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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization Vermont Pi Beta Phi Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite 14 Sugartree Lane Unit F5
City or town, state or province, country, and ZIP or foreign postal code Essex Junction, VT 05452

D Employer identification number 03-0148920
E Telephone number (802) 324-2864
F Group Exemption Number

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/pibetaphi/lvm

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

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 78,139

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 77,967, 172, 0, 0, 0, 78,139, 23,534, 8,769, 124,533, 45,594, 202,430, -124,291, 275,837, 151,546.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	153,877	22 43,088
23 Land and buildings	198,652	23 186,915
24 Other assets (describe in Schedule O)	18,396	24 11,866
25 Total assets	370,925	25 241,869
26 Total liabilities (describe in Schedule O)	95,088	26 90,323
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,837	27 151,546

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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, optional for others)

What is the organization's primary exempt purpose?
To mutually encourage and assist members in social, mental, and moral advancement, as well as enable alumnae members of Pi Beta Phi to continue in various membership roles

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 Provision of facilities for social interaction and charitable activities carried on by members 67 members (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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) <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lori Durst Officer	0	0		
Elizabeth Rosetti Officer	0	0		
Anne Forcier Officer	0	0		
Jeanie Tomeny President	10 00	0		
Alicia McNeil Officer	0 50	0		
Jennifer Hauptman Officer	0 10	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46		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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		
48		
49a		
49b		

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 as 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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 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 2016-02-17
 Jeanie Tomeny President
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Kristin Wildman CPA
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P01086834
 Firm's name: Grippin Donlan & Pinkham PLC
 Firm's EIN: _____
 Firm's address: 3 Baldwin Avenue
 South Burlington, VT 05403
 Phone no: (802) 846-2000

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
Vermont Pi Beta Phi Inc

Employer identification number

03-0148920

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest \$3651
Other Expenses 1009	Depreciation \$18051
Other Expenses 1010	Amortization \$214
Other Expenses 1	Unreimbursed fire expenses \$16224
Other Expenses 2	Supplies \$3783
Other Expenses 3	Lobbying \$2100
Other Expenses 4	Miscellaneous \$1571
Other Assets 1002	Furniture and Fixtures - Beginning \$17631 Furniture and Fixtures - Ending \$11315
Other Assets 1012	Intangible Assets - Beginning \$765 Intangible Assets - Ending \$551
Total Liabilities 1007	Secured Mortgages and Notes Payable - Beginning \$93588 Secured Mortgages and Notes Payable - Ending \$88823
Total Liabilities 1	Damage Deposit - Beginning \$1500 Damage Deposit - Ending \$1500