



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



► 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.*

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable	C Name of organization OHIO KAPPA CHAPTER OF PI BETA PHI		D Employer identification number 27-0810049
<input type="checkbox"/> Address change			E Telephone number (636) 256-0680
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
	C Number and street (or P O box, if mail is not delivered to street address) Room/suite 2634 STRATFORD AVE BLDG 18 MAILBOX 390 NO 304		
	C City or town, state or country, and ZIP + 4 CINCINNATI, OH 45220		F Group Exemption Number 0544

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

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(7) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 147,978**

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	457
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	144,771
	4	Investment income			4	172
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)				
	6	Gaming and fundraising events			6d	1,736
	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	2,578		
	c	Less direct expenses from gaming and fundraising events	6c	842		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	147,136	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	8,892
	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	9,323
	14	Occupancy, rent, utilities, and maintenance			14	911
	15	Printing, publications, postage, and shipping			15	288
	16	Other expenses (describe in Schedule O)			16	97,161
	17	Total expenses. Add lines 10 through 16			17	116,575
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	30,561
	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	105,626
	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	136,187

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	102,930	22	134,649
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,696	24	1,576
25	Total assets	105,626	25	136,225
26	Total liabilities (describe in Schedule O)	0	26	38
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,626	27	136,187

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? TO MUTUALLY ENCOURAGE AND ASSIST MEMBERS IN SOCIAL, MENTAL, AND MORAL ADVANCEMENT		Expenses (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	THE OHIO KAPPA CHAPTER OF PI BETA PHI FRATERNITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PAID BY ITS MEMBERS THAT 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 130 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 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)?	Yes	
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	Yes	
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		0
39b	Gross receipts, included on line 9, for public use of club facilities		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		
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		
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		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		
42a	The organization's books are in care of VP OF FINANCE 2634 STRATFORD AVE BLDG 18 MAILBOX 390 Located at CINCINNATI, OH ZIP + 4 45220 Telephone no (636) 256-0680		
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 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		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		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)		

		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		
46			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		
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

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

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

Yes 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		2012-10-23 Date			
	RALEIGH PIERSON 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) P00084927	
	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 43-0642511	
					Phone no (314) 889-1100	
May the IRS discuss this return with the preparer shown above? See instructions						Yes No

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.

2011

Open to Public Inspection

Name of the organization
OHIO KAPPA CHAPTER OF PI BETA PHI

Employer identification number

27-0810049

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 172
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS TO CHARITABLE GRANTEE NAME ORGANIZATIONS LESS THAN \$5,000 AMOUNT GIVEN 2,331
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME PI BETA PHI FOUNDATION GRANTEE ADDRESS 1154 TOWN & COUNTRY COMMONS DRIVE TOWN & COUNTRY, MO 63017 AMOUNT GIVEN 6,561 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,892
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BAD DEBT EXPENSE AMOUNT 1,069 DESCRIPTION BANK CHARGES AMOUNT 6 DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 3,233 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 18,463 DESCRIPTION CONVENTIONS & SEMINARS AMOUNT 3,293 DESCRIPTION ENTERTAINMENT & SOCIAL AMOUNT 25,161 DESCRIPTION FRATERNITY OFFICER VISITS AMOUNT 228 DESCRIPTION GIFTS AMOUNT 2,099 DESCRIPTION INSURANCE AMOUNT 2,341 DESCRIPTION RECRUITMENT AMOUNT 3,545 DESCRIPTION SPECIAL ASSESSMENTS AMOUNT 1,276 DESCRIPTION SUPPLIES AMOUNT 1,684 DESCRIPTION FOOD EXPENSE AMOUNT 34,763 TOTAL TO FORM 990-EZ, LINE 16 97,161
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,696 END OF YEAR AMOUNT 1,576
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 38

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: OHIO KAPPA CHAPTER OF PI BETA PHI

EIN: 27-0810049

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.

Additional Data

Software ID:

Software Version:

EIN: 27-0810049

Name: OHIO KAPPA CHAPTER OF PI BETA PHI

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
MACKENZIE AUSTIN 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	CHAPTER PRESIDENT 20 00	0	0	0
REBECCA WOOD 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP MEMBER DEVELOPMENT 10 00	0	0	0
STEPHANIE MACKE 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP FRATERNITY DEVELOPMENT 10 00	0	0	0
EMILY HAGER 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP FINANCE 12 00	0	0	0
MICHELLE TUFANO 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP MEMBERSHIP 12 00	0	0	0
BETHANY MAYNARD 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP ADMINISTRATION 10 00	0	0	0
JORDAN KEYSOR 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP PHILANTHROPY 10 00	0	0	0
LAUREN LEWEY 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP COMMUNICATIONS 10 00	0	0	0
ALYX COLE 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP EVENT PLANNING 15 00	0	0	0
ALEXANDRA HARTKE 2011 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP HOUSING 10 00	0	0	0
HANNAH JONES 2012 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	CHAPTER PRESIDENT 20 00	0	0	0
JORDAN KEYSOR 2012 2634 STRATFORD AVE BLDG 18 MAILBOX CINCINNATI,OH 45220	VP MEMBER DEVELOPMENT 10 00	0	0	0