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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

PI BETA PHI - FLORIDA ALPHA CHAPTER

As Filed Data -

DLN: 93492319022541

D Employer identification number

59-2476052

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Namo chango

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 06-30-2011

Open to Public Inspection

_	itial ret	-	Number and street (of P O box, if mail is not delivered to street address) Ro 421 N WOODLAND BLVD UNIT 8237	om/suite	E Telephone numl	per	
Гт	ermınat	ted			(636) 2	56-0680	
☐ Ar	mended	d return	City or town, state or country, and ZIP + 4 DELAND, FL 327230001		F Group Exemptio Number ► 0544		
A	plicatio	on pending	,		Number P 054-		
G A c	count	tına method	Cash Accrual Other (specify) ►				
		-	APHI ORG/STETSON	_	H Check ► 🗖 ı	f the org	janization is not
J Tax	-Exem _l	pt status(check	only one) — 501(c)(3) 501(c)(7) 4(insert no) 4947(a)(1) or 52	7	required to att (Form 990, 99		
\$5	0,000) A Form 990	inization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return				
		Form 990 instead	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to form 990-EZ		> \$		75,607
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Bal e organization used Schedule O to respond to any question in this		(See the instruct	ons for	Part I) . . . ▽
	1	Contribution	s, gifts, grants, and similar amounts received			1	435
	2	Program ser	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	73,146
	4	Investment	ıncome			4	18
	5a	Gross amou	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)		5c	
ě	6	Gaming and	fundraising events				
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		re from fundraising events (not including \$ 2,008 of contributions fine 1) (attach Schedule G if the sum of such gross income and cor		-		
	c	Less direct	expenses from gaming and fundraising events	6с	1,267		
	d	Net income	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and sub	otract line 6c)	6d	741
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7a)			7c	
	8	Other reven	ue (describe in Schedule O)	•		8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	74,340
	10	Grants and s	similar amounts paid (list in Schedule O)		•	10	3,709
	11	Benefits paid	ito or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
on On On	13	Professional	fees and other payments to independent contractors			13	5,534
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	15,487
Ä	15	Printing, pub	lications, postage, and shipping			15	89
	16	O ther expen	ses (describe in Schedule O)			16	43,367
	17	Total expens	ses. Add lines 10 through 16			17	68,186
<u>ب</u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	6,154
ν. Ο	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (m	ust agre	e with		
Net.Assets		end-of-year	figure reported on prior year's return)			19	65,517
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O)			20	443
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		•	21	72,114

FOIII 990-EZ (2010)						Page Z
Part II Balance Sheets						<u> </u>
Check if the organization used	Schedule O to respond to	any question in t	this Part	<u> </u>	•	<u></u>
(See the instruct	ions for Part II)		(A) Be	ginning 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	0)			170	26	121
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	th line 21) .		65,517	27	72,114
Part III Statement of Program	Service Accomplishm	nents	•			Expenses
Check if the organization used	Schedule O to respond to	any question in t	this Part	III . ▼		equired for section 501
What is the organization's primary exempt	•	MENTAL AND A	400414	DVANCEMENT)(3) and 501(c)(4) ganizations and section
TO MUTUALLY ENCOURAGE AND ASSIS					49	947 (a)(1) trusts,
Describe what was achieved in carrying out describe the services provided, the number					ор	otional for others)
program title						
28 THE FLORIDA ALPHA CHAPTER OF P.						
SUPPORTED BY DUES, FEES, CHARGES, GOODS, FACILITIES, AND SERVICES TO						
VARIOUS EDUCATIONAL AND LEADERS						
COMMUNITY SERVICE PROJECTS DURI	NG THE CURRENT FISCA	LY YEAR, THE C	CHAPTE	RSERVED		
APPROXIMATELY 45 MEMBERS (Grants \$ 0) If the	s amount includes foreign ç	rants check her	re .	. • -	28a	0
29	o amount morados foreign s	grants, eneck ne		<u> </u>	200	9
(Grants \$) If thi	s amount includes foreign ç	rants check hei	ro	. ▶ ┌		
30	5 amount merades foreign g			• • •	29a	3
30						
(Cranta d.)	a amount includes foreign o	aranta abaak ba		. –		
<u> </u>	s amount includes foreign (grants, check her	re	· F1	30a	1
31 O ther program services (describe in Sc (Grants \$) If thi	nequie O)	 grants, check hei	 re	. ▶ □	31a	
32 Total program service expenses (add line					32	
Part IV List of Officers, Directors, Tru					tructio	
Check if the organization used		any question in t	this Part	IV		<u>,</u>
4.3. N	(b) Title and average	(c) Compensa		(d) Contributions		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)		mployee benefit pl deferred compens		
	'		,	'		
See Additional Data Table						

Pa	Part V Other Information (Note the statement requirement)	ents in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to ar	ny question in this Part V			
				Yes	No
33	3 Did the organization engage in any activity not previously reported description of each activity in Schedule O		33		No
34	Were any significant changes made to the organizing or governing of the amended documents if they reflect a change to the organizat Schedule O (see instructions)		34		No
35	If the organization had income from business activities, such as th others), but not reported on Form 990-T, explain in Schedule O wh Form 990-T.	ny the organization did not report the income on			
а	a Did the organization have unrelated business gross income of \$1,0 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice	• • • • • • • • • • • • • • • • • • • •	35a	Yes	
b	b If "Yes," has it filed a tax return on Form 990-T for this year? (see	instructions)	35b	Yes	
36	6 Did the organization undergo a liquidation, dissolution, termination the year? If "Yes," complete applicable parts of Schedule N		36		No
37a	7a Enter amount of political expenditures, direct or indirect, as described in the instru	ortions - 0			
b	b Did the organization file Form 1120-POL for this year?		37b		
38a	8a Did the organization borrow from, or make any loans to, any officer,	, dırector, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end	d of the tax year covered by this return?	38a		No
b	b If "Yes," complete Schedule L, Part II and enter the total amount in	nvolved . 38b			
39	9 Section 501(c)(7) organizations. Enter				
а	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				
40a	0a Section $501(c)(3)$ organizations. Enter amount of tax imposed on the	organization during the year under			
	section 4911				
Ь	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization e transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transported on any of its prior Forms 990 or 990-EZ? If "Yes," complete	ansaction in a prior year that has not been	40Ь		
С	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of ta disqualified persons during the year under sections 4912, 4955, a				
d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of ta organization	ox on line 40c reimbursed by the			
е	e All organizations. At any time during the tax year, was the organizat transaction? If "Yes," complete Form 8886-T		40e		No
41	List the states with which a copy of this return is filed 🕨				
42a		Telephone no	• <u>(63</u>	6) 256	-0680
	421 N WOODLAND BLVD UNIT 8237 Located at ▶ DELAND, FL	ZIP + 4	32	272300	01
ь	b At any time during the calendar year, did the organization have an	interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank accou account)?	unt, securities account, or other financial	42b	res	No
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Forn Financial Accounts.	n TD F 90-22.1, Report of Foreign Bank and			
c	c At any time during the calendar year, did the organization maintain	an office outside of the US?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨				
	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E, and enter the amount of tax-exempt interest received or accrued du				▶ Г
44a	4a Did the organization maintain any donor advised funds? <i>If "Yes", Fo</i>	orm 990 must be completed instead of		Yes	No
	Form 990-EZ.		44a		Νo
b	b Did the organization operate one or more hospital facilities during tinstead of Form990-EZ	the year? If 'Yes,' Form 990 must be completed	44b		No
с	c Did the organization receive any payments for indoor tanning servi	ces during the year?	44c		No
d	d If 'Yes' to line 44c, has the organization filed a Form 720 to report in Schedule O	these payments? If 'No,' provide an explanation	44d		

Form 990-	EZ (2010)						W	Page 4
					- (1) (1 -)		Yes	No
	ny related organization a controlle ´Form 990 and Schedule R must be			fsection 51	2(b)(13)? <i>If</i>	45		Νo
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		N.o.
46 Did t	the organization engage, directly lidates for public office? If "Yes,"	or indirectly, in political	campaign activities on b					No
Part VI	· · · · · · · · · · · · · · · · · · ·			evemnt c	haritahla tri	46	nlv	No
Pait VI	All section 501(c)(3) organ 47-49b and 52.			_			-	stions
	Check if the organization used	Schedule O to respond	to any question in this P	Part VI .		<u></u>		<u> </u>
							Yes	No
47 Did 1	the organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
48 Is th	ne organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
49a Did 1	the organization make any transfe	ers to an exempt non-ch	arıtable related organızat	tion?		49a		
b If"Y	es," was the related organization	a section 527 organizat	tion?			49b		
	plete this table for the organization				•		•	
	loyees) who each received more t	than \$100,000 of compe (b) Title and average	_		re is none, enter		e " e) Exper	nse
	e and address of each employee aid more than \$100,000	hours per week	(c) Compensation	employee I	penefit plans &	a	count	and
<u> </u>		devoted to position		deterred o	ompensation	otne	r allowa	inces
50(f) ⊤o	tal number of other employees pa	ıd over \$100,000 .				•		
	tal number of other employees pa	, ,		ractors who	•	nore th	an \$10	0,000
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	plete this table for the organization	on's five highest comper n If there is none, enter	"None"	,	each received me of service		an \$10	
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com	uplete this table for the organization	on's five highest comper n If there is none, enter	"None"	,				
51 Com of cc (a) N	iplete this table for the organization in the organization from the organization lame and address of each independent	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " ore than \$100,000	,				
51 Com of co (a) N	iplete this table for the organization in the organization from the organization lame and address of each independent call number of other independent c	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	ompen	sation
51 Com of cc (a) N 51(d) To 52 Di	iplete this table for the organization in the organization from the organization lame and address of each independent	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	ompen	trusts
51 Com of co (a) N 51(d) To 52 Di mi	tal number of other independent of the organization that the organization of the organization of the organization that is a second of the organization complete Scheust attach a completed Schedule of the organization of the org	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Type		npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) To: 52 Di mi	tal number of other independent of the organization that the organization of the independent of the organization of the organization complete Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Type		npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) To: 52 Di mi	tal number of other independent of the organization that the organization of the independent of the organization of the organization complete Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed schedule.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Type		npt cha	aritable (es	trusts No
51 Com of co (a) N 51(d) To: 52 Di mi	tal number of other independent of the organization that the organization that the organization that the organization that the organization complete Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief, it is true, correct, and complete that I have and belief.	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ing over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Type	a of service (a)(1) nonexen (a)(1) nonexen (b) the service	npt cha	aritable (es	trusts No
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51 Comofice (a) N 51(d) To 52 Di mi Juder pena mowledge mowledge. Sign Here	tal number of other independent of the organization dame and address of each independent of the organization complete. Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and control of the organization complete of the ust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and control of the organization complete of the ust attach a complete of the ust attach attac	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type	r (a)(1) nonexen atements, and to ill information of	npt cha	aritable /es st of my prepare	trusts No
51 Comofice (a) N 51(d) To 52 Di mu	tal number of other independent of the organization dame and address of each independent of the organization complete. Scheust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete of the ust attach a complete of the ust attach attach a complete of the ust attach	on's five highest comperation of property of the second contractor paid months and the second contractors each receiving a second contractor of property of the second contractor of the second contrac	"None " ore than \$100,000 Ing over \$100,000 Ing o	ons and 4947edules and st is based on a	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (d)(1) nonexen (e)(1) nonexen (e)(1) nonexen (f)(1) nonexen	npt cha	aritable /es st of my prepare	trusts No

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492319022541

Employer identification number

59-2476052

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization PI BETA PHI - FLORIDA ALPHA CHAPTER

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.

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 18

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	, , ,	ACTIVITY CLASSIFICATION CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS GRANTEE NAME LESS THAN \$5,000 AMOUNT GIVEN 3,709

ldentifier	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

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

ldentifier	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

ldentifier	Return Reference	Explanation
OTHER LIABILITIES	l '	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.