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.

16 Open to Public

OMB Na. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning JUN 1, 2016 and ending MAY 31, 2017 B Chick if C Name of organization D Employer identification number Address PHI KAPPA PSI FRATERNITY Mante Doing business as 36-2362161 Initial coturn Number and street (or P.O. box If mail is not delivered to street address) Room/suite E Telephone number Final 5395 EMERSON WAY 317-632-1852 torm City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,741,637. Amanded return INDIANAPOLIS, IN 46226 H(a) Is this a group return Applica-F Name and address of principal officer: MIGUEL FLECHAS for subordinates? Yes X No ponding SAME AS C ABOVE H(b) Are all subordinates included? X Yes No I Tax-exempt status: 501(c)(3) X 501(c)(7) (insert J Website: ► HTTP: //WWW.PHIKAPPAPSI.COM/) (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) H(c) Group exemption number > K Form of organization; X Corporation Trust Association Other L Year of formation: 1987 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS AN Governance ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO DEVELOP THE INDIVIDUAL Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 ᅄ 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Activities 49 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 751,762. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 530,237. 651,160. Revenue Program service revenue (Part VIII, line 2g) 9 3,247,287. 3,921,066. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -128,840. 680,493. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115,742. 66,312. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,764,426. 5,319,031. Grants and similar amounts pald (Part IX, column (A), lines 1-3) 1,730. Ö. 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) 1,469,605. 2,003,814. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,942,616. 3,833,200. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,413,951. 5,837,014. -1,649,525. 19 Revenue less expenses. Subtract line 18 from line 12 -517,983. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 7,653,615. 6,874,281 21 Total llabilities (Part X, line 26) 470,334. 208,983 la la 22 Net assets or fund balances. Subtract line 21 from line 20 7,183,281. 6,665,298 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. Signafare of officer Sign MIGUEL FLECHAS, Here TREASURER Type or print name and title Print/Type preparer's name Date Proparation of the Proparation of the MICHELLE SINER Paid MICHELLE SINER P00050193 self-employed Firm's name VONLEHMAN & COMPANY INC. Preparer 31-0905417 Firm's EIN > Use Only Firm's address 8250 WOODFIELD CROSSING BLVD. SUITE 300 INDIANAPOLIS, IN 46240 Phone no. (317) 469-0169 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2016)

Form 990 (2016) PHI KAPPA PS 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)?	- 0		
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			١,,
	If "Yes," complete Schedule D, Part IV	9		X
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			-
	as applicable.	1	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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		X
С	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, di		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
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		X
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		X

Part IV | Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
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		х
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	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	120		1
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		_X
	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Trees, and the same are required to complete our reduce of	J0		_

	990 (2016) PHI KAPPA PSI FRATERNITY 36-2362	161	Р	age 5
Pa	rt 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 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		9 9	
	(gambling) winnings to prize winners?	1c	Х	
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 49	A 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
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	X	
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		X
b	If "Yes," enter the name of the foreign country: ▶		10	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		l in	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		s	
	to file Form 8282?	7c		
d			CONT.	<u> </u>
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			
0	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
9	Did the sponsoring organization make any taxable distributions under section 4966?		-	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	_	
10	Section 501(c)(7) organizations. Enter:	9b	1	
а				
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a 542, 125. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.			
11	cross recorded, metadad erri erri ecci, i are vin, into 12, for public dec of olds facilities	2		
a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1-,1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	IZd		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ш	to the signification modified to lead qualified floatin plane in more than one state?	isa	_	

Note. See the instructions for additional information the organization must report on Schedule O. **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

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

13b

Form 990 (2016) PHI KAPPA PSI FRATERNITY 36-2362161 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sec	tion 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 10			
	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.		200	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		9.5	33.0
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.7		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		Х
Sec	tion 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	X	
	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		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		2	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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?		93.0	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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		X
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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARK GUIDI - 317-632-1852			
	5395 EMERSON WAY, INDIANAPOLIS, IN 46226			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	ition	COL	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(A) (B)		(C)					(D)	(E)	(F)
Name and Title	Average	Positi		Position (do not check more than one			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-	our dir		I	7,4,42	100,	from	from related	other
	(list any hours for	lirect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	aats			sateo		(W-2/1099-MISC)	(W-2/1099-WII3C)	organization
	organizations	truste	al trus		yee	шрег		(** 2, 1000 times)		and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	- E			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) JAIPARTAP RANU	10.00									
ARCHON		Х						0.	0 .	0.
(2) XHONI QYTEZA	10.00									
ARCHON		Х						0.	0.	0.
(3) DUSTIN MEEKS	10.00									
ARCHON		X						0.	0.	0.
(4) NICHOLAS SHARP	10.00									
ARCHON		Х						0.	0.	0.
(5) NICOLAS SUAREZ	10.00									
ARCHON		Х			_			0.	0.	0.
(6) THOMAS ZORRILLA	10.00								_	
ARCHON		Х						0.	0.	0.
(7) DAVID MOYER	20.00							_	_	_
SECRETARY		X		X				0.	0.	0.
(8) MIGUEL FLECHAS	20.00	_								
TREASURER	00.00	Х	_	Х				0.	0.	0.
(9) JAMES D BOYLE	20.00									
PRESIDENT	00.00	Х		X	_		_	0.	0.	0.
(10) SHANNON E PRICE	20.00	,,		77					ا ا	_
VICE PRESIDENT	40.00	X	_	Х	_	_	_	0.	0.	0.
(11) MARK GUIDI	40.00			٦,				172 077	ا م	45 005
EXECUTIVE DIRECTOR (NON-VOTING)		_	_	Х	_	_		173,077.	0.	45,905.
		-	-	-	-	_				
			-	-	_	_	_			
	-									
	_			-	-					-
*			-	-						
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			_							

Part VII Section A. Officers, Directors, 1	rustees, Key Er	nploy	yees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(dc	(do not check more than one		Reportable	÷	Es	stimat	ed				
	hours per box, unless person is both week officer and a director/truste		h an	compensation	compensation		ar	nount					
	(list any	_	I			I	100,	from	from related			other	
	hours for	lirectc						the organization	organizatior (W-2/1099-MI			pensa om th	
	related	900	eats			satec		(W-2/1099-MISC)	(***-2/1099-1011	30)		anizat	
	organization	trustee or director	al trus		a Aee	шрег		(** 2, 1000 111100)			_ ~	d relat	
	below	Individual 1	Institutional trustee	h	Key employee	est co oyee	le le				org:	anizat	ions
	line)	Indis	Instil	Offlicer	Key e	Highest compensated employee	Form						
·													
·				_	_								
		4											
	_	╀	-	-	-	-							
	+	-											
		+	\vdash	\vdash	_	\vdash				-			
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Pd 94													
		_											
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·		+	⊢	_	_								
	-	4											
	-	┿	\vdash	Н	\vdash	\vdash	_			_			_
	-	1											
1b Sub-total				_	_	-		173,077.		0.	4	5,9	05.
c Total from continuation sheets to Par	t VII. Section A		000000					0.		0.			0.
1927							•	173,077.		0.	4	5,9	
2 Total number of individuals (including b							no re		,000 of reportab	le			
compensation from the organization						_		· · · · · · · · · · · · · · · · · · ·					1
												Yes	No
3 Did the organization list any former office			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J f								••••••••			3		X
4 For any individual listed on line 1a, is the													300
and related organizations greater than \$											4	<u>X</u>	-
5 Did any person listed on line 1a receive							elate	ed organization or indivi	idual for services	·			v
rendered to the organization? If "Yes," of Section B. Independent Contractors	ompiete Scheau	ie J i	or st	JCH	bers	son .	*****	************************	(4) * * Y # X X # 3 # F * # 8 # F # 8 # X # X # X # X # X # X # X # X # X		5		X
Complete this table for your five highest	compensated in		ende	ent c	ontr	racto	re th	hat received more than	\$100,000 of con	nnene	ation (rom	
the organization. Report compensation										iperio	ation	10111	
(A)							T	(B)			(C		
Name and busin	ess address	N	INC	3				Description of s	ervices	С	ompe		'n
							-						
•							+				_		-
							-						
¥							+						_
Total number of independent contractor	s (includina but	not li	mite	d to	thos	se lis	ted	above) who received m	ore than		-1		
\$100,000 of compensation from the org					(•						6.	

PHI KAPPA PSI FRATERNITY 36-2362161 Form 990 (2016) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **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 651,160 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 651,160, **Business Code** 2 a MEMBERSHIP DUES & ASSESSMENTS 611710 2,325,158 Program Service Revenue 2,325,158 CHAPTER SERVICE/CONFERENC 611710 1,263,283. 1,263,283 CONVENTION/GRAND ARCH 611710 332,625. 332,625 d All other program service revenue 3,921,066. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 120,956. 120,956. 4 Income from investment of tax-exempt bond proceeds 71,269 71,269 5 Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1,924,464. b Less: cost or other basis and sales expenses 1,364,927 c Gain or (loss) 559,537. 559,537 559,537 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 22,968 57,679 b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory -34,711 -34,711

Business Code

27,755

1,999

29,754

5,319,031.

27,755

1,999

3,916,109.

541900

900099

Miscellaneous Revenue

Total revenue. See instructions.

11 a ADMINISTRATIVE FEES

MISCELLANEOUS

751,762.

Form 990 (2016) PHI KAPPA PSI Part IX Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
- Γο	Check if Schedule O contains a respon	(A)		(c) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	242,606.			
6	trustees, and key employees Compensation not included above, to disqualified	242,000.			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,392,335.			
8	Pension plan accruals and contributions (include	_,05_,000			
·	section 401(k) and 403(b) employer contributions)	14,395.			
9	Other employee benefits	218,962.			
10	Payroll taxes	135,516.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	15,055.			
С	4	70,911.			
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,320.			
g		4.0.0			
	column (A) amount, list line 11g expenses on Sch O.)	133,665.			
12	Advertising and promotion	200 000			
13	Office expenses	372,009.			
14	Information technology	94,557.			
15	Royalties	95,711.			
16 17	Occupancy	517,374.			
17 18	Payments of travel or entertainment expenses	317,374.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,015.			
20	Interest	3,088.		V	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,012.			
23	Insurance	891,070.			
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)	3 1 1 1 1 1 2			
	amount, list line 24e expenses on Schedule 0.)	4 000 ==0			
а	WWLS/GAC	1,360,556.			
b	CLUB DUES	103,042.			
C	BAD DEBTS	41,098.			
d	MISCELLANEOUS	22,462. 8,255.			
	All other expenses	5,837,014.			
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	J, UJ/, U14.			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		and the second s	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	597,376.	1	190,549.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	207,747.	4	222,721.
	5	Loans and other receivables from current and former officers, directors,			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
šţs		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	43,818.	8	32,592.
	9	Prepaid expenses and deferred charges	498,408.	9	540,137.
	10a	Land, buildings, and equipment: cost or other	- 1 You Street W		
		basis. Complete Part VI of Schedule D 10a 817,783.			
	b	The state of the s	273,186.	10c	337,805.
	11	Investments - publicly traded securities	6,033,080.	11	5,550,477.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	T (F) (4F	15	6 001 001
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,653,615.	16	6,874,281.
	17	Accounts payable and accrued expenses	203,438.	17	78,330.
	18	Grants payable	244 204	18	0 400
	19	Deferred revenue	244,204.	19	8,400.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Þili		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Optional D	22,692.	25	122,253.
	26	Total liabilities. Add lines 17 through 25	470,334.	26	208,983.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	17073311	20	200,505.
s		complete lines 27 through 29, and lines 33 and 34.			
e	27	Unrestricted net assets	7,020,286.	27	6,526,781.
alai	28	Temporarily restricted net assets	162,995.	28	138,517.
à P	29	Permanently restricted net assets		29	200/02/
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	X = [4] = B = [4]	20	
<u>ة</u> ا		and complete lines 30 through 34.			
į į	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
ž	33	Total net assets or fund balances	7,183,281.	33	6,665,298.
- 1	34	Total liabilities and net assets/fund balances	7,653,615.	34	6,874,281.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2016)

За

3b

X

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.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

	organization answered "Yes" on Form 990, Part IV, line		
		(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		ļ
5	Did the organization inform all donors and donor advisors in wr	-	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or of		
)a	impermissible private benefit? rt II Conservation Easements. Complete if the organ	nization answered "Vos" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		, Partiv, line 7.
'	Preservation of land for public use (e.g., recreation or edu		starically important land area
	Protection of natural habitat		storically important land area rtified historic structure
	Preservation of open space	Freservation of a cer	rtilled historic structure
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	a of a consequation assembnt on the last
_	day of the tax year.	d conservation contribution in the form	Held at the End of the Tax Ye
а	Total number of conservation easements		
þ	Number of conservation easements on a certified historic struc	ture included in (a)	
q	Number of conservation easements on a certified historic structured after the conservation easements included in (c) acquired after the conservation easements included in (c) acquired after the conservation easements on a certified historic structure.		
u			l l
3	listed in the National Register Number of conservation easements modified, transferred, relea		
•	year	ised, extinguished, or terminated by tr	le organization during the tax
1	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		C F
•	violations, and enforcement of the conservation easements it h		
3	Staff and volunteer hours devoted to monitoring, inspecting, ha		
,	Stan and volunteer nours devoted to monitoring, inspecting, ha	andling of violations, and emorcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing consen	estion accoments during the year
	S S S Amount of expenses incurred in monitoring, inspecting, nanding	ig of violations, and enforcing conserv	ration easements during the year
3	Does each conservation easement reported on line 2(d) above	antintisting years iron anto of a action 17	O(F)(4)(D)(i)
•	•	, ,	
	and section 170(h)(4)(B)(ii)?		***************************************
)	In Part XIII, describe how the organization reports conservation	· ·	·
	include, if applicable, the text of the footnote to the organizatio	n s ilnanciai statements that describes	s the organization's accounting for
aı	conservation easements. † III Organizations Maintaining Collections of A	Art Historical Treasures or (Other Similar Assets
-	Complete if the organization answered "Yes" on Form 9		other ommar Addeto.
2	If the organization elected, as permitted under SFAS 116 (ASC		ement and halance sheet works of art
a	historical treasures, or other similar assets held for public exhib		•
	the text of the footnote to its financial statements that describe		ance of public service, provide, in Fart Al
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and halange shoot works of art. histori
U			
	treasures, or other similar assets held for public exhibition, edu relating to these items:	cation, or research in turtherance of pi	ublic service, provide the following amoul
	0		•
	(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 treas	· · · ·	iai gain, provide
_	the following amounts required to be reported under SFAS 116		•
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

Schedule D (Form 990) 2016

337,805.

Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 PHI KAPPA P	SI FRATERNI'	TY	36-2362161 Page
Part VII Investments - Other Securities.			or
Complete if the organization answered "Yes"	on Form 990. Part IV. I	line 11b. See Form 990. Part X. li	ine 12
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			4)
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		THE PLANT	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11c See Form 990 Part X li	ne 13
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			·
(2)			2
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		The state of the s	Line of the second second
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV. Ii	ine 11d. See Form 990. Part X. li	ine 15.
	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" of	on Form 990. Part IV. li	ine 11e or 11f See Form 990 Pa	art X line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) FUNDS HELD IN TRUST		22,692.	
(3) CAPITAL LEASE		99,561.	
(4)		55,301.	
(5)			
- ATA			

(1) Federal income taxes		
(2) FUNDS HELD IN TRUST	22,692.	
(3) CAPITAL LEASE	99,561.	
(4)		
(5)		
6)		
7)		
8)		
(9)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	122,253.	

^{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

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FRATERNITY FILES ANNUAL RETURNS IN THE U. S. FEDERAL AND INDIANA CURRENTLY, THE THREE PRIOR TAX YEARS ARE OPEN AND SUBJECT JURISDICTIONS. TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE INDIANA DEPARTMENT OF REVENUE. HOWEVER, THE FRATERNITY IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE FRATERNITY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL SIGNIFICANT POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

COST OF GOODS SOLD

57,679.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	Schedule D (Form 990) 2016 PHI KAPPA PSI FRATERNITY Part XIII Supplemental Information (continued)	36-2362161 Page 5
	Part XIII Supplemental Information (continued)	
	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
57,673.		F7 670
	COST OF GOODS SOLD	57,679.
		_
		i

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PHI KAPPA PSI FRATERNITY

Questions Regarding Compensation

Employer identification number 36-2362161

			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			# 4	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Υ.,		
	First-class or charter travel Housing allowance or residence for personal use	X I			
	X Travel for companions Payments for business use of personal residence	22	9.0		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	9.7		E W *	
	L Discretionary spending account Personal services (such as, maid, chauffeur, chef)	200			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	2 -1)			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	x		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		100	- 1	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			-14	
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee X Written employment contract			3	
	Independent compensation consultant Compensation survey or study		0.00		
	Form 990 of other organizations Approval by the board or compensation committee	S 40			
			14 3		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		5 9		
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	11.8			
			8 - 9		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	100			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- 19	-		
	contingent on the revenues of:	- 5			
	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		100		
	contingent on the net earnings of:				
а	The organization?	6a			
b	Any related organization?	6b			
	If "Yes" on line 6a or 6b, describe in Part III.		4.3		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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)?	اما			

Schedule J (Form 990) 2016 PHI KAPPA PSI FRATERNITY 36-2362161

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 aren't 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,

-		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MARK GUIDI	(i)	173,077.	0.	0.	0.	0.	173,077.	0.
EXECUTIVE DIRECTOR (NON-VOTING)	(ii)	0.	0.	0.	0.	0.		0.
	(0)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	m							
	(i)							
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Schedule J (Form 990) 2016

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	PA PSI FRATERNITY	8	36-2362161	Page 3
Provide the information, explanation, or descriptions	required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional information	n.
PART I, LINE 1A:				
THE EXECUTIVE DIRECTOR IS	PROVIDED A VEHICLE BY THE	HE FILING ORGANIZATION FOR		
PERSONAL USE. THE EXECUTI	VE DIRECTOR USES THE VE	HICLE 95% FOR BUSINESS AND		
5% FOR PERSONAL USE WITH A	PPROXIMATLEY 5,000 MILES	S DRIVEN ON IT IN A YEAR.		
ALSO, THE FILING ORGANIZAT	ION PROVIDES AN APARTMEN	NT FOR FREE TO THE		
EXECUTIVE DIRECTOR FOR PER	SONAL USE. THE FAIR MAN	RKET VALUE OF THE RENT FOR		
THIS APARTMENT DURING THE	2016 CALENDAR YEAR IS \$2	26,000.		
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Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN HIS INTELLECT, IN HIS INVOLVEMENT IN THE COMMUNITY, AND IN HIS FAITH. FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THIS FRATERNITY SHALL BE CLASSIFIED AS UNDERGRADUATES AND THE TERM "UNDERGRADUATE" SHALL INCLUDE EVERY MEMBER OF THIS ALUMNI. FRATERNITY WHO IS IN ACTUAL ATTENDANCE AS A STUDENT IN ANY DEPARTMENT OF THE COLLEGE WHERE THE CHAPTER BY WHICH HE WAS INITIATED. OR TO WHICH HE WAS LAST TRANSFERRED, IS LOCATED. THE TERM "ALUMNUS" SHALL INCLUDE ALL OTHER MEMBERS OF THIS FRATERNITY. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS INDIVIDUALS WHO HAVE THE POWER TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: RATE CHANGES AND BY-LAW CHANGES ARE SUBJECT TO APPROVAL BY THE GRAND ARCH COUNCIL WHICH IS COMPRISED OF CHAPTER DELEGATES WHO ARE ALSO MEMBERS OF THE FRATERNITY. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number 36-2362161

THE ORGANIZATION HAS INDIVIDUAL CHAPTERS NATIONWIDE. THE ORGANIZATION'S

ROLE IS TO GUIDE THESE CHAPTERS WITH RESOURCES AND BEST PRACTICES AND NOT

TO INDEPENDENTLY OR INDIVIDUALLY SUPERVISE THESE CHAPTERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN WILL BE PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE BEING SIGNED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, BOARD MEMBERS, AND EXECUTIVE COUNCIL ARE REQUIRED TO SIGN AN ANNUAL DECLARATION OF ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COUNCIL ENSURES THE EXECUTIVE DIRECTOR'S SALARY IS COMPARABLE

TO OTHER EXECUTIVES IN SIMILAR ORGANIZATIONS. IN ADDITION, ANY BONUSES

AWARDED ARE BASED ON ACHIEVING ESTABLISHED BENCHMARKS.

FORM 990, PART VI, SECTION C, LINE 19:

CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(D) OF THE INTERNAL REVENUE

CODE AND REGULATIONS THEREUNDER, COPIES OF THE IRS FORM 990 AND APPLICATION

FOR EXEMPTION, OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY

MANNER, AND SUBJECT TO THE CHARGES PERMITTED BY LAW TO ANY INDIVIDUALS WHO

REQUEST IT.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED DURING THE TAX

YEAR.

Schedule O (Form 990 or 9 Name of the organization	(Page 2		
Name of the organization	PHI	KAPPA	PSI	FRATERNITY		Employer identification number 36-2362161		
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