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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 Fraternity UT Alpha Chapter

% VP OF FINANCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 1443 East 100 South

City or town, state or province, and ZIP or foreign postal code
 Salt Lake City, UT 84102

D Employer identification number
 87-0164766

E Telephone number
 (636) 256-0680

F Group Exemption Number ▶ 0544

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ www.pbetaphi.org/utah

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 ▶ \$ 124,153

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	17	Total expenses. Add lines 10 through 16		
6b	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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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		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)		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)?	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	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		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		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?		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?		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 ▶ <u>VP OF FINANCE</u> Telephone no ▶ <u>(636) 256-0680</u> Located at ▶ <u>1443 E 100 SOUTH SALT LAKE CITY, UT</u> ZIP + 4 ▶ <u>84102</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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> 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	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
	HAYDEN SHETTIG 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 <input type="checkbox"/> 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: 87-0164766

Name: Pi Beta Phi Fraternity UT Alpha 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 Utah Alpha 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 134 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
Makayla Johnson 2015 Chapter president	10 0	0	0	0
Alexis Fruedenberger 2015 VP member development	10 0	0	0	0
Keely Kringlen 2015 VP Fraternity Development	5 0	0	0	0
Hayden Shettig 2015 VP Finance	20 0	0	0	0
Abbey Armstrong 2015 VP Membership	15 0	0	0	0
Maddy Galindo 2015 VP Administration	10 0	0	0	0
Caitlin Keenan 2015 VP Philanthropy	10 0	0	0	0
Isabella Bean 2015 VP Communications	10 0	0	0	0
Christiana Pignanelli 2015 VP Event Planning	10 0	0	0	0
Lindsay Thompson 2015 VP Housing	20 0	0	0	0
Makayla Johnson 2016 Chapter President	10 0	0	0	0
Kylie English 2016 VP Member Development	10 0	0	0	0
Keely Kringlen 2016 VP Fraternity Development	5 0	0	0	0
Hayden Shettig 2016 VP Finance	20 0	0	0	0
Abbey Armstrong 2016 VP Membership	25 0	0	0	0

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

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Maddy Galindo 2016 VP Administration	10 0	0	0	0
Caitlin Keenan 2016 VP Philanthropy	10 0	0	0	0
Isabella Bean 2016 VP Communications	10 0	0	0	0
Christiana Pignanelli 2016 VP Event Planning	10 0	0	0	0
Kathleen Thompson 2016 VP Housing	20 0	0	0	0

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

Supplemental Information to Form 990 or 990-EZ

2015

**Open to Public
Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
Pi Beta Phi Fraternity UT Alpha Chapter

Employer identification number

87-0164766

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART V, INFO 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 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS	ACTIVITY CLASSIFICATION CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS GRANTEE NAME PI BETA P HI FOUNDATION GRANTEE ADDRESS 1154 TOWN & COUNTRY COMMONS DRIVE TOWN & COUNTRY, MO 63017 AMOUNT GIVEN \$8,479 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 \$8,479

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BAD DEBT EXPENSE Amount 8142
FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 350

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CAMPUS OBLIGATIONS Amount 5240
FORM 990EZ PART I LINE 16	Description CHAPTER PROGRAMMING Amount 14094

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description COMPOSITE EXPENSE Amount 3956
FORM 990EZ PART I LINE 16	Description ENTERTAINMENT AND SOCIAL Amount 22909

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description FOOD EXPENSE Amount 28228
FORM 990EZ PART I LINE 16	Description FRA TERNITY OFFICER VISITS Amount 46

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description GIFTS Amount 508
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 2465

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description RECRUITMENT Amount 5119
FORM 990EZ PART I LINE 16	Description TECHNOLOGY FEE Amount 5200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART II LINE 26	Description DUE TO CHC/FHC BOY Amount EOY Amount 66500
FORM 990EZ PART II LINE 26	Description DUE TO MEMBERS BOY Amount EOY Amount 35

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART II LINE 26	Description SECURITY DEPOSITS BOY Amount 900 EOY Amount
FORM 990EZ PART II LINE 26	Description CONTRIBUTION PAYABLE BOY Amount 900 EOY Amount