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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-1150
2011
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <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 Name of organization PI BETA PHI FRATERNITY UT ALPHA CHAPTER	D Employer identification number 87-0164766
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1443 EAST 100 SOUTH	E Telephone number (636) 256-0680
	City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 84102	F Group Exemption Number 0544

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: WWW.PIBETAPHI.ORG/UTAH

J Tax-Exempt status (check only one) — 501(c)(3) 501(c)(7) (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. \$ 166,025

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	162,080	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	107	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
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)	5c			
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 \$ 50 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	3,788		
c	Less direct expenses from gaming and fundraising events	6c	734		
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	3,054		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	165,291		
10	Grants and similar amounts paid (list in Schedule O)	10	2,949		
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	11,235		
14	Occupancy, rent, utilities, and maintenance	14	29,874		
15	Printing, publications, postage, and shipping	15	79		
16	Other expenses (describe in Schedule O)	16	93,983		
17	Total expenses. Add lines 10 through 16	17	138,120		

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	128,790	22 151,693
23 Land and buildings		23
24 Other assets (describe in Schedule O)	6,641	24 11,125
25 Total assets	135,431	25 162,818
26 Total liabilities (describe in Schedule O)	363	26 579
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,068	27 162,239

Part III Statement of Program Service Accomplishments

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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 UTAH ALPHA 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 98 MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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

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
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
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
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, 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
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
1443 E 100 SOUTH Located at SALT LAKE CITY, UT ZIP + 4 84102
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
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
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
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
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
44c Did the organization receive any payments for indoor tanning services during the year?
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)?
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 Yes 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

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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"

Table with 5 columns: (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"

Table with 3 columns: (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 (*****), Date (2012-11-08), Type or print name and title (KALEIGH BRIGHT VP OF FINANCE)

Paid Preparer's Use Only: Preparer's signature (MARIE CARLIE CPA), Date, Check if self-employed, Preparer's taxpayer identification number (P00084927), Firm's name (STONE CARLIE AND COMPANY LLC), address, and ZIP + 4 (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

Additional Data**Software ID:****Software Version:****EIN:** 87-0164766**Name:** PI BETA PHI FRATERNITY UT ALPHA CHAPTER**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
JILLIAN CONRAD 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	CHAPTER PRESIDENT 10 00	0	0	0
NICOLE BACZUK 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP MEMBER DEVELOPMENT 8 00	0	0	0
BRIE MARRON 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP FRATERNITY DEVELOPMENT 7 00	0	0	0
SAVANNAH PATERSON 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP FINANCE 10 00	0	0	0
KASSI KING 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP MEMBERSHIP 7 00	0	0	0
MOLLY DAINES 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP ADMINISTRATION 10 00	0	0	0
BREGAN O'CONNOR 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP PHILANTHROPY 6 00	0	0	0
LIANA CALICCHIA 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP COMMUNICATIONS 6 00	0	0	0
MORAYA DODSON 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP EVENT PLANNING 10 00	0	0	0
HELENA PAULOS 2011 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP HOUSING 2 00	0	0	0
ERICA GLENDE 2012 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	CHAPTER PRESIDENT 10 00	0	0	0
ABBEY PINCOCK 2012 1443 EAST 100 SOUTH SALT LAKE CITY, UT 84102	VP MEMBER DEVELOPMENT 8 00	0	0	0

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 UT ALPHA CHAPTER

Employer identification number

87-0164766

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 107
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 2,949
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK SERVICE CHARGES AMOUNT 60 DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 3,578 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 9,410 DESCRIPTION COMPOSITE EXPENSE AMOUNT 2,360 DESCRIPTION CONVENTIONS AND SEMINARS AMOUNT 2,424 DESCRIPTION ENTERTAINMENT & SOCIAL AMOUNT 17,678 DESCRIPTION GIFTS AMOUNT 1,056 DESCRIPTION RECRUITMENT AMOUNT 4,059 DESCRIPTION SPECIAL ASSESSMENTS AMOUNT 9,894 DESCRIPTION SUPPLIES AMOUNT 228 DESCRIPTION FOOD EXPENSE AMOUNT 41,668 DESCRIPTION BAD DEBT AMOUNT 198 DESCRIPTION TAXES & LICENSES AMOUNT 250 DESCRIPTION INSURANCE AMOUNT 1,120 TOTAL TO FORM 990-EZ, LINE 16 93,983
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 6,641 END OF YEAR AMOUNT 10,745 DESCRIPTION CONTRIBUTIONS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 380
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 363 END OF YEAR AMOUNT 0 DESCRIPTION SECURITY DEPOSITS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 279 DESCRIPTION UNCLEARED CHECK LIABILITY BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 300

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: PI BETA PHI FRATERNITY UT ALPHA CHAPTER

EIN: 87-0164766

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.