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Department of the Internal Revenue Service

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 and its instructions is at <u>www IRS gov/foim990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2015 ca	lendar year, or tax year begi	nning 07-01-2015 , and ending 06-30-20	16			
B Ch	eck ıf ap	plicable	C Name of organization PI BETA PHI - TEXAS GAMMA			D Emplo	yer id	entification number
_	ddress ch	-	% VP OF FINANCE			75-6	03738	32
_	ame cha iitial retu		Doing business as					
- "I		1111				E Teleph	one nu	mber
return,	/termina		Number and street (or P O box 17 GREEK CIRCLE	x if mail is not delivered to street address) Room/si	uite			
_	nended r	eturn pending	City or town state or province	country, and ZIP or foreign postal code		(636	236-	0680
I Ap	plication	penaing	LUBBOCK, TX 79416	country, and 21 of foreign postal code		G Gross	receipts	\$ \$ 369,330
			F Name and address of pri	incipal officer	H(a) I	s this a group	retur	n for
			Hannah Cleveland 17 GREEK CIRCLE		S	ubordinates?		☐ Yes 🗸
			LUBBOCK,TX 79416			No Tre all subord	ınates	
I Ta	x-exemp	pt status	「501(c)(3) √ 501(c) (7	') ◀ (insert no)	11	ncluded?		l les l Mo
J W	ebsite:	.► www	v pıbetaphı org/ttu					: (see instructions) umber ► 0544
K For	m of ora	anızatıon	Corporation Trust 🗸 As	sociation Other		of formation 1		M State of legal domicile T
11 1 011	n or org	amzacion	Corporation Trase 4 7 c	Sociation Calc. P				
Pa	rt I		mary					
	1		-	sion or most significant activities mbers in social, mental, and moral advanci	ement			
ej.								
anc	_							
e E	2 (heck th	ıs hox ▶ □ ıf the organizatio	on discontinued its operations or disposed	of more th	nan 25% of it	s net a	assets
Governance	- 0	neek tii	13 BOX P If the organization	on discontinued its operations of disposed	or more cr	1411 25 70 01 10	3 1100 0	133013
	3 N	umber o	of voting members of the gov	rerning body (Part VI, line 1a)			3	9
Activities &	4 N	umber d	of independent voting membe	ers of the governing body (Part VI, line 1b)		4	9
<u> </u>	5 T	otal nun	nber of individuals employed	l ın calendar year 2015 (Part V, lıne 2a)			5	0
AC			•	ıf necessary)			6	50
				m Part VIII, column (C), line 12			7a	0
	ь ме	t unreia	ted business taxable incom	e from Form 990-T, line 34		Prior Year	7b	Current Veer
	8	Contri	butions and grants (Part VII	II, line 1h)		Prior Year	0	Current Year
Ġ	9		-	II, line 2g)		401	-+	367,538
Rəvenue	10	_	ment income (Part VIII, col			324	365	
æ	11		· · · · · · · · · · · · · · · · · · ·	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2	,035	61
	12		revenue—add lines 8 through	404	.183	368,553		
	42	12)		Down IV. as lower (A.) longer (L. 2.)				
	13 14		, ,	Part IX, column (A), lines 1-3) art IX, column (A), line 4)		15	,760 0	11,150
	15			bloyee benefits (Part IX, column (A), lines	•		-	
38	15	5-10)		royce benefits (Fare 1x, column (xx), fines			0	(
Expenses	16a	Profes	ssional fundraising fees (Par	t IX, column (A), line 11e)			0	(
꿃	b	Total fu	ndraising expenses (Part IX, colum	nn (D), line 25) ▶ <mark>0</mark>				
	17			(A), lines 11a-11d, 11f-24e)		292	_	268,922
	18		•	(must equal Part IX, column (A), line 25)		308	-	280,072
_ vp	19	Reven	ue less expenses Subtract	line 18 from line 12	-	95	,785	88,481
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
SS e	20	Total	assets (Part X, line 16) .			550	,934	646,382
절절	21	Total I	iabilities (Part X, line 26)				0	6,967
	22			ract line 21 from line 20		550	,934	639,415
	rt II		ature Block	e examined this return, including accompa	nyung cehe	dulas and st	ntomo.	nts and to the best of
	•			complete Declaration of preparer (other t	, -			
prepa	arer has	s any kr	nowledge					
		****	* *			2016-11-15		
Sigr	1	Signa	ature of officer			Date		
Her			SON CARPENTER VP of Finance					
		<u> </u>	or print name and title					
			rınt/Type preparer's name lary Jane Pieroni CPA	Preparer's signature Mary Jane Pieroni CPA	Date	Check If	PTIN P005	38772
Paid		_ -	ırm's name ► BDO USA LLP			self-employed Firm's EIN ▶	1	
	pare	r _	ırm's address ► 101 S HANLEY RD	STE 800		Phone no (31	4) 889-	1100
use	Only	У	STIQUIS MO 63	105				

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

24d

25a

25b

26

27

28a

28b

28c

29

30

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33

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35a

35b

36

37

38

Yes

Yes

Form 990 (2015)

Nο

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Νo

Nο

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

37

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
		effect if seffective of contains a response of flote to any line in ans	- arc	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	19		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		Le organization comply with backup withholding rules for reportable payments to	0. Vend	fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3.	0			
L	•	s return	2a	_	2b		
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year?	3a	Yes	
b	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		
	accou	nt)?			-TG		No
Ь		s," enter the name of the foreign country					
	(FBAF	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	k and	rinanciai Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?	/ /		טכ		
Ü	11 16	3, to fine 3a of 3b, did the organization file Form 6880-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a	Yes	
_	-	ization solicit any contributions that were not tax deductible as charitable cont		ŀ			
D		s," did the organization include with every solicitation an express statement th not tax deductible?	nat su	cn contributions or giπs	6 b	Yes	
7	Organ	izations that may receive deductible contributions under section 170(c).					
а	Did th	e organization receive a payment in excess of \$75 made partly as a contributi	on an	d partly for goods and	7a		
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	ту тог • •	which it was required to	7c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
_	Didth			al banefit contract?			
е	Dia tii	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	ar benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7 f		No
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	7-		
h	requir	ed/		the organization file a	7g		
"		1098-C?	•	· · · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess built the year?	siness	s holdings at any time	_		
_	_	, , , , , , , , , , , , , , , , , , ,			8		
		e sponsoring organization make any taxable distributions under section 4966		• • -	9a		
ь 10		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations . Enter	ated p	eisum/	9b		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
_	faciliti						
11	Section	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
4-	_	·			,		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lie I	u of Form 1041?	12a		
D	year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	lote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13 a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
r		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		7	14a		No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	•	14a 14b		NU
,	11 10	5, 1.45 it med a form 725 to report these payments in 140, provide an explana		. Seriedare O I I	_70		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Νo Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c 13 13 Νo Did the organization have a written document retention and destruction policy? . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Nο 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶VP OF FINANCE 17 GREEK CIRCLE Lubbock, TX 79416 (636) 256-0680

16b

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	Name and Title A verage hours per week (list any hours for related director/trustee) A verage hours per work (list any hours for related director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
	Former lighest compensated imployee (ey employee) Institutional Trustee or director a dotted		MISC)	MISC)	organization and related organizations					
(1) Lacey Lunsford 2015	15 0								0	0
Chapter President		×		X				0	0	0
(2) Hailey Buster 2015 VP Member Development	15 0	х		x				0	0	0
(3) Kendra Hill 2015 VP Fraternity Development	15 0	х		х				0	0	0
(4) Taylor Newsom 2015 VP Finance	15 0	х		x				0	0	0
(5) Nicole Peacock 2015 VP Membership	15 0	х		×				0	0	0
(6) Lacy Blake 2015 VP Administration	15 0	х		x				0	0	0
(7) Sarah Gray 2015 VP Philanthropy	15 0	х		х				0	0	0
(8) Hannah Cleveland 2015 VP Communications	15 0	х		×				0	0	0
(9) Brooke Adams 2015 VP Event Planning	15 0	x		×				0	0	0
(10) Hannah Cleveland 2016 Chapter President	15 0	x		×				0	0	0
(11) Kendra Hill 2016 VP Member Development	15 0	x		×				0	0	0
(12) Laura Ragsdale 2016 VP Fraternity Development	15 0	x		×				0	0	0
(13) Madison Carpenter 2016 VP Finance	15 0	х		х				0	0	0
(14) Kaylee Parsons 2016 VP Membership						0	0	0		
	•									Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore tl	han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Korynn Johnson 2016 VP Admınıstratıon	15 0	×		х				()	0
(16) Shelby White 2016 VP Philanthropy	15 0	Х		х				,)	0
(17) Maggie Mullins 2016 VP Communications	15 0	Х		х				1)	0
(18) Maddie Waller 2016 VP Event Planning	15 0	Х		х				1)	0
1b Sub-Total	I, Section A .			▶ • • • • • • • • • • • • • • • • • •				0	0	0
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list		0006	e) w	ho red	eiv	ed more than		

3	on line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	No

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 0

Form 99								Page 9
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Grants mounts	b	Membership du	es 1b					
G.	С	Fundraising eve	ents 1c					
ifts. ar ⊿	d	Related organiz	ations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) 1e					
io Si Si	f		ons, gifts, grants, and 1f	589				
but the	g	Similar amounts no	ot included above					
a do	-	1a-1f \$						
Cont	h	Total. Add lines	s 1a-1f	· · · · •	589			
enne				Business Code				
Program Service Revenue	2a	Membership Dues		813410	367,538	367,538		
	b c							
	d	-						
፠	e							
gran	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	s 2a-2f		367,538			
	3		ome (including dividend					265
	4		ar amounts) tment of tax-exempt bond ;		365			365
	5			>	0			
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income	0	0				
	d	or (loss) Net rental incoi	me or (loss)		О			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	c d		s)		0			
Other Revenue		Gross income f events (not inc	rom fundraising					
ner Re		See Part IV, lin	e 18 a	838				
Õ	C		penses b loss) from fundraising e	777 events >	61			61
			rom gaming activities					
	ь	Less directex	penses b					
	1		loss) from gaming activ	vities	0			
	10a	Gross sales of	inventory, less	<u> </u>				
		returns and allo	wances .					
	Ь	Less cost of g	a oods sold b					
	c		loss) from sales of inve	entory ▶	0			
		Miscellaneous		Business Code				
	11a							
	b							
	C	All other reven						
	d e	Total. Add lines		•				
	12		See Instructions		0			
		rotar revenue.	oce instructions	•	368,553	367,538		426

Form 990 (2015) Part IX Statement of Functional Expenses

Saction	501/61/2) and 501(c)/	4) organizations must	t complete all columns	All other organizations	must complete column (A)
3 C C (1011		i aliu Juliuk	4) Oluanizacionis ilius	t comblete an columns	All other organizations	illust comblete column ta i

	2)(3) and 301(c)(1) organizations mast complete an columns 7th other	v, ga	IIIL	CIOII	J 1110	45 C .	COIII	Pic,	 Olai	 ,,,		
C	eck if Schedule O contains a response or note to any line in this Part I $\overline{\ }$	× .	•		•					•		-

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,150			
2	Grants and other assistance to domestic	11,130			
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16	0			
5	Compensation of current officers, directors, trustees, and	0			
	key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)	0			
 а	Management	0			
b	Legal	0			
С	Accounting	4,931			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,820			
12	Advertising and promotion	38,848			
13	Office expenses	20,833			
14	Information technology	10,610			
15	Royalties	0			
16	Occupancy	66,145			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,161			
20	Interest	0			
21 22	Payments to affiliates	2,350			
22 23	Depreciation, depletion, and amortization	5,017			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3,017			
а	Special Assessments	7,357			
b	Entertainment & Social	68,017			
c	Chapter Programming	21,445			
d	Bad Debt Expense	388			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	280,072			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990	(2015)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			· · · · <u>· · </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	4,530	1	365
2	Savings and temporary cash investments	534,723	2	638,223
3		0	3	0
4		11,676	4	7,700
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
Assets	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
ss)		0	6	0
	,	0	7	0
8		0	8	0
9		0	9	0
10	Complete Part VI of Schedule D			
	b Less accumulated depreciation	0	10c	
11		0	11	0
12	·	0	12	0
13	,,	0	13	0
14	3	5	14	0
15	•		15	94
16		550,934	16	646,382
17	'	0	17	2,269
18	• •	0	18 19	0
20		0	20	0
20	·	0	21	0
<u>8</u> 22	Loans and other payables to current and former officers, directors, trustees,	0	21	0
;	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
Liabilit		0	23	0
		0	24	0
25				
		0	25	4,698
26	Total liabilities. Add lines 17 through 25	0	26	6,967
ces	Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>e</u> 27	Unrestricted net assets	550,934	27	639,415
ස් ස්		0	28	0
29	Permanently restricted net assets	0	29	0
or Fund Balance	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
	complete lines 30 through 34.			
Net Assets 33 33 33			30	
31			31	
32	, , , , , , , , , , , , , , , , , , ,		32	
ž 33	Total net assets or fund balances	550,934	33	639,415

550,934

646,382

Form **990** (2015)

34

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

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SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

DLN: 93493319022316OMB No 1545-0047

2015

Open to Public Inspection

Interr	nal Revenue Service	· ,		Inspection
	me of the organization BETA PHI - TEXAS GAMMA		-	oyer identification number
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar F		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		χ-,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	2	nor advi:	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny othe	r purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		n histor	ically important land area
	Protection of natural habitat	•		d historic structure
	Preservation of open space	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00101110	
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	ed by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	dling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	*			
7	A mount of expenses incurred in monitoring, inspe ▶ \$	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·
Pai	Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
((i) Revenue included on Form 990, Part VIII, line 1	ı	> \$	
(ii) Assets included in Form 990, Part X		▶ \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Hi	storica	I Trea	sures, or	Other Simila	ır As	sets
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other re	cords, c	heck any	y of the f	ollowing that	are a significai	nt use	of its
а		Public exhibition		d	Γι	_oan or e	exchange pro	grams		
b	Γ:	Scholarly research		e	Γ (Other				
c		Preservation for future generations								
4	Provi Part >	de a description of the organization's KIII	s collections and ex	kplain ho	w they fo	urther th	e organizatio	n's exempt pur	poseı	n
5		g the year, did the organization solic s to be sold to raise funds rather tha							_ Yes	No
Ра	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	art IV,	ıne 9, or re	ported an am	nount	on Form 990,
1 a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary	for con	tribution	s or other as		_ Yes	☐ No
b	If"	'Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing t	able			A mo	unt
c	Ве	ginning balance					10	С		
d	A d	ditions during the year					10	i		
е	Dis	tributions during the year					16	2		
f	End	dıng balance					11	f		
2 a	Did th	ne organization include an amount or	n Form 990, Part X,	line 21,	for escr	ow or cu	stodial acco	unt liability?	- Yes	No
b	If"Ye	es," explain the arrangement in Part Endowment Funds. Complet								
FG	I L V	Endowment Funds. Complet	(a)Current year		nor year		Two years back	` 		(e)Four years back
1a	Begir	nning of year balance	(-,,	(=)-	,	1	,	(-,		<u> </u>
b	C ont	ributions · · · · · · ·								
c	Net i losse	nvestment earnings, gains, and								
d	Gran	ts or scholarships							\rightarrow	
е		r expenditures for facilities programs								
f	A dmı	inistrative expenses								
g	End o	of year balance								
2	Provi	de the estimated percentage of the o	current year end ba	lance (lir	ne 1g, co	olumn (a)) held as			
а	Board	i designated or quasi-endowment 🕨								
b	Perm	anent endowment ▶								
c		orarily restricted endowment > percentages on lines 2a, 2b, and 2c :	should equal 100%							
За	A re th	here endowment funds not in the pos lization by			that are	held an	d administere	ed for the		Yes No
	(i) un	related organizations							3a(i)
b		elated organizations							3a(i	
4	Desc	ribe in Part XIII the intended uses o		endown	nent fund	ds				
Pa	rt VI	Land, Buildings, and Equiportion and Complete of the organization a		Form C	ופח חפו	rt IV lu	no 11a Soo	Form 990 D:	art Y	line 10
_		Description of property	miswered res to		Cost or	other basi estment)		Accum	ulated	(d)Book value
1 a	Land									
ь	Buildin	ıgs					1			
c	Lease	nold improvements		.						
d	Equipn	nent								
							1			
Tota	al. A dd	lines 1a through 1e (Column (d) mus	t equal Form 990, Pa	rt X, colu	mn (B), i	line 10(c))			(Form 990) 2015
								Sche	aute D	(101111 220) 2015

	See Form 990, Part X, line 12.			
	(a) Description of security or catego (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial (derivatives eld equity interests			
(3) O ther	era equity interests			
	(b) must equal Form 990, Part X, col (B) line 12 , Investments—Program Related			
	Complete if the organization answer	red 'Yes' on Form 99		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)			
	(b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize		ı Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV, line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	ı Form 990, Part IV , line	
	Other Assets. Complete if the organize	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organization (a) De	ation answered 'Yes' on		(b) Book value
Total. (Column	n (b) must equal Form 990, Part X, col (B) In	ne 15)		(b) Book value
Total. (Column	n (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete if the office of the See Form 990, Part X, line 25.	ne 15) organization answere		(b) Book value
Total. (Columnia) Part X	n (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the ocsee Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Total. (Columnia) Part X	n (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the ocsee Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
Total. (Column Part X 1. Federal Incom	n (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the ocsee Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answere		(b) Book value
Total. (Column Part X 1. Federal Incom	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Incom	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Incom	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Incom	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Columnia Part X	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Columnia Part X	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Columnia Part X	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Columnia Part X	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value
Total. (Column Part X 1. Federal Incom UNCLEARED DUE TO MEM	The Assets. Complete if the organize (a) De	ne 15)		(b) Book value

Schedule D (Form 990) 2015

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	Return.
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с -	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to nation		de any additional
	Return Reference Explanation		

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Internal Revenue Service Name of the organization

Enter total number of other organizations listed in the line 1 table . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

PI BETA PHI - TEXAS GAMMA

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Open to Public

Schedule I (Form 990) 2015

DLN: 93493319022316 OMB No 1545-0047

Inspection

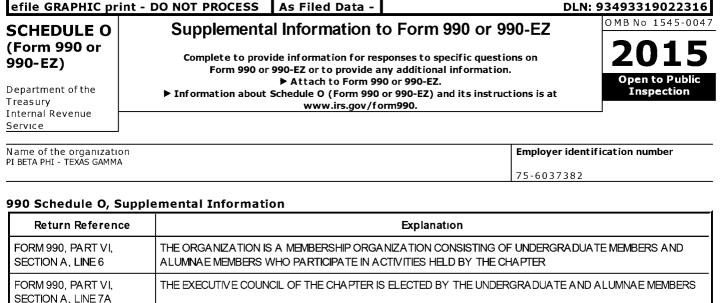
Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number 75-6037382 **General Information on Grants and Assistance**

			omestic Governments. (Iditional space is need		ızatıon answered "Yes" o	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Pi Beta Phi Foundation 1154 Town Country Commons Drive Town Country, MO 63017	43-1542735	501(c)(3)	11,150				Charitable

Cat No 50055P



990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990 PART VI SECTION A DECISIONS MADE BY THE EXECUTIVE COUNCIL OF THE ORGANIZATION MUST BE VOTED ON BY

LINE 7B	MEMBERS OF THE CHAPTER
FORM 990, PART VI, SECTION A, LINE 8B	THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information Return Reference Explanation

· ' '	THE VICE PRESIDENT OF FINANCE, UNDER THE GUIDANCE OF THE ALUMNAE ADVISORY COMMITTEE FINANCIAL ADVISOR, REVIEWED FORM 990 IN DETAIL ON BEHALF OF THE EXECUTIVE COUNCIL
FORMACO BARTIN	THE ODGANIZATION MAY SO ITO COLUMN DOCUMENTO ANAMADA FOR TO THE SUBJECT OF THE SU

FORM 990, PART VI. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

SECTION C. LINE 19

SCHEDULE R Related Or

DLN: 93493319022316OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** PI BETA PHI - TEXÁS GAMMA 75-6037382 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (d) (c) (g) Name, address, and EIN of related organization Section 512(b) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)Pi Beta Phi Fraternity Housing Corp Chapter House 501(C)(7) No 1154 Town Country Commons Drive Town Country, MO 63017 26-2511045

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity domicile (state or foreign country)	activity Legal domicile controlling incorrect (state or foreign country) excl tas sect	Direct Predominant e controlling income(relate. n entity unrelated, n excluded fron tax under	income(related, to unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?					
											Yes	No	

Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			ige 3		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	N		
L During the tax year, did the orgranization engage in any of the following transactions with one or more ro	elated organizations li	sted in Parts II-IV?				T		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)	or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)				1 c		N		
d Loans or loan guarantees to or for related organization(s)				1d		N		
e Loans or loan guarantees by related organization(s)				1e		No		
f Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)				1j		N		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		N		
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		N		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
o Sharing of paid employees with related organization(s)				10		No		
p Reimbursement paid to related organization(s) for expenses				1 p		No		
q Reimbursement paid by related organization(s) for expenses				1q		No		
r Other transfer of cash or property to related organization(s)				1r		N		
s Other transfer of cash or property from related organization(s)				1s		No		
If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships						
(a) Name of related organization	(d) Method of determining am	ount ir	nvolved	t				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	ıl end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1 I			
													<u>. </u>		

Schedule R (Form 990) 2015 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation The relationship with Pi Beta Phi Fraternity Housing Corporation is disclosed at Part II for informational purposes despite the fact that the relationship Schedule R. Part II arguably may not meet the requirements for required reporting. Other related entities are included in the group ruling

Schedule R (Form 990) 2015