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► 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.*

D Employer identification number
54-6069399

E Telephone number
(636) 256-0680

F Group Exemption Number ▶ 0544

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I 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	25,019	22	30,021
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	227	24	2,430
25	Total assets	25,246	25	32,451
26	Total liabilities (describe in Schedule O)	1,000	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,246	27	32,451

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
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 VIRGINIA GAMMA 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 63 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	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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes
c	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	35c	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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  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	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 CSU 6065 PO BOX 8793 Located at  WILLIAMSBURG, VA ZIP + 4  23187		
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  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.	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	

		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	2012-11-06 Date		
	GABBY GARCIA 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
	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		Preparer's taxpayer identification number (See instructions) P00084927
			EIN	43-0642511 Phone no (314) 889-1100

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

Yes No

2011

**Open to Public
Inspection**

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.

Name of the organization
PI BETA PHI FRATERNITY VA GAMMA 212

Employer identification number

54-6069399

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 6
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME TO CHARITABLE ORGANIZATIONS LESS THAN \$5,000 AMOUNT GIVEN 3,220
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 1,012 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 7,034 DESCRIPTION COMPOSITE EXPENSE AMOUNT 2,331 DESCRIPTION CONVENTIONS & SEMINARS AMOUNT 3,190 DESCRIPTION ENTERTAINMENT & SOCIAL AMOUNT 15,945 DESCRIPTION GIFTS AMOUNT 736 DESCRIPTION INSURANCE AMOUNT 1,768 DESCRIPTION RECRUITMENT AMOUNT 649 DESCRIPTION SPECIAL ASSESSMENT AMOUNT 9,907 DESCRIPTION SUPPLIES AMOUNT 1,310 DESCRIPTION FOOD EXPENSE AMOUNT 413 DESCRIPTION BANK CHARGES AMOUNT 75 DESCRIPTION FRATERNITY OFFICER VISIT AMOUNT 760 TOTAL TO FORM 990-EZ, LINE 16 45,130
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 227 END OF YEAR AMOUNT 2,430
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CONTRIBUTIONS PAYABLE BEG OF YEAR AMOUNT 1,000 END OF YEAR AMOUNT 0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: PI BETA PHI FRATERNITY VA GAMMA 212

EIN: 54-6069399

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: 54-6069399
Name: PI BETA PHI FRATERNITY VA GAMMA 212

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
CHRISTINE ZDELAR 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	CHAPTER PRESIDENT 18 00	0	0	0
ABBY ROACH 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP MEMBER DEVELOPMENT 6 00	0	0	0
DANI ROSEN 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP FRATERNITY DEVELOPMENT 5 00	0	0	0
KC DANG 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP FINANCE 5 00	0	0	0
EMILY LAWRENCE 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP MEMBERSHIP 10 00	0	0	0
SAMANTHA PHILLIPS 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP ADMINISTRATION 4 00	0	0	0
KELSEY TAYLOR 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP PHILANTHROPY 4 00	0	0	0
LAURA CLAGGETT 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP COMMUNICATIONS 5 00	0	0	0
MOEY FOX 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP EVENT PLANNING 8 00	0	0	0
AMY ROACH 2011 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP HOUSING 4 00	0	0	0
CAROLINE GENSHEIMER 2012 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	CHAPTER PRESIDENT 17 00	0	0	0
CHELSEA BELL 2012 CSU 6065 PO BOX 8793 WILLIAMSBURG,VA 23187	VP MEMBER DEVELOPMENT 5 00	0	0	0