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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Application pending

**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 ☒

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 . . . . .	38,671	22	49,625
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	0	24	519
25	Total assets . . . . .	38,671	25	50,144
26	Total liabilities (describe in Schedule O) . . . . .	169	26	109
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	38,502	27	50,035

Part IIIStatement 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

28THE ARIZONA GAMMA CHAPTER OF PI BETA PHI FRATNERITY IS A MEMBERSHIP ORGANIZATION SUPPORTED BY DUES, FEES, CHARGES, OR OTHER FUNDS PROVIDED 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 83 MEMBERS  
(Grants \$ 0) If this amount includes foreign grants, check here

28a0

29  
(Grants \$ ) If this amount includes foreign grants, check here

29a

30  
(Grants \$ ) If this amount includes foreign grants, check here

30a

31Other program services (describe in Schedule O) . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32Total program service expenses (add lines 28a through 31a) . . . . .

32

Part IVList 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 <b>not</b> 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 <b>Form 990-T</b> 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 <b>Form 1120-POL</b> for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	AZ	
42a	The organization's books are in care of	VP OF FINANCE	Telephone no
		153 W PORTLAND ST 419B	(636) 256-0680
	Located at	PHOENIX, AZ	ZIP + 4
			85003
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)?	Yes	No
42c	If "Yes," enter the name of the foreign country		No
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		No
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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		2012-10-25 Date			
	SARAH SANDIN 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.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
PI BETA PHI FRATERNITY AZ GAMMA CHAPTER**Employer identification number**

86-0648252

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 11
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 3,346
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 1,185 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 11,857 DESCRIPTION COMPOSITE EXPENSE AMOUNT 3,540 DESCRIPTION CONVENTIONS & SEMINARS AMOUNT 4,622 DESCRIPTION ENTERTAINMENT & SOCIAL AMOUNT 19,232 DESCRIPTION GIFTS AMOUNT 1,791 DESCRIPTION RECRUITMENT AMOUNT 6,227 DESCRIPTION SPECIAL ASSESSMENTS AMOUNT 3,054 DESCRIPTION INSURANCE AMOUNT 2,028 TOTAL TO FORM 990-EZ, LINE 16 53,536
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 519
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DUE TO MEMBERS BEG OF YEAR AMOUNT 169 END OF YEAR AMOUNT 109

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** PI BETA PHI FRATERNITY AZ GAMMA CHAPTER

**EIN:** 86-0648252

**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: 86-0648252  
Name: PI BETA PHI FRATERNITY AZ GAMMA CHAPTER

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
BRIANA DAVIE 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	CHAPTER PRESIDENT 21 00	0	0	0
SARA SCHAEFER 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP MEMBER DEVELOPMENT 20 00	0	0	0
MANDY RACHUY 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP FRATERNITY DEVELOPMENT 10 00	0	0	0
ASHLEE CRAWLEY 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP FINANCE 17 00	0	0	0
KATHERINE EWY 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP MEMBERSHIP 15 00	0	0	0
JACQUELYN LEDFORD 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP ADMINISTRATION 18 00	0	0	0
LINDSAY DAMM 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP PHILANTHROPY 12 00	0	0	0
KRISTEN BARTLIT 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP COMMUNICATIONS 12 00	0	0	0
COURTNEY CALLAN 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP EVENT PLANNING 20 00	0	0	0
AUDREY HIRSCHL 2011 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP HOUSING 5 00	0	0	0
DANIKA KNIGHT 2012 153 W PORTLAND ST 419B PHOENIX,AZ 85003	CHAPTER PRESIDENT 21 00	0	0	0
ERIANN ROBERTS 2012 153 W PORTLAND ST 419B PHOENIX,AZ 85003	VP MEMBER DEVELOPMENT 20 00	0	0	0