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52411 NOV 23 2011

# 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)

OMB No 1545-1150

**2009**

Open to Public Inspection

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

▶ 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.

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

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>PI BETA PHI - TEXAS GAMMA</b>		<b>D</b> Employer identification number <b>75-6037382</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>806-792-8028</b>
		<b>17 GREEK CIRCLE</b>		<b>F</b> Group Exemption Number ▶ <b>0544</b>
		City or town, state or country, and ZIP + 4 <b>LUBBOCK, TX 79416</b>		

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

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

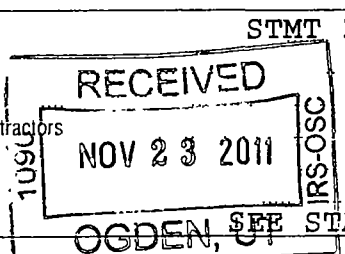
**J** Tax-exempt status (check only one) — ☒ 501(c) ( **7** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**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 ▶ \$ **339,185.**

### 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	175.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	334,980.
	4	Investment income	4	319.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	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"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	3,711.
	b	Less: direct expenses other than fundraising expenses	6b	358.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,353.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	338,827.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	5,525.
	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	13,449.
	14	Occupancy, rent, utilities, and maintenance	14	49,284.
	15	Printing, publications, postage, and shipping	15	320.
	16	Other expenses (describe ▶ _____)	16	203,948.
	17	<b>Total expenses</b> Add lines 10 through 16 ▶	17	272,526.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	66,301.
	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	142,053.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	208,354.



### 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	142,053.	209,579.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	142,053.	209,579.
26 <b>Total liabilities</b> (describe ▶ <b>UNCLEARED CHECKS LIABILITY</b> )	0.	1,225.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	142,053.	208,354.

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

Form 990-EZ (2009)

M2-4 5ne

# Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

## Part I Power of Attorney

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

### 1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address

Pi Beta Phi - Texas Gamma  
17 Greek Circle  
Lubbock, TX 79416

Social security number(s)

Employer identification  
number

75 6037382

Daytime telephone number  
( 636 ) 256-0680

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

### 2 Representative(s) must sign and date this form on page 2, Part II

Name and address

Marie N. Carlie, Stone Carlie & Company  
101 S. Hanley Road, Suite 800  
St. Louis, MO 63105

CAF No 0300-70528R

Telephone No 314-889-1100

Fax No 314-889-1101

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

Kristin K. Rugen, Stone Carlie & Company  
101 S. Hanley Road, Suite 800  
St. Louis, MO 63105

CAF No 0305-42663R

Telephone No 314-889-1100

Fax No 314-889-1101

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

Mark Weinhold, Stone Carlie & Company  
101 S. Hanley Road, Suite 800  
St. Louis, MO 63105

CAF No 0307-01557R

Telephone No 314-889-1100

Fax No 314-889-1101

Check if new Address ☐ Telephone No ☐ Fax No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

### 3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Change in Accounting Method	3115	N/A

4 **Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

5 **Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney

6 **Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here and list the name of that representative below

Name of representative to receive refund check(s) ►

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

- a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐
- b** If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here. ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

**► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

☒ Hayden self Signature 11/14/11 Date V. P. Finance Title (if applicable)

Print Name ☐☐☐☐☐ PIN Number Print name of taxpayer from line 1 if other than individual

Signature Date Title (if applicable)

Print Name ☐☐☐☐☐ PIN Number

## Part II Declaration of Representative

**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230
  - d** Officer—a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer
  - f** Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
  - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions
  - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230
  - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230
  - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e)).

**► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
<b>b</b>	MO	Marie Carlin CPA	11/14/11
<b>b</b>	MO	Kristen Dugan CPA	11/14/11
<b>b</b>	MO	Mark L. Hill CPA	11/14/11