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

Application pending

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	65,677	22	72,149
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	10	24	86
25	Total assets	65,687	25	72,235
26	Total liabilities (describe in Schedule O)	170	26	121
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,517	27	72,114

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? TO MUTUALLY ENCOURAGE AND ASSIST MEMBERS IN SOCIAL, MENTAL, AND MORAL ADVANCEMENT		(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	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 45 MEMBERS. (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
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 (describe in Schedule O) (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)				
Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No		
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes		
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	Yes		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
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 tax year covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <table><tr><td>38b</td><td></td></tr></table>	38b			
38b					
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
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 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____				
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	40e	No		
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ VP OF FINANCE Telephone no ▶ (636) 256-0680 421 N WOODLAND BLVD UNIT 8237 Located at ▶ DELAND, FL ZIP + 4 ▶ 327230001				
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 .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No		
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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 "

(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

50(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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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.

Sign Here	***** Signature of officer		2011-11-07 Date		
	KATHERINE MELTZER VP OF FINANCE Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MARIE CARLIE CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	STONE CARLIE AND COMPANY LLC 101 S HANLEY ROAD SUITE 800 ST LOUIS, MO 63105			EIN
					Phone no (314) 889-1100

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

YesNo

Additional Data

Software ID:
Software Version:
EIN: 59-2476052
Name: PI BETA PHI - FLORIDA ALPHA CHAPTER

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
SARA MCKEE 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	CHAPTER PRESIDENT 28 00	0	0	0
LAUREN ELIOPOULOS 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP MEMBER DEVELOPMENT 25 00	0	0	0
DANIELLE LIND 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP FRATERNITY DEVELOPMENT 8 00	0	0	0
KATHERINE MATTHEWS 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP FINANCE 15 00	0	0	0
TAYLOR SMITH 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP MEMBERSHIP 4 00	0	0	0
KATIE PETERSON 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP ADMINISTRATION 6 00	0	0	0
EMILIE PITTS 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP PHILANTHROPY 6 00	0	0	0
AMNE HARRINGTON 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP COMMUNICATIONS 20 00	0	0	0
ALANA CASTRILLON 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP EVENT PLANNING 15 00	0	0	0
MADISON SATTLER 2010 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP HOUSING 6 00	0	0	0
ALANA CASTRILLON 2011 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	CHAPTER PRESIDENT 28 00	0	0	0
AMNE HARRINGTON 2011 421 N WOODLAND BLVD UNIT 8237 DELAND, FL 32723	VP MEMBER DEVELOPMENT 25 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization PI BETA PHI - FLORIDA ALPHA CHAPTER	Employer identification number 59-2476052
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 18

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS GRANTEE NAME LESS THAN \$5,000 AMOUNT GIVEN 3,709

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 1,869 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 7,006 DESCRIPTION COMPOSITE EXPENSE AMOUNT 1,590 DESCRIPTION CONVENTIONS AND SEMINARS AMOUNT 2,640 DESCRIPTION ENTERTAINMENT AND SOCIAL AMOUNT 9,062 DESCRIPTION GIFTS AMOUNT 262 DESCRIPTION HOUSE FUND FEE AMOUNT 2,375 DESCRIPTION INSURANCE AMOUNT 1,170 DESCRIPTION MEMBERSHIP DUES AMOUNT 10,090 DESCRIPTION RECRUITMENT AMOUNT 2,306 DESCRIPTION SPECIAL ASSESSMENTS AMOUNT 3,210 DESCRIPTION SUPPLIES AMOUNT 249 DESCRIPTION TECHNOLOGY EXPENSE AMOUNT 1,538 TOTAL TO FORM 990-EZ, LINE 16 43,367

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR PERIOD ADJUSTMENT RELATED TO MEMBER INCOME AMOUNT 443

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 10 END OF YEAR AMOUNT 0 DESCRIPTION CONTRIBUTIONS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 86

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CONTRIBUTIONS PAYABLE BEG OF YEAR AMOUNT 170 END OF YEAR AMOUNT 86 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 35

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: PI BETA PHI - FLORIDA ALPHA CHAPTER

EIN: 59-2476052

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.