

Form **990EZ**
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.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

D Employer identification number: 33-0263505
E Telephone number: (636) 256-0680
F Group Exemption Number: 0544

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: ucsd.pibetaphi.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

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. \$ 140,879

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 4,428
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 123,715
4 Investment income	4 21
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 \$ 4,210 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 12,715
c Less direct expenses from gaming and fundraising events	6c 10,600
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 2,115
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	9 130,279
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10 11,447
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 8,946
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 133
16 Other expenses (describe in Schedule O)	16 102,871
17 Total expenses. Add lines 10 through 16	17 123,397
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6,882
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 63,844
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 70,726

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

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

Table with columns for question number, description, and Yes/No columns. Rows include 42b, 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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	2019-10-03 Date
HELEN NGUYEN 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 ▶		Phone no (314) 889-1100	
	Firm's address ▶ 101 S HANLEY RD STE 800 ST LOUIS, MO 63105				

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

Additional Data

Software ID:

Software Version:

EIN: 33-0263505

Name: PI BETA PHI FRATERNITY CALIFORNIA KAPPA
CHAPTER

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 See Schedule O (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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

(List each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jemima Degamo 2018 Chapter President	12 0	0	0	0
Holly Debenham 2018 VP Member Development	5 0	0	0	0
Kate Caffrey 2018 VP Fraternity Development	5 0	0	0	0
Helen Nguyen 2018 VP Finance	10 0	0	0	0
Jamie Carre 2018 VP Membership	5 0	0	0	0
Anna Stefanidis 2018 VP Administration	5 0	0	0	0
Miya Castleman 2018 VP Philanthropy	5 0	0	0	0
Sophia Perrott 2018 VP Communications	10 0	0	0	0
Sophie Concordel 2018 VP Event Planning	8 0	0	0	0
Jemima Degamo 2019 Chapter President	15 0	0	0	0
Holly Debenham 2019 VP Member Development	5 0	0	0	0
Kate Caffrey 2019 VP Fraternity Development	5 0	0	0	0
Helen Nguyen 2019 VP Finance	10 0	0	0	0
Jamie Carre 2019 VP Membership	5 0	0	0	0
Anna Stefanidis 2019 VP Administration	5 0	0	0	0

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Miya Castleman 2019 VP Philanthropy	5 0	0	0	0
Sophia Perrott 2019 VP Communications	8 0	0	0	0
Sophie Concordel 2019 VP Event Planning	8 0	0	0	0

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

PI BETA PHI FRATERNITY CALIFORNIA KAPPA
CHAPTER

Employer identification number

33-0263505

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Primary Exempt Purpose	To mutually encourage and assist members in social, mental, and moral advancement

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Line 28, Program Service Accomplishments	The California Kappa Chapter of Pi Beta Phi Fraternity is a membership organization supported by dues, fees, charges, or other funds paid by its members and provides goods, facilities, and services to members while assisting students in improving various educational and leadership skills by supporting philanthropic and community service projects. During the current fiscal year, the chapter served approximately 102 members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part V,	Information regarding personal benefit contracts The organization did not, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract The organization did not, during the year, pay any premiums, directly or indirectly, on a personal benefit contract

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 10	DONEES NAME Pi Beta Phi Foundation DONEES ADDRESS 1154 Town & Country Commons Drive PURPOSE OF PAYMENT Charitable AMOUNT 11447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 861

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CAMPUS OBLIGATIONS Amount 876

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CHAPTER PROGRAMMING Amount 14320

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description COMPOSITE EXPENSE Amount 1920

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ENTERTAINMENT & SOCIAL Amount 38977

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description FRATERNITY OFFICER VISIT Amount 1381

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description GIFTS Amount 2039

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 1820

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description RECRUITMENT Amount 9495

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description SPECIAL ASSESSMENTS Amount 18777

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description UNRELATED BUSINESS INCOME TAXES Amount 10

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description TECHNOLOGY FEE Amount 4275

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description CONVENTIONS AND SEMINARS Amount 8120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART II LINE 26	Description DUE TO MEMBERS BOY Amount 56 EOY Amount 230