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A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011		D Employer identification number
B Check if applicable	C Name of organization BETA BETA GAMMA FOUNDATION	99-0344170
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Name change	3615 HARDING AVENUE NO 206	(808) 942-7789
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number
<input type="checkbox"/> Amended return	HONOLULU, HI 96816	
<input type="checkbox"/> Application pending		

G Accounting method ☒ Cash ☐ Accrual Other (specify)

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Tax-Exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 115,446**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I <input checked="checked" type="checkbox"/>	

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	9,800	
	2	Program service revenue including government fees and contracts			2		
	3	Membership dues and assessments			3		
	4	Investment income			4	8,840	
	5a	Gross amount from sale of assets other than inventory	5a	65,466			
	b	Less cost or other basis and sales expenses	5b	62,943			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	2,523	
	6	Gaming and fundraising events					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a				
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b				
	c	Less direct expenses from gaming and fundraising events	6c				
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)			6d		
	7a	Gross sales of inventory, less returns and allowances	7a	31,340			
	b	Less cost of goods sold	7b	20,854			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	10,486	
	8	Other revenue (describe in Schedule O)			8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	31,649	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	16,000
		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	785	
14		Occupancy, rent, utilities, and maintenance			14		
15		Printing, publications, postage, and shipping			15	2,095	
16		Other expenses (describe in Schedule O)			16	3,092	
17		Total expenses. Add lines 10 through 16			17	21,972	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	9,677	
	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	204,726	
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	214,403	

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	206,239	22	215,808
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	0	24	
25	Total assets	206,239	25	215,808
26	Total liabilities (describe in Schedule O)	1,513	26	1,405
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	204,726	27	214,403

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 AWARD GRANTS TO 501(C)(3) CHARITIES IN THE COMMUNITY AND TO AWARD SCHOLARSHIPS TO FULL-TIME STUDENTS WHO ARE ARE ACTIVE MEMBERS OF BETA BETA GAMMA SORORITY AT THE UNIVERSITY OF HAWAII AT MANOA		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	WE AWARDED GRANTS OF \$10,000 TO UNIVERSITY OF HAWAII FOUNDATION FOR KAPIOLANI DEAF CENTER/GALLAUDET PROGRAM AND \$2,000 TO INSTITUTE FOR HUMAN SERVICES FOR THEIR FAMILY SHELTER PROGRAM. WE DID NOT AWARD ANY SCHOLARSHIPS LAST YEAR BECAUSE THERE WERE NO APPLICANTS. (Grants \$) 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	0

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
37b	Did the organization file Form 1120-POL for this year?		
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
40b	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		No
40c	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		0
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
40e	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		No
41	List the states with which a copy of this return is filed <input type="text" value="HI"/>		
42a	The organization's books are in care of <input type="text" value="WENDY KUWAHARA"/> Telephone no <input type="text" value="(808) 271-1619"/> 1350 S KING ST 209 Located at <input type="text" value="HONOLULU, HI"/> ZIP + 4 <input type="text" value="96814"/>		
42b	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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 <input type="text"/>		No
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 <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)		No

		Yes	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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
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
NONE				
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
NONE		

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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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		2012-08-09 Date	
	WENDY KUWAHARA TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	JAMES JENNINGS	Date	2012-08-09
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's taxpayer identification number (See instructions)
	JAMES D JENNINGS CPA INC 1600 KAPIOLANI BLVD SUITE 1000 HONOLULU, HI 96814			P00290849 EIN 43-1952338 Phone no (808) 942-8813
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization BETA BETA GAMMA FOUNDATION	Employer identification number 99-0344170
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,276	20,819	14,073	9,910	9,800	71,878
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,900	42,504	44,673	33,595	31,340	184,012
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	49,176	63,323	58,746	43,505	41,140	255,890
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		10,000				10,000
cAdd lines 7a and 7b		10,000				10,000
8Public Support (Subtract line 7c from line 6)						245,890

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	49,176	63,323	58,746	43,505	41,140	255,890
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,289	1,114	7,168	7,858	8,840	45,269
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	20,289	1,114	7,168	7,858	8,840	45,269
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	69,465	64,437	65,914	51,363	49,980	301,159
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	81.650 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	56.680 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	15.030 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	14.000 %

- 19a33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public
Inspection

Name of the organization BETA BETA GAMMA FOUNDATION	Employer identification number 99-0344170
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 8,840
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME. GROSS RECEIPTS 31,340 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 20,854 GROSS PROFIT 10,486 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 19,054 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 1,800 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 20,854
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME TEACH OF AMERICA DATE OF GIFT 10/22/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HOSPICE HAWAII DATE OF GIFT 11/26/11 AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ETHNIC EDUCATION FOUNDATION DATE OF GIFT 11/26/11 AMOUNT GIVEN 4,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME FAMILY PROMISE DATE OF GIFT 11/26/11 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HALE KIPA DATE OF GIFT 11/26/11 AMOUNT GIVEN 2,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME UH SPEECH & HEARING DATE OF GIFT 11/26/11 AMOUNT GIVEN 2,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 16,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION SUPPLIES AMOUNT 114 DESCRIPTION LICENSE AND FEES AMOUNT 3 DESCRIPTION INSURANCE AMOUNT 924 DESCRIPTION INTEREST EXPENSE AMOUNT 45 DESCRIPTION BANK CHARGES AMOUNT 110 DESCRIPTION BOARD MEETING EXPENSE AMOUNT 64 DESCRIPTION GENERAL EXICISE TAX AMOUNT 1,405 DESCRIPTION MISCELLANEOUS AMOUNT 427 TOTAL TO FORM 990-EZ, LINE 16 3,092
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCRUED GET BEG OF YEAR AMOUNT 1,513 END OF YEAR AMOUNT 1,405

Additional Data

Software ID:
Software Version:
EIN: 99-0344170
Name: BETA BETA GAMMA FOUNDATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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
KAREN KANEKO 3615 HARDING AVE STE 206 HONOLULU, HI 96816	PRESIDENT 1 00	0	0	0
WENDY KUWAHARA 3615 HARDING AVE STE 206 HONOLULU, HI 96816	TREASURER 1 00	0	0	0
DONNA HOSHIDE 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
KALENE SAKAMOTO 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
LYNNE USHIJIMA UNEMORI 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
JUDITH SARANCHOCK 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
AILEEN SHIN 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
JANICE KIM 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
CAROLYN AOKI 3615 HARDING AVE STE 206 HONOLULU, HI 96816	SECRETARY 1 00	0	0	0
SUSAN TAIRA 3615 HARDING AVE STE 206 HONOLULU, HI 96816	DIRECTOR 1 00	0	0	0
LISA SAKAMOTO 3615 HARDING AVE STE 206 HONOLULU, HI 96816	VICE PRESIDENT 1 00	0	0	0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: BETA BETA GAMMA FOUNDATION

EIN: 99-0344170

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.