



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

▶ 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
PI BETA PHI FRATERNITY-CONNECTICUT BETA

% VP OF FINANCE
Number and street (or P O box, if mail is not delivered to street address)/Room/suite
281 CROWN STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW HAVEN, CT 065116611

D Employer identification number
06-1279899
E Telephone number
(636) 256-0680
F Group Exemption Number ▶ 0544

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ www.pbetaphi.org/yale
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(7) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ▶ \$ 166,967

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	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	166,966
	4	Investment income						4	1
	5a	Gross amount from sale of assets other than inventory				5a		5c	0
	b	Less cost or other basis and sales expenses				5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events						6d	0
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ 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			
c	Less direct expenses from gaming and fundraising events				6c	0			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								
Expenses	7a	Gross sales of inventory, less returns and allowances				7a		7c	0
	b	Less cost of goods sold				7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)						8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	166,967
	10	Grants and similar amounts paid (list in Schedule O)						10	
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	0
	13	Professional fees and other payments to independent contractors						13	10,160
	14	Occupancy, rent, utilities, and maintenance						14	85,854
Net Assets	15	Printing, publications, postage, and shipping						15	99
	16	Other expenses (describe in Schedule O)						16	55,285
	17	Total expenses. Add lines 10 through 16						17	151,398
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	15,569
	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)						19	65,453
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	81,022

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	71,479	22 83,232
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	546	24 0
25 Total assets	72,025	25 83,232
26 Total liabilities (describe in Schedule O)	6,572	26 2,210
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	65,453	27 81,022

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

Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501

What is the organization's primary exempt purpose? See schedule o	(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.	others,
--	----------------

28		
----	--	--

See Additional Data Table		
---------------------------	--	--

(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

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

29		
30		

(Grants \$)	If this amount includes foreign grants, check here	☐	33
--------------	--	--------------------------	----

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

31 Other program services (describe in Schedule O)		
(Continued)	If the amount is not a dollar amount, please explain.	

(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)

[illegible]

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

		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
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)?	35a	No
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	No
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	
b	Did the organization file Form 1120-POL for this year?	37b	No
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 Located at ▶ 281 CROWN STREET New Haven, CT ZIP + 4 ▶ 065116611		
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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	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 Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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	No

		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 "				
(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 "		
(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		2016-11-15 Date	
	JULIA KICHOROWSKY VP of Finance Type or print name and title			

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 ▶	
	Firm's address ▶ 101 S HANLEY RD STE 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
---	--	--	--	--	-----	----

Additional Data

Software ID:

Software Version:

EIN: 06-1279899

Name: PI BETA PHI FRATERNITY-CONNECTICUT BETA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 see schedule o
(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Caroline Pringle 2015 Chapter President	3 0	0	0	0
Delaney Herndon 2015 VP Member Development	3 0	0	0	0
Blake Mueller 2015 VP Fraternity Development	3 0	0	0	0
Angela Chen 2015 VP Finance	3 0	0	0	0
Miranda McKay 2015 VP Membership	3 0	0	0	0
Brooke Hewes 2015 VP Administration	3 0	0	0	0
Molly Lynch 2015 VP Philanthropy	3 0	0	0	0
Emily Luepker 2015 VP Communications	3 0	0	0	0
Taylor Cogsil 2015 VP Event Planning	3 0	0	0	0
Margaret Hendren 2015 VP Housing	3 0	0	0	0
Miranda McKay 2016 Chapter President	3 0	0	0	0
Chelsey Clark 2016 VP Member Development	3 0	0	0	0
Rosa Vargas 2016 VP Fraternity Development	3 0	0	0	0
Julia Kichorowsky 2016 VP Finance	3 0	0	0	0
Lina Najem 2016 VP Membership	3 0	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Blake Mueller 2016 VP Administration	3 0	0	0	0
Dixe Schillaci 2016 VP Philanthropy	3 0	0	0	0
Natalie Sheng 2016 VP Communications	3 0	0	0	0
Delaney Herndon 2016 VP Event Planning	3 0	0	0	0
Brooke Hewews 2016 VP Housing	3 0	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 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.**2015****Open to Public
Inspection**Name of the organization
PI BETA PHI FRATERNITY-CONNECTICUT BETA**Employer identification number**

06-1279899

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Primary exempt purpose	To mutually encourage and assist members in social, mental, and moral advancement
Form 990-EZ, Part III, Line 28, Program Service Accomplishments	The Connecticut Beta 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 127 members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part V,	Information regarding personal benefit contracts 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
FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 499

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CAMPUS OBLIGATIONS Amount 265
FORM 990EZ PART I LINE 16	Description CHAPTER PROGRAMMING Amount 3870

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description COMPOSITE EXPENSE Amount 3261
FORM 990EZ PART I LINE 16	Description CONVENTIONS & SEMINARS Amount 3503

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ENTERTAINMENT & SOCIAL Amount 28366
FORM 990EZ PART I LINE 16	Description FOOD EXPENSE Amount 103

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description FRATERNITY OFFICER VISIT Amount 4672
FORM 990EZ PART I LINE 16	Description GIFTS Amount 184

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 4002
FORM 990EZ PART I LINE 16	Description RECRUITMENT Amount 1248

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description SUPPLIES Amount 12
FORM 990EZ PART I LINE 16	Description TECHNOLOGY FEE Amount 5300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART II LINE 26	Description UNCLEARED CHECK LIABILITY EOY Amount 600
FORM 990EZ PART II LINE 26	Description DUE TO HOUSE CORPORATION BOY Amount 6572