	services	Compe		'n
												-
							$\dashv$					
								<del></del> .				
2 Total number of independent contractors (i	_	not li	mıte	d to		_	stec	d above) who received r	nore than			
\$100,000 in compensation from the organic	zation >					0					000	
										Form	990 (	2009)

39-1553017 Form 990 (2009) CHAPTER Page 9 Part VIII Statement of Revenue (D) (B) (A) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 721000 585,914. 585,914. 2 a MEMBERSHIP DUES Program Service Revenue f All other program service revenue 585,914. ▶ Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,461 1,461 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See 1,260. Part IV. line 18 594. **b** Less: direct expenses 666. 666 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 588,041. 585,914. 2,127.

Total revenue. See instructions

12

CHAPTER

#### Part IX Statement of Functional Expenses

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

	All other organizations must comp			(C)	(D)
Do r 7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,260.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	-			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			······································	<u></u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting .	8,183.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	14,787.			
12	Advertising and promotion	4,495.			
13	Office expenses	3,143.			
14	Information technology	2,838.			
15	Royalties				
16	Occupancy	351,425.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,266.			
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,400.			
24	Other expenses Itemize expenses not covered				
-	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	FOOD EXPENSE	60,241.			
b	MEMBERSHIP DUES	19,000.			
c	SALES TAXES	12,903.			
ď	ENTERTAINMENT AND SOCIA	12,017.			
e	SPECIAL ASSESSMENTS	11,448.			
f	All other expenses	14,419.			
25	Total functional expenses. Add lines 1 through 24f	519,825.			
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				

932010 02-04-10

Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year End of year 1 Cash · non-interest-bearing 141,095. 208,473. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,986. 1,752. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 210,272. 144,081. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,285. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 0. <u>1,260.</u> Other liabilities. Complete Part X of Schedule D 25 3,285. ,260. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 140,796. 209,012. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 209,012.140,796. 33 Total net assets or fund balances 33 210,272. 144,081. Total liabilities and net assets/fund balances

#### PI BETA PHI FRATERNITY WISCONSIN ALPHA

39-1553017 Page **12** CHAPTER Form 990 (2009)

Part XI Financial Statements and Reporting							
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			İ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_			
b	Were the organization's financial statements audited by an independent accountant?	2b		X			
C	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					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
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:						
	Separate basis Consolidated basis Both consolidated and separate basis			İ			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?	_3a		X			
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.	3ь					
		Form	<b>990</b> (	2009)			

932012 02-04-10

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

PI BETA PHI FRATERNITY WISCONSIN ALPHA

Employer identification number 39-1553017

Pa	-		s or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year	(a) Bollo, advised folias	(b) I diled and direct debecarie						
2	Aggregate contributions to (during year)								
3	Aggregate contributions to (during year)  Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	-							
_	are the organization's property, subject to the organization's		Yes No						
6	Did the organization inform all grantees, donors, and donor a		-						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose							
Pa	Impermissible private benefit?		Yes No						
			Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization		internally translated land aven						
	Preservation of land for public use (e.g., recreation or p		istorically important land area						
	Protection of natural habitat	Preservation of a cei	tified historic structure						
_	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quality	lied conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
a	Total number of conservation easements	• •	. 2a						
þ	Total acreage restricted by conservation easements		2b						
C	Number of conservation easements on a certified historic str		. <u>2c</u>						
ď									
3	Number of conservation easements modified, transferred, re year ►	leased, extinguished, or terminated by th	ne organization during the tax						
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the per		:						
	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	during the year						
7	Amount of expenses incurred in monitoring, inspecting, and								
8	Does each conservation easement reported on line 2(d) above								
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	•							
	conservation easements.								
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (	Other Similar Assets.						
	Complete if the organization answered "Yes" to Form								
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e								
	the footnote to its financial statements that describes these								
ь			nce sheet works of art, historical treasures.						
	or other similar assets held for public exhibition, education, of								
	these items:		, , , , , , , , , , , , , , , , , , ,						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$						
	(ii) Assets included in Form 990, Part X		► \$ ► \$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi							
-	the following amounts required to be reported under SFAS 1		a gain, provido						
а	•	10 routing to these items.	<b>▶</b> \$						
b			> \$ > \$						
	ASSOCIATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF		Ψ						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

#### PI BETA PHI FRATERNITY WISCONSIN ALPHA

Sche	dule D (Form 990) 2009 CHAPTER						<u> 39–15</u>	53017	/ Paç	је <b>2</b>
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following	that are a s	ignificant	use of its	collection	ı ıtems	
	(check all that apply):									
а	Public exhibition	d	Loan	or exchange pr	ograms					
b	Scholarly research	е	U Othe	r						
С	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fo	irther the organi	zation's exe	mpt purpo	ose in Parl	XIV.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for cont	ibutions or othe	r assets not	t included		_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year			-		1d				
е	Distributions during the year					1e			_	
f	Ending balance					11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
<u> </u>	If "Yes," explain the arrangement in Part XIV.									
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
		(a) Current year	(b) Prior y	ear (c) Two	years back	(d) Three	ears back	(e) Four	years b	ack
1a	Beginning of year balance .							*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions .									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships .									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	is:							
а	Board designated or quasi-endowment		%							
	Permanent endowment ▶	%								
c	Term endowment	<del></del> %								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and admir	nistered for 1	the organi	zation			
	by:	J				_			Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations		•	•	**			3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule	37				3ь		
4	Describe in Part XIV the intended uses of the	•								
Par	t VI Investments - Land, Building				line 10.					
ستستسا	Description of investment	(a) Cost or o		b) Cost or other		Accumulat	ed	(d) Bool	k value	
	a confinence in modername	basis (investr		basis (other)	1	epreciation		,		
1a	Land					<del></del>				
b	Buildings									
	Leasehold improvements							_		
ď	Equipment									
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. column (F	3), line 10(c).)			<b>•</b>			0.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s									$\overline{}$

Fat A. Other Liabilities. See Form 990, Part A, line 25.									
1.	(a) Description of liability	(b) Amount							
Federal income ta	axes								
CONTRIBUT	TIONS PAYABLE	1,260.							
		•							
	<del></del>								

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1,260.

Sche	dule D (Form 990) 2009 CHAPTER					39-1	L553017	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Finan	cial S	Stater	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses .			6				
7	Prior period adjustments .			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9	_			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10				
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Reve	nue p	er Re	eturn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements				-	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1				- 1		
а	Net unrealized gains on investments	2a				1		
Ь	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
e	Add lines 2a through 2d			٠	-	2e		
3	Subtract line 2e from line 1	•			-	3		<u>-</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
_C	Add lines 4a and 4b				-	4c		
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 XIII Reconciliation of Expenses per Audited Financial Statement	onte Wi	th Eyne	neog	nor		rn	
		CIILO WI	III EXPE	11363	bei i	ne tu	111	
1	Total expenses and losses per audited financial statements				+			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a						
a	Prior year adjustments	2b						
b C	Other losses	2c						
ď	Other (Describe in Part XIV.)	2d				1		
e	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1			•	Ì	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		• •	•	İ			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV.)	4b				1		
	Add lines 4a and 4b					4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5		
	rt XIV Supplemental Information						<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp							4; Part
		_						<del></del>
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#### 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.

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PI BETA PHI FRATERNITY WISCONSIN ALPHA CHAPTER

Employer identification number 39-1553017

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBERSHIP
ORGANIZATION CONSISTING OF UNDERGRADUATE MEMBERS AND ALUMNAE MEMBERS WHO
PARTICIPATE IN ACTIVITIES HELD BY THE CHAPTER.
FORM 990, PART VI, SECTION A, LINE 7A: THE EXECUTIVE COUNCIL OF THE
CHAPTER IS ELECTED BY THE UNDERGRADUATE AND ALUMNAE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS MADE BY THE EXECUTIVE
COUNCIL OF THE ORGANIZATION MUST BE VOTED ON BY MEMBERS OF THE CHAPTER.
FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE VICE PRESIDENT OF FINANCE,
UNDER THE GUIDANCE OF THE ALUMNAE ADVISORY COMMITTEE FINANCIAL ADVISOR,
REVIEWED FORM 990 IN DETAIL ON BEHALF OF THE EXECUTIVE COUNCIL.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.