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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: PI BETA PHI CALIFORNIA KAPPA
Number and street (or P O box, if mail is not delivered to street address): 9700 GILMAN DRIVE PMB 172
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: LA JOLLA, CA 92093

D Employer identification number

33-0263505

E Telephone number

(636) 256-0680

F Group Exemption Number: 0544

G Accounting Method: Cash [ ] Accrual [x] 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/UCSD

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

K Form of organization: Corporation [ ] Trust [ ] Association [x] 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. Total assets: \$129,666

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 [x]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**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
<b>22</b> Cash, savings, and investments . . . . .	46,982	<b>22</b>	46,217
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	17,478	<b>24</b>	1,171
<b>25 Total assets</b> . . . . .	64,460	<b>25</b>	47,388
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	1,151	<b>26</b>	284
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	63,309	<b>27</b>	47,104

**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

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, 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		
<b>28</b> THE CALIFORNIA KAPPA 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 108 MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	

**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
RACHEL TURNER 2014 CHAPTER PRESIDENT	10 00	0	0	0
CATHERINE STEVENSON 2014 VP MEMBER DEVELOPMENT	8 00	0	0	0
FARAH ABOUZEID 2014 VP FRATERNITY DEVELOPMENT	4 00	0	0	0
DIANA SALNIK 2014 VP FINANCE	4 00	0	0	0
ERICA CHAFIN 2014 VP MEMBERSHIP	5 00	0	0	0
DESI MCBRIDE 2014 VP ADMINISTRATION	3 00	0	0	0
KENDALL HARRISON 2014 VP PHILANTHROPY	15 00	0	0	0
ALI WOLFF 2014 VP COMMUNICATIONS	2 00	0	0	0
SHELBY HARRISON 2014 VP EVENT PLANNING	3 00	0	0	0
ERICA CHAFIN 2015 CHAPTER PRESIDENT	10 00	0	0	0
HANNAH ROBINSON 2015 VP MEMBER DEVELOPMENT	8 00	0	0	0
MORGAN WEST 2015 VP FRATERNITY DEVELOPMENT	4 00	0	0	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 . . . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of VP OF FINANCE Telephone no (636) 256-0680 Located at 9700 GILMAN DRIVE PMB 172 LA JOLLA, CA ZIP +4 92093

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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 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 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

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

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

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

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 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.

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 business address of each independent contractor, (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 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 KYLAH WRIGHT VP OF FINANCE Type or print name and title 2015-10-27 Date

Paid Preparer Use Only Print/Type preparer's name MARY JANE PIERONI CPA Preparer's signature Date Check if self-employed PTIN P00538772 Firm's name BDO USA LLP Firm's EIN 13-5381590 Firm's address 101 S HANLEY ROAD SUITE 800 ST LOUIS, MO 63105 Phone no (314) 889-1100

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

**TY 2014 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PI BETA PHI CALIFORNIA KAPPA

**EIN:** 33-0263505

**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.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2014**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Name of the organization  
PI BETA PHI CALIFORNIA KAPPA

Employer identification number

33-0263505

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 7
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE GRANTEE NAME PI BETA PHI FOUNDATION GRANTEE ADDRESS 1154 TOWN & COUNTRY COMMONS DRIVE TOWN & COUNTRY, MO 63017 AMOUNT GIVEN 27,853
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK SERVICE CHARGE AMOUNT 33 DESCRIPTION CAMPUS OBLIGATIONS AMOUNT 4,064 DESCRIPTION CHAPTER PROGRAMMING AMOUNT 8,936 DESCRIPTION COMPOSITE EXPENSE AMOUNT 1,000 DESCRIPTION CONVENTIONS & SEMINARS AMOUNT 10,292 DESCRIPTION ENTERTAINMENT & SOCIAL AMOUNT 40,438 DESCRIPTION FRATERNITY OFFICER VISITS AMOUNT 3,608 DESCRIPTION ON GIFTS AMOUNT 721 DESCRIPTION INSURANCE AMOUNT 2,378 DESCRIPTION RECRUITMENT AMOUNT 11,811 DESCRIPTION SPECIAL ASSESSMENTS AMOUNT 7,629 DESCRIPTION SUPPLIES AMOUNT 125 DESCRIPTION BAD DEBT EXPENSE AMOUNT 3,057 DESCRIPTION FOOD EXPENSE AMOUNT 1,949 DESCRIPTION TAXES AMOUNT 250 DESCRIPTION TECHNOLOGY FEE AMOUNT 2,312 TOTAL TO FORM 990-EZ, LINE 16 98,603
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 728 END OF YEAR AMOUNT 1,171 DESCRIPTION CONTRIBUTIONS RECEIVABLE BEG OF YEAR AMOUNT 16,750 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CONTRIBUTIONS PAYABLE BEG OF YEAR AMOUNT 1,030 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 121 END OF YEAR AMOUNT 0 DESCRIPTION DUE TO MEMBERS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 284