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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 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 TEXAS EPSILON CHAPTER

% VP OF FINANCE
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 2022

City or town, state or province, country, and ZIP or foreign postal code
DENTON, TX 76203

D Employer identification number
51-0195911
E Telephone number
(636) 256-0680
F Group Exemption Number ▶ 0544

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

I Website: ▶ www.pibetaphi.org/unt
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. ▶ \$ 138,672

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	136,692
	4	Investment income	4	100
	5a	Gross amount from sale of assets other than inventory	5a	
	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)	5c	0
	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 \$ 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	1,880
Expenses	c	Less direct expenses from gaming and fundraising events	6c	730
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,150
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	137,942
	10	Grants and similar amounts paid (list in Schedule O)	10	3,826
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	14,260
Net Assets	13	Professional fees and other payments to independent contractors	13	16,857
	14	Occupancy, rent, utilities, and maintenance	14	2,480
	15	Printing, publications, postage, and shipping	15	85,805
	16	Other expenses (describe in Schedule O)	16	123,228
	17	Total expenses. Add lines 10 through 16 ▶	17	14,714
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	267,275
	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	
	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	281,989

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	249,355	22	281,523
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	17,920	24	11,580
25 Total assets	267,275	25	293,103
26 Total liabilities (describe in Schedule O)	0	26	11,120
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	267,275	27	281,983

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

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
See Additional Data Table

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

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► ☐

[illegible]

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. ☒

[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	Yes	
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	Yes	
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		
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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ <u>VP OF FINANCE</u> Telephone no ▶ <u>(636) 256-0980</u> Located at ▶ <u>PO BOX 2022 Denton, TX</u> ZIP + 4 ▶ <u>76203</u>			
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)? If "Yes," enter the name of the foreign country ▶	42b	Yes	No
	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 ? If "Yes," enter the name of the foreign country ▶	42c		
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			
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		

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		
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

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

YesNo

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	*****		2016-11-15	
	Signature of officer		Date	
Paid Preparer Use Only	KIMBERLY BEREND VP of Finance			
	Type or print name and title			
	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				
YesNo				

Additional Data

Software ID:
Software Version:
EIN: 51-0195911
Name: PI BETA PHI TEXAS EPSILON CHAPTER

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 The Texas Epsilon 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 88 members (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
Grace Larsen 2015 Chapter President	15 0	0	0	0
Christina Newman 2015 VP of Member Development	5 0	0	0	0
Aurelia Cortez 2015 VP of Fraternity Development	5 0	0	0	0
Aislin Cummings 2015 VP of Finance	5 0	0	0	0
Alexis Garner 2015 VP of Membership	7 0	0	0	0
Macy Frazier 2015 VP of Administration	10 0	0	0	0
McKenna Snetzer 2015 VP of Philanthropy	10 0	0	0	0
Madison Darling 2015 VP of Communications	4 0	0	0	0
Madeleane Deaton 2015 VP of Event Planning	13 0	0	0	0
Elizabeth Smith 2015 VP of Housing	4 0	0	0	0
Madison Darling 2016 Chapter President	15 0	0	0	0
Megan Coleman 2016 VP of Member Development	7 0	0	0	0
Yessenia Ramirez 2016 VP of Fraternity Development	5 0	0	0	0
Kimberly Berend 2016 VP of Finance	5 0	0	0	0
Hayley Mince 2016 VP of Membership	5 0	0	0	0

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

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Mikayla Roach 2016 VP of Administration	15 0	0	0	0
Allie Farmer 2016 VP of Philanthropy	7 0	0	0	0
Macy Stover 2016 VP of Communications	4 0	0	0	0
Haley Newbanks 2016 VP of Event Planning	8 0	0	0	0
Sarah McCall 2016 VP of Housing	7 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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
PI BETA PHI TEXAS EPSILON CHAPTER**Employer identification number**

51-0195911

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS	ACTIVITY CLASSIFICATION CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS GRANTEE NAME LESS THAN \$5000 AMOUNT GIVEN 3826
FORM 990-EZ, PART V, 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, P AY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BANK SERVICE CHARGES Amount 25
FORM 990EZ PART I LINE 16	Description CAMPUS OBLIGATIONS Amount 1522

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CHAPTER PROGRAMMING Amount 25060
FORM 990EZ PART I LINE 16	Description COMPOSITE EXPENSE Amount 1797

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ENTERTAINMENT AND SOCIAL Amount 8578
FORM 990EZ PART I LINE 16	Description FRA TERNTIY OFFICER VISIT Amount 42

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description GIFTS Amount 6217
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 2146

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MEMBERSHIP DUES Amount 9665
FORM 990EZ PART I LINE 16	Description RECRUITMENT Amount 4560

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description SPECIAL ASSESSMENTS Amount 7452
FORM 990EZ PART I LINE 16	Description INFORMATION TECHNOLOGY Amount 5075

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BAD DEBT EXPENSE Amount 7402