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Form **990**

Department of the Treasury
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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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
HOUSING CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1154 TOWN COUNTRY COMMONS DR

City or town, state or province, country, and ZIP or foreign postal code
TOWN COUNTRY, MO 63017

D Employer identification number
26-2511045

E Telephone number
(636) 256-0680

G Gross receipts $ 14,150,648

F Name and address of principal officer:
JULI WILLEMAN
1154 TOWN COUNTRY COMMONS DR
TOWN COUNTRY, MO 63017

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PIBETAPHI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2008 | **M** State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	72
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,359,327	4,294,728
	9	Program service revenue (Part VIII, line 2g)	8,623,025	9,138,103
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,016	60,597
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	682	425
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,998,050	13,493,853
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	576	1,153
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,271,968	1,333,243
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	63,115	35,573
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,852,508	7,698,094
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,188,167	9,068,063
	19	Revenue less expenses. Subtract line 18 from line 12	809,883	4,425,790
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	41,532,488	45,376,111
	21	Total liabilities (Part X, line 26)	15,873,940	15,311,590
	22	Net assets or fund balances. Subtract line 21 from line 20	25,658,548	30,064,521

Part II Signature Block

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

****** | 2020-11-11
Signature of officer | Date

JULI WILLEMAN PBP FRATERNITY EXEC. DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01251998
Firm's name ▶ BROWN SMITH WALLACE LLP			Firm's EIN ▶ 43-1001367	
Firm's address ▶ 6 CITYPLACE DRIVE SUITE 900 ST LOUIS, MO 63141			Phone no. (314) 983-1200	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶**

Part 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
4	**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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	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
c	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*	11c		No
d	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*	11d		No
e	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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*	12b	Yes	
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? *If "Yes," complete Schedule G, Part I*(see instructions)	17	Yes	
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule J*	23	Yes	
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		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	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)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**	0			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**	0			
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

Section 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** 5			
	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** 5			
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
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**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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 taxable entity during the year?	**16a**		No
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THE ORGANIZATION 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 (636) 256-0680

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . ☐

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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	**(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
(1) BRENDA WIRTH PRESIDENT	10.00 0.40	X		X				600	0	0
(2) ALISA RUDLANG SECRETARY	10.00 0.40	X		X				0	0	0
(3) SUZETTE FARRAR TREASURER	10.00 0.40	X		X				600	0	0
(4) CAROL WARREN DIRECTOR	10.00 0.40	X						600	0	0
(5) LISA SCOTT EX-OFFICIO	10.00 35.40	X						0	1,200	0
(6) JULI WILLEMAN EXECUTIVE DIRECTOR	10.00 40.00			X				0	179,820	15,419
(7) KRISTIN RUGEN DIRECTOR OF FINANCE	25.00 25.00			X				98,733	0	11,213

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	100,533	181,020	26,632

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee 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 J for such individual*	4	Yes	
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 J for such person*	5		No

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
COLLEGE FRESH 701 DEVONSHIRE C-20 CHAMPAIGN, IL 61820	FOOD SERVICE	1,446,182
GREEK HOUSE CHEFS PO BOX 65277 WEST DES MOINES, IA 50265	FOOD SERVICE	550,299
KENNETH R THOMPSON BUILDERS PO BOX 1609 GREENWOOD, MS 38935	CONSTRUCTION SERVICES	296,879
FRATERNITY MANAGERS ASSOCIATION 1812 N HIGHT STREET COLUMBUS, OH 43201	PURCHASING COOP	256,042
CSL MANAGEMENT 400 MAIN STREET SUITE 210 FRANKLIN, TN 37064	PROPERTY MANAGEMENT	239,107

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 ▶ 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	4,294,728				
g Noncash contributions included in lines 1a - 1f:$	1g	3,767,596				
h **Total.** Add lines 1a-1f ▶			4,294,728			
Program Service Revenue		Business Code				
2a MEMBERSHIP DUES/FEES		813410	9,138,103	9,138,103		
b						
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. ▶			9,138,103			

Other Revenue

		(i) Real / (i) Securities	(ii) Personal / (ii) Other	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts) ▶				40,392			40,392
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶							
		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss) ▶							
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	677,000					
b Less: cost or other basis and sales expenses	7b	656,795					
c Gain or (loss)	7c	20,205					
d Net gain or (loss) ▶				20,205			20,205
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a REFUND		900099		425			425
b							
c							
d All other revenue							
e **Total.** Add lines 11a–11d ▶				425			
12 **Total revenue.** See instructions ▶				13,493,853	9,138,103	0	61,022

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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	1,153			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,120			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	949,195			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	26,390			
9 Other employee benefits	85,089			
10 Payroll taxes	145,449			
11 Fees for services (non-employees):				
a Management	595,670			
b Legal	37,215			
c Accounting	46,420			
d Lobbying				
e Professional fundraising services. See Part IV, line 17	35,573			
f Investment management fees	7,061			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	29,510			
14 Information technology	51,838			
15 Royalties				
16 Occupancy	5,928,579			
17 Travel	22,489			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	61,778			
22 Depreciation, depletion, and amortization	903,700			
23 Insurance				
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.)				
a TAXES AND LICENSES	11,910			
b DUES AND SUBSCRIPTIONS	1,924			
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,068,063			
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).				

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,362,376	1	5,166,602
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		100,000	3	
	4	Accounts receivable, net		54,560	4	244,729
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		7,375,714	7	7,115,187
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,701	9	38,343
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,808,236			
	b	Less: accumulated depreciation	10b 3,228,587	26,695,139	10c	30,579,649
	11	Investments—publicly traded securities		1,532,883	11	1,820,389
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		336,272	14	315,489
	15	Other assets. See Part IV, line 11		64,843	15	95,723
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,532,488	16	45,376,111
Liabilities	17	Accounts payable and accrued expenses		123,137	17	283,943
	18	Grants payable			18	
	19	Deferred revenue		218,571	19	206,017
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,449,221	23	14,785,483
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		83,011	25	36,147
	26	**Total liabilities.** Add lines 17 through 25		15,873,940	26	15,311,590
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		25,558,548	27	30,064,521
	28	Net assets with donor restrictions		100,000	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		25,658,548	32	30,064,521
	33	Total liabilities and net assets/fund balances		41,532,488	33	45,376,111

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	13,493,853
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	9,068,063
3	Revenue less expenses. Subtract line 2 from line 1	**3**	4,425,790
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	**4**	25,658,548
5	Net unrealized gains (losses) on investments	**5**	-19,817
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	**10**	30,064,521

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
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**		

Additional Data

Software ID:

Software Version:

EIN: 26-2511045

Name: PI BETA PHI FRATERNITY HOUSING CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

TO PROVIDE DAY-TO-DAY PROPERTY MANAGEMENT, FINANCIAL MANAGEMENT, AND EMPLOYEE MANAGEMENT FOR ALL FHC OPERATED AND OWNED FACILITIES IN ORDER TO PROVIDE ALL MEMBERS A POSITIVE, SAFE, AND SECURE MEMBER HOUSING EXPERIENCE IN FURTHERANCE OF THE EXEMPT PURPOSE OF THE ORGANIZATION. FHC ALSO PROVIDES EMERGENCY MANAGEMENT, LONG-RANGE PLANNING, AND PROJECT MANAGEMENT INCLUDING PROCESSING AND MANAGING SALARIES AND BENEFITS, INSURANCE, RENT, TAXES AND FINANCIAL PLANNING TO FUND DEFERRED MAINTENANCE, RENOVATIONS, AND LONG-RANGE PLANNING. FHC MANAGES FACILITY EMPLOYEES USING A BEST-PRACTICE HUMAN RESOURCES MODEL.

Form 990, Part III, Line 4b:

TO PROVIDE EDUCATION AND TRAINING TO MORE THAN 300 LOCAL HOUSING CORPORATION VOLUNTEERS THROUGH DIRECT STAFF SUPPORT WITH SPECIALIZED KNOWLEDGE IN THE FIELDS OF FINANCE, PROPERTY MANAGEMENT, AND OPERATIONS MANAGEMENT. FHC ALSO PROVIDES ONLINE LEARNING OPPORTUNITIES, MANUALS AND GUIDES FOUND IN THE RESOURCE LIBRARY, AND ELECTRONIC NEWSLETTERS, ALL OF WHICH ARE AVAILABLE THROUGHOUT THE YEAR. TOPICS INCLUDE IMPROVING FACILITIES TO BE COMPETITIVE IN THE CURRENT CAMPUS CLIMATE, INSURANCE REQUIREMENTS AND LEGAL BEST PRACTICES, BUDGETING AND FUNDRAISING, EMPLOYMENT MANAGEMENT GUIDANCE FOR HOUSE DIRECTORS, CHEFS, AND OTHER EMPLOYEES, PROPERTY MANAGEMENT OPTIONS, AND CULTIVATING ALUMNAE SUPPORT.

Form 990, Part III, Line 4c:

TO PROVIDE SUPPORT IN THE MANAGEMENT OF CHAPTER FINANCES THROUGH THE CHAPTER FINANCE COORDINATOR, FHC FINANCE DIRECTOR, DIRECTOR OF FINANCE/HOUSING, REGIONAL FINANCE/HOUSING SPECIALISTS, FINANCIAL ADVISORS AND CHAPTER OFFICERS. THIS DIRECT SUPPORT INCLUDES ESTABLISHING BEST PRACTICE ACCOUNTING PROCEDURES AND POLICIES, PROVIDING GUIDANCE TO THE CHAPTERS THROUGH THE CHAPTER BUDGET PROCESS, REVIEWING AND APPROVING OF ALL CHAPTER BUDGETS, MANAGING A DESIGNATED CHAPTER YEAR END FINANCIAL REVIEW, MAINTAINING THE CHAPTER ACCOUNTING SYSTEM, COORDINATION FOR CHAPTER TAX FILING REQUIREMENTS, PROVIDING ASSISTANCE WITH CHAPTER HOUSING NEEDS, AND AS NEEDED, SERVING AS INTERIM FINANCIAL ADVISOR FOR INDIVIDUAL CHAPTERS IN NEED OF ADDITIONAL CONSULTATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 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:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ **Yes** ☐ **No**

Part IV **Escrow and Custodial Arrangements.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table:		
c	Beginning balance . . .	**1c**	
d	Additions during the year . . .	**1d**	
e	Distributions during the year . . .	**1e**	
f	Ending balance . . .	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V **Endowment Funds.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Temporarily restricted endowment ▶ ....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	**No**
(i) unrelated organizations . . .	**3a(i)**		
(ii) related organizations . . .	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . .	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		8,928,165		8,928,165
b Buildings		20,542,746	1,839,804	18,702,942
c Leasehold improvements		5,615	4,024	1,591
d Equipment		4,149,329	1,384,759	2,764,570
e Other		182,381		182,381
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				30,579,649

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	36,147

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
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**:				
a	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	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts 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.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 26-2511045

Name: PI BETA PHI FRATERNITY HOUSING CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FILING ORGANIZATION IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS WITH PI BETA PHI FRATERNITY. THE FOOTNOTE RELATED TO UNCERTAIN TAX POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENT IS AS FOLLOWS: THE FRATERNITY AND FHC ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE ("IRC"). AS SUCH, THEY ARE ONLY SUBJECT TO TAX ON UNRELATED BUSINESS TAXABLE INCOME ("UBTI") AS DEFINED BY THE IRC. THE FRATERNITY AND FHC EACH FILE FORM 990 (RETURN OF ORGANI ZATION EXEMPT FROM INCOME TAX) WITH THE U.S. FEDERAL GOVERNMENT. THE ORGANIZATION FOLLOWS THE FASB ASC TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOS E IN ITS CONSOLIDATED FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HA S TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNI TION IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF JUNE 30, 2020 AND 2019.

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
PENNINGTON & CO 501 GATEWAY DRIVE SUITE A LAWRENCE, KS 66049	NEWSLETTERS & CAPITAL CAMPAIGNS		No	0	35,573	-35,573
Total . . . . ▶					35,573	-35,573

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: ____

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ --

Address ▶ --

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________.

c If "Yes," enter name and address of the third party:

Name ▶ --

Address ▶ --

16 Gaming manager information:

Name ▶ --

Gaming manager compensation ▶ $--------------------

Description of services provided ▶ --

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JULI WILLEMAN EXECUTIVE DIRECTOR	**(i)**	0	0	0	0	0	0	0
	(ii)	171,970	7,850	0	9,044	6,375	195,239	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	COMPENSATION APPROVAL PROCESSES ARE UNDERTAKEN BY A RELATED ORGANIZATION. THE USE OF COMPARABLE DATA POSITIONS AT OTHER NONPROFIT ORGANIZATIONS AS WELL AS THE SKILL SET OF THE INDIVIDUAL ARE CONSIDERED IN DETERMINING FAIR AND REASONABLE COMPENSATION. THE RELATED ORGANIZATION MAY USE FORM 990 OF OTHER ORGANIZATIONS AND A COMPENSATION SURVEY/STUDY TO INITIALLY IDENTIFY COMPARABLE DATA. THE EXECUTIVE BOARD OF THE RELATED ORGANIZATION THEN REVIEWS AND APPROVES THE COMPENSATION.

SCHEDULE M
(Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2019

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Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PROP & EQUIP FROM ACQUISITION OF CHAPTER HOUSES)	X	3	3,767,596	PROPERTY APPRAISAL
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	THE CORPORATION IS A SOCIAL CLUB SUPPORTED BY FUNDS PAID BY ITS MEMBERS AND OPERATED EXCLU SIVELY FOR PLEASURE, RECREATION AND OTHER NON-PROFITABLE PURPOSES AND ACTIVITIES IN CONNEC TION WITH PI BETA PHI FRATERNITY WHOSE MISSION IS TO PROMOTE FRIENDSHIP, DEVELOP WOMEN OF INTELLECT AND INTEGRITY, CULTIVATE LEADERSHIP POTENTIAL AND ENRICH LIVES THROUGH COMMUNITY SERVICE. PI BETA PHI FRATERNITY HOUSING CORPORATION SERVES BOTH THE CURRENT AND ALUMNAE M EMBERSHIP OF PI BETA PHI WITH A FOCUS ON HOUSING, LODGES AND OTHER FACILITIES UTILIZED BY OR FOR COLLEGIATE MEMBERS OF PI BETA PHI FRATERNITY IN CONNECTION WITH THEIR COLLEGIATE ED UCATIONAL ENDEAVORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION:	THE CORPORATION IS A SOCIAL CLUB SUPPORTED BY FUNDS PAID BY ITS MEMBERS AND OPERATED EXCLU SIVELY FOR PLEASURE, RECREATION AND OTHER NON-PROFITABLE PURPOSES AND ACTIVITIES IN CONNEC TION WITH PI BETA PHI FRATERNITY WHOSE MISSION IS TO PROMOTE FRIENDSHIP, DEVELOP WOMEN OF INTELLECT AND INTEGRITY, CULTIVATE LEADERSHIP POTENTIAL AND ENRICH LIVES THROUGH COMMUNITY SERVICE. PI BETA PHI FRATERNITY HOUSING CORPORATION SERVES BOTH THE CURRENT AND ALUMNAE M EMBERSHIP OF PI BETA PHI WITH A FOCUS ON HOUSING, LODGES AND OTHER FACILITIES UTILIZED BY OR FOR COLLEGIATE MEMBERS OF PI BETA PHI FRATERNITY IN CONNECTION WITH THEIR COLLEGIATE ED UCATIONAL ENDEAVORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL MEMBERS OF PI BETA PHI FRATERNITY ARE MEMBERS OF PI BETA PHI FRATERNITY HOUSING CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE GRAND COUNCIL OF PI BETA PHI FRATERNITY, BY MAJORITY VOTE, ELECTS THE BOARD MEMBERS OF PI BETA PHI FRATERNITY HOUSING CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN WAS REVIEWED IN DETAIL BY THE FHC TREASURER, AND THEN SUBMITTED TO THE MEMBERS OF THE GOVERNING BODY FOR APPROVAL BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MEMBERS OF THE EXECUTIVE BOARD MUST DISCLOSE ALL TRANSACTIONS WHICH MAY GIVE RISE TO A CON FLICT OF INTEREST ANNUALLY. AT THE TIME OF THE FILING OF THIS RETURN, DISCLOSURES HAD BEEN COMPLETED AND PROVIDED TO THE PI BETA PHI FRATERNITY HOUSING CORPORATION FOR THE YEAR END ED JUNE 30, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BASED ON COMPARABLE DATA POSITIONS AT OTHER NONPROFIT ORGANIZAT IONS AS WELL AS THE SKILL SET OF THE INDIVIDUAL. AFTER AN AMOUNT HAS BEEN DETERMINED, THE EXECUTIVE BOARD REVIEWS THIS AMOUNT AND APPROVES THE COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	PI BETA PHI FRATERNITY HOUSING CORPORATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUN TANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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Name of the organization
PI BETA PHI FRATERNITY
HOUSING CORPORATION

Employer identification number
26-2511045

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)PI BETA PHI FRATERNITY 1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017 37-0464584	MEMBER ORGANIZATION	IL	501(C)(7)		N/A		No
(2)FLORIDA EPSILON CHAPTER OF PI BETA PHI HC INC 1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017 59-2076870	PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATIONAL AND SOCIAL USE	FL	501(C)(7)		PI BETA PHI FRATERNITY HOUSING CORP	Yes	
(3)INDIANA GAMMA ASSOCIATION OF PI BETA PHI INC 1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017 35-7053918	PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATIONAL AND SOCIAL USE	IN	501(C)(7)		PI BETA PHI FRATERNITY HOUSING CORP	Yes	
(4)CALIFORNIA ZETA OF PI BETA PHI HOUSE ASSOC 1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017 95-6099290	PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATIONAL AND SOCIAL USE	CA	501(C)(7)		PI BETA PHI FRATERNITY HOUSING CORP	Yes	
(5)PI BETA PHI HOME ASSOCIATION INC 1154 TOWN COUNTRY COMMONS DRIVE TOWN COUNTRY, MO 63017 55-0711974	PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATIONAL AND SOCIAL USE	WV	501(C)(7)		PI BETA PHI FRATERNITY HOUSING CORP	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, 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	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if 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	(i) No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
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)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**Yes**	
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**Yes**	
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**1s**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)FLORIDA EPSILON CHAPTER OF PI BETA PHI HOUSE CORP INC	R	70,659	CASH
(2)INDIANA GAMMA ASSOCIATION OF PI BETA PHI INC	R	559,026	CASH

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.

(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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 26-2511045
Name: PI BETA PHI FRATERNITY HOUSING CORPORATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
PI BETA PHI ARROW MANAGEMENT COMPANY LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 27-0984538	TO MANAGE PROPERTY FOR MEMBER EDUCATIONAL AND SOCIAL USE	OK	679,046	189,186	PI BETA PHI FRATERNITY HOUSING CORP
PI BETA PHI FHC LENDING COMPANY LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 35-2555915	TO LOAN FUNDS FOR CONSTRUCTION & MAINT. OF FACILITIES	OK	416,287	8,084,154	PI BETA PHI FRATERNITY HOUSING CORP
PI BETA PHI FHC HOLDING COMPANY LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 27-1204741	TO MANAGE PROPERTY FOR MEMBER EDUCATIONAL AND SOCIAL USE	OK	0	0	PI BETA PHI FRATERNITY HOUSING CORP
PI BETA PHI FHC EMPLOYEE MANAGEMENT LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 27-0984681	TO MANAGE PROPERTY FOR MEMBER EDUCATIONAL AND SOCIAL USE	OK	0	0	PI BETA PHI ARROW MANAGEMENT CO LLC
PI BETA PHI FHC ASSET MANAGEMENT LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 27-0984613	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	120,376	560,537	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - OHIO BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 61-1850834	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	652,700	3,149,157	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - MISSISSIPPI GAMMA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 27-1204849	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	928,754	5,467,602	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - MONTANA ALPHA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1873067	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	405,112	1,394,085	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - COLORADO ALPHA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 30-0959421	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	1,170,563	8,058,926	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - PENNSYLVANIA KAPPA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 26-3380428	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	164,897	68,781	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - WISCONSIN ALPHA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1861997	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	499,177	2,386,930	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - ILLINOIS ZETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 36-4817078	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	655,497	3,580,900	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - VERMONT BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1827298	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	189,169	1,145,342	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - INDIANA EPSILON LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 61-1776391	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	634,176	2,699,357	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI SOUTH CAROLINA ALPHA FHC LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 47-1737806	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	1,080,091	767,155	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - MICHIGAN GAMMA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1896560	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	377,831	1,097,358	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - GEORGIA ALPHA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 84-3144854	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	3,788,155	3,925,226	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - CONNECTICUT BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 84-3761406	TO PURCHASE AND OWN REAL ESTATE FOR MEMBER EDUCATION AND SOCIAL USE	OK	67,526	19,859	PI BETA PHI FHC HOLDING COMPANY
PI BETA PHI FHC - SOUTH CAROLINA BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 36-4857973	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	36,053	156,499	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - INDIANA ZETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 38-4042370	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	22,950	212,073	PI BETA PHI FHC ASSET MANAGEMENT LLC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
PI BETA PHI FHC - MASSACHUSETSS GAMMA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1864251	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	10,037	54,121	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - NORTH CAROLINA BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 61-1862064	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	6,630	94,630	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - PENNSLYVANIA EPSILON LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 36-4884099	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	12,750	82,961	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - NORTH CAROLINA DELTA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 35-2620553	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	630,914	624,895	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - PENNSYLVANIA ETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1871196	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	13,050	23,009	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - ARIZONA GAMMA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 32-0535662	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	12,623	65,830	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - GEORGIA BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 38-4054754	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	14,250	35,888	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - OHIO KAPPA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 61-1862629	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	20,490	113,784	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - WISCONSIN DELTA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 30-1042602	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	115,000	77,722	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - OHIO ETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 36-4880059	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	26,565	-3,789	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - ARIZONA BETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 30-0994532	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	102,919	432,860	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - NEW YORK ETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 38-4055424	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	13,272	63,125	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - OHIO LAMBDA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 38-4052974	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	8,114	31,400	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - OHIO EPSILON LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 36-4900071	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	94,109	109,731	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - VIRGINIA ZETA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 37-1909778	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	46,772	133,678	PI BETA PHI FHC ASSET MANAGEMENT LLC
PI BETA PHI FHC - CONNECTICUT ALPHA LLC 1154 TOWN COUNTRY COMMONS DR TOWN COUNTRY, MO 63017 84-3768779	TO PURCHASE & OWN REAL ESTATE & PERSONAL PROP. FOR MEMBER EDU. & SOCIAL USE	OK	256,673	245,769	PI BETA PHI FHC ASSET MANAGEMENT LLC