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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**PI BETA PHI - FLORIDA ALPHA CHAPTER**

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

421 N WOODLAND BLVD UNIT 8237

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

DELAND, FL 32723-0001**D** Employer identification number**59-2476052****E** Telephone number**636-256-0680****F** Group Exemption Number**0544**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **WWW.PIBETAPHI.ORG/STETSON**

J Tax-exempt status (check only one) — ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 66,716.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	64,911.
	4	Investment income	4	30.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,768.
	6b	Less: direct expenses other than fundraising expenses	6b	275.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,493.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	66,441.
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	4,260.
14		Occupancy, rent, utilities, and maintenance	14	11,975.
15		Printing, publications, postage, and shipping	15	262.
16		Other expenses (describe ▶)	16	40,824.
17		Total expenses. Add lines 10 through 16	17	59,442.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,999.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58,414.
	20	Other changes in net assets or fund balances (attach explanation)	20	104.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	65,517.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,414.	65,677.
23 Land and buildings		
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)	0.	10.
25 Total assets	58,414.	65,687.
26 Total liabilities (describe ▶ CONTRIBUTIONS PAYABLE)	0.	170.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,414.	65,517.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 6

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE STATEMENT 5(Grants \$) If this amount includes foreign grants, check here ☐

28a

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACQUELINE MURPHY (2009), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	CHAPTER PRESIDENT	5.00 0.	0.	0.
LAUREN ELIOPOULOS (2009), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP MEMBER DEVELOPMENT	2.00 0.	0.	0.
KAYLEY SMOTHERS (2009), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP FINANCE	2.00 0.	0.	0.
KATHRYN PETERSON (2009), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP ADMINISTRATION	2.00 0.	0.	0.
SARA MACKEE (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL 32723-001	CHAPTER PRESIDENT	5.00 0.	0.	0.
LAUREN ELIOPOULOS (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP MEMBER DEVELOPMENT	2.00 0.	0.	0.
DANIELLE LIND (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL 32723-001	VP FRATERNITY DEVELOPMENT	2.00 0.	0.	0.
KATE MATTHEWS (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL 32723-001	VP FINANCE	2.00 0.	0.	0.
TAYLOR SMITH (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL 32723-001	VP MEMBERSHIP	2.00 0.	0.	0.
KATIE PETERSON (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP ADMINISTRATION	2.00 0.	0.	0.
EMILIE PITTS (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL 32723-001	VP PHILANTHROPY	2.00 0.	0.	0.
AMNE HARRINGTON (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP COMMUNICATIONS	2.00 0.	0.	0.
ALANA CASTRILLON (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP EVENT PLANNING	2.00 0.	0.	0.
MADDIE SATTLER (2010), 421 N WOODLAND BLVD UNIT 8237, DELAND, FL	VP HOUSING	2.00 0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ VP FINANCE Telephone no. ▶ 636-256-0680 Located at ▶ 421 N WOODLAND BLVD UNIT 8237, DELAND, FL ZIP + 4 ▶ 32723-0001		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Kate Matthews</i>	Date 11/12/10	
Paid Preparer's Use Only	Type or print name and title <i>Kate Matthews Vice President of Finance</i>		
	Preparer's signature <i>Marie Carie CPA</i>	Date 11/8/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 STONE CARLIE & COMPANY, LLC 101 S. HANLEY ROAD, SUITE 800 ST. LOUIS, MO 63105-3437		Preparer's identifying number (See instr.) EIN Phone no. 314-889-1100

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

☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
BANK CHARGES	6.		
CAMPUS OBLIGATIONS	1,448.		
CHAPTER PROGRAMMING	3,984.		
COMPOSITE EXPENSE	1,619.		
CONVENTIONS AND SEMINARS	1,464.		
ENTERTAINMENT AND SOCIAL	10,119.		
FRATERNITY OFFICER VISITS	417.		
GIFTS	467.		
HOUSE FUND FEE	2,750.		
INSURANCE	1,008.		
MEMBERSHIP DUES	8,975.		
RECRUITMENT	2,834.		
SPECIAL ASSESSMENTS	3,327.		
SUPPLIES	596.		
TECHNOLOGY EXPENSE	1,213.		
FOOD EXPENSE	179.		
BAD DEBT EXPENSE	418.		
TOTAL TO FORM 990-EZ, LINE 16	40,824.		

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION	AMOUNT		
PRIOR PERIOD ADJUSTMENT	104.		
TOTAL TO FORM 990-EZ, LINE 20	104.		

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS LESS THAN \$5,000	NONE	2,121.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		2,121.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 5

THE FLORIDA ALPHA CHAPTER OF PI BETA PHI FRATERNITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID BY ITS MEMBERS AND PROVIDES GOODS, FACILITIES, AND SERVICES TO MEMBERS WHILE ASSISTING STUDENTS IN IMPROVING VARIOUS EDUCATIONAL AND LEADERSHIP SKILLS BY SUPPORTING PHILANTHROPIC AND COMMUNITY SERVICE PROJECTS. DURING THE CURRENT FISCAL YEAR, THE CHAPTER SERVED APPROXIMATELY 103 MEMBERS.

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STATEMENT 6

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