

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](http://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 ZETA CHAPTER % THE ORGANIZATION  
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1154 TOWN COUNTRY COMMONS DRIVE  
City or town, state or province, country, and ZIP or foreign postal code: TOWN COUNTRY, MO 63017

D Employer identification number: 95-1678460  
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: [ucsb.pibetaphi.org](http://ucsb.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. \$ 165,840

**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 . . . . . 1,020
2	Program service revenue including government fees and contracts . . . . .
3	Membership dues and assessments . . . . . 154,063
4	Investment income . . . . . 22
5a	Gross amount from sale of assets other than inventory . . . . . 5a
5b	Less cost or other basis and sales expenses . . . . . 5b 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 5c 0
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 6a
6b	Gross income from fundraising events (not including \$ 1,020 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 10,735
6c	Less direct expenses from gaming and fundraising events . . . . . 6c 725
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 6d 10,010
7a	Gross sales of inventory, less returns and allowances . . . . . 7a
7b	Less cost of goods sold . . . . . 7b 0
7c	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 165,115
Expenses	
10	Grants and similar amounts paid (list in Schedule O) . . . . . 10 16,157
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 27,783
14	Occupancy, rent, utilities, and maintenance . . . . . 14 72,991
15	Printing, publications, postage, and shipping . . . . . 15 215
16	Other expenses (describe in Schedule O) . . . . . 16 94,843
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 17 211,989
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 -46,874
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) . . . . . 19 166,830
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 . . . . . 21 119,956



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 3 columns: Question ID, Question Text, Yes, No. 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 THE ORGANIZATION Telephone no (636) 256-0680
Located at 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO ZIP + 4 63017

Table with 3 columns: Question ID, Question Text, Yes, No. 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 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

***** Signature of officer	2020-07-06 Date
KRISTIN RUGEN CPA FRAT/FHC FINANCE DIR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Marie N Carlie CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00084927
	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:** 95-1678460

**Name:** PI BETA PHI FRATERNITY CALIFORNIA ZETA  
CHAPTER

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

<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<b>28</b> The California Zeta 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 165 members. (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	

**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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Molly McCuniff 2018 Chapter President	10 0	0	0	0
Tallin Moyer 2018 VP Member Development	5 0	0	0	0
Jamie Saevitzon 2018 VP Fraternity Development	5 0	0	0	0
Jessica Moghaddam 2018 VP Finance	10 0	0	0	0
Sam Rasmussen 2018 VP Membership	5 0	0	0	0
Kaitlin Boyer 2018 VP Administration	5 0	0	0	0
Sophie Zawaydeh 2018 VP Philanthropy	5 0	0	0	0
Scout Sklarew 2018 VP Communications	5 0	0	0	0
Daelyn Weitz 2018 VP Event Planning	5 0	0	0	0
Kyra Graham 2018 VP Housing	5 0	0	0	0
Sophie Zawaydeh 2019 Chapter President	10 0	0	0	0
Mararita Alves 2019 VP Member Development	5 0	0	0	0
Ryan Hannemann 2019 VP Fraternity Development	5 0	0	0	0
Mira Shulman 2019 VP Finance	10 0	0	0	0
Luma Hamade 2019 VP Membership	5 0	0	0	0

**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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Kayla Rivera 2019 VP Administration	5 0	0	0	0
Julia Breeden 2019 VP Philanthropy	5 0	0	0	0
Jenna Fields 2019 VP Communications	5 0	0	0	0
Jessica Zorn 2019 VP Event Planning	5 0	0	0	0
Shae-Lynn Cohen 2019 VP Housing	5 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](http://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 ZETA  
CHAPTER

Employer identification number

95-1678460

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part V, Information Re 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**

<b>Return Reference</b>	<b>Explanation</b>
Form 990EZ Part I, Line 10, Grants and Allocations	Activity Classification Contributions to Charitable Organizations Grantee Name Less than \$5,000 Amount \$568

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 10	DONEES NAME Pi Beta Phi Foundation DONEES ADDRESS 1154 Town & Country Commons Drive RELATI ONSHIP none PURPOSE OF PAYMENT Charitable AMOUNT 15589

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 421

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description CAMPUS OBLIGATIONS Amount 5489

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description CHAPTER PROGRAMMING Amount 3634

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description COMPOSITE EXPENSE Amount 6137

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description CONVENTIONS & SEMINARS Amount 11480

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ENTERTAINMENT & SOCIAL EVENTS Amount 30268

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description FOOD EXPENSE Amount 5138

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description GIFTS & FLOWERS Amount 4268

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 2990

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MEMBERSHIP DUES Amount 78

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description RECRUITMENT EXPENSE Amount 17592

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description SUPPLIES Amount 754

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description TAXES & LICENSES Amount 10

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART I LINE 16	Description TECHNOLOGY FEES Amount 6584

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART II LINE 24	Description FUNDRAISING RECEIVABLE BOY Amount 4718 EOY Amount 287

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART II LINE 24	Description INTEREST RECEIVABLE BOY Amount 3 EOY Amount 6

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART II LINE 26	Description SECURITY DEPOSITS BOY Amount 775 EOY Amount 14350

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990EZ PART II LINE 26	Description DUE TO MEMBERS BOY Amount 100 EOY Amount 155