EXTENDED TO APRIL 18, 2016

Return of Organization Exempt From Income Tax Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Information about Form 990 and its instructions is at www.les gov/formgon

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

2014 Open to Public Inspection

Δ.	For the	2014 calendar year, or tax year beginning JUN 1, 2014 and ending	MAY 3	1, 2015			
-					cation number		
В	Check if	C Name of organization	D E	noyer radiitiin	Cattor Humber		
-	Addre	PHI KAPPA PSI FRATERNITY					
H	chang Name			36-2	362161		
-	Initial		audio 🕾 Tala				
F	Final	Number and street (or P.O. box if mail is not delivered to street address) Room/	STILLE I E LEIE	phone number	632-1852		
-	termin		0.000	receipts \$	6,447,555.		
_	Amone	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46226					
-	Applic			this a group re r subordinates			
-	_ltten pendir	SAME AS C ABOVE			ncluded? X Yes No		
100	Fay av	empt status: 501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1) or			list. (see instructions)		
		e: ► HTTP://WWW.PHIKAPPAPSI.COM/	1	oup exemptio			
			Year of formati	on: 1987 N	State of legal domicile: IN		
_	art I	Summary	Tour or reminute	on, 250 iji	Diate of logal dollinois, 224		
_		Briefly describe the organization's mission or most significant activities: THE ORGA	ANIZATI	ON IS A	N		
Governance	Ι΄.	ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE	O DEVE	LOP THE	INDIVIDUAL		
ija	1 29	Check this box if the organization discontinued its operations or disposed of					
چ		Number of voting members of the governing body (Part VI, line 1a)		land.	9		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9		
45 (7		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			20		
ij.		Total number of volunteers (estimate if necessary)			0		
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12	(INCOME TO A STATE OF THE STATE	7a	629,631.		
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
271	1		Prio	r Year	Current Year		
a.	8	Contributions and grants (Part VIII, line 1h)		11,305.	371,293.		
ě	1	Program service revenue (Part VIII, line 2g)	3,0	99,340.	3,463,226.		
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	80,160.	523,182.		
a		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	29,487.	56,345.		
		Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)	3,9	20,292.	4,414,046.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	03,280.	111,350.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
92	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7	67,659.	889,867.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
χb	Ь	Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		04,500.	2,784,360.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		75,439.	3,785,577.		
	19	Revenue less expanses, Subtract line 18 from line 12		44,853.	628,469.		
Assets or d Balances				1 Current Year	End of Year		
age	20	Total assets (Part X, line 16)		34,667.	8,515,423.		
AB	ł	Total liabilities (Part X, line 26)		76,858.	381,788.		
Net I		Net assets or fund balances, Subtract line 21 from line 20	1,5	57,809.	8,133,635.		
		Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is		
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any k	nowledge.	5		
		Signature of officer		Date 9 -	25-20/6		
Sign	- 1	- Second (No. 10.10.10.10.10.10.10.10.10.10.10.10.10.1		Linte			
Her	e	SHANNON E PRICE, TREASURER Type or print name and title					
_	-		Date	Check	II PTIN		
MICHELLE GIVED							
	arer	Firm's name VONLEHMAN & COMPANY INC.		Firm's EIN	31-0905417		
	Only	Firm's address 8250 WOODFIELD CROSSING BLVD. SUIT	E 300	THULS EIN	27 000271		
		INDIANAPOLIS, IN 46240		Phone no (3	17) 469-0169		
May	the IP	S discuss this return with the preparer shown above? (see Instructions)		T HOILD HOLY S	X Yes No		
Teresy	1116 11	waster the later that the property distant above (See mandelone)					

4e Total program service expenses

36-2362161 PHI KAPPA PSI FRATERNITY Page 3 Form 990 (2014) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? Х If "Yes," complete Schedule D, Part IV 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 Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a 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 X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

19

20a

X

X

Page 4

			Yes	No
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	- 8	
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, 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		X
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			TE.
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	LOD		
Ū	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		х
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
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ _V	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) PHI KAPPA PSI FRATERNITY 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			
	20 20 20 20 20 20 20 20 20 20 20 20 20 2		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			live.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1,6	201	
	(gambling) winnings to prize winners?	1c	X	
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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- whi		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	Х	
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: ▶	13		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		370	
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		X
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		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			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	-	
9	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		100
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.	0-	-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		_
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 627,500.			100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.		- 44	100
11	Section 501(c)(12) organizations. Enter:			200
	Gross income from members or shareholders		100	-7
	Gross income from other sources (Do not net amounts due or paid to other sources against			1
_	amounts due or received from them.)			
12a	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	-115		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		S. C. T	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	178	A loc	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	V F	W.	21.0
-	organization is licensed to issue qualified health plans	4		TINE.
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	agn	/201/

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			
	2 ¢		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.	3 0	24	
b	Enter the number of voting members included in line 1a, above, who are independent1b		3.3	5-7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	6 6	17.	10
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			١
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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	Х	77
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent		120	1375
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
а	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b	_	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	5 178		88
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	5 1	ųi	37
	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		1200	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		200	9.0
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsim \overline{\text{IN}}\)			
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)	availab	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, an	d finan	cial	
	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:			
	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 n	l					nper	nsat				
(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than box, unless person is bot		than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe d a d	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of	
	week	_					-	from	from related	other	
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	0.00	<u>a</u>			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	тизте	l trus		ee/	преп		(***-27 1099-141100)		and related	
	below	dua! t	tiona		oldr	st cor	<u></u>			organizations	
	line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) MATTHEW C BRATSCH	10.00										
ARCHON		X						0.	0.	0.	
(2) KENNY S ROBERTS	10.00										
ARCHON		X						0.	0.	0.	
(3) BRIAN T KOCHHEISER	10.00										
ARCHON		Х						0.	0.	0.	
(4) JEFF D SCOTT	10.00										
ARCHON	10.00	Х	L					0.	0.	0.	
(5) BRYCE W HOBBS	10.00	,,						0		0	
ARCHON	20 00	Х	_	_		_		0.	0.	0.	
(6) SHANNON E PRICE	20.00	. ,		Į.,				, .		0	
TREASURER (7) THOMAS C PENNINGTON	20.00	Х		Х	_		-	0.	0.	0.	
(/) THOMAS C PENNINGTON SECRETARY	20.00	x		x				0.	0.	0.	
(8) A SCOTT NOBLE	20.00	A	\vdash	<u> </u>	-	\vdash	-	0.	0.	0.	
PRESIDENT	20.00	x		x				0.	0.	0.	
(9) JAMES D BOYLE	20.00	=		F	-	\vdash	-				
VICE PRESIDENT		х		х				0.	0.	0.	
(10) SHAWN COLLINSWORTH	40.00										
EXECUTIVE DIRECTOR (NON-VOTING)				X				120,151.	0.	11,496.	
(11) CHAD M, STEGEMILLER	40.00										
ASSISTANT EXECUTIVE DIRECTOR (NON-VO				X				0.	0.	0.	
(12) BLAKE YEAMAN	40.00										
EXECUTIVE DIRECTOR (NON-VOTING)		_	_	X	_	_		0.	0.	0.	
,		_	_	_	_	_					
										1	
			\vdash		-		-				
		_			_		_	-			
0		_		_			_				

Part VII	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			T		
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one				than		Reportable	Reportable		timate	
		hours per week		, unle cer an					compensation	compensation		ount o	of
		(list any	_	П		П	П	Ė	from the	from related organizations		other pensat	tion
		hours for	direct				- Car		organization	(W-2/1099-MISC)		om the	
		related	9 Or (stee	Н		sate		(W-2/1099-MISC)	(W 2/1030 WIIOO)		anizati	
		organizations	trust	al tru:		yee	mpe		(** =* ********************************		ı ~	d relate	
		below	Individual trustee or director	Institutional trustee	-ie	Key employee	lest co	Je.			orga	ınizatio	ons
		line)	ibu	Insti	Officer	Key (Highest compensated employee	Form					
							П						.5
					_	_				· ·			
					-								
1b Sub-t	otal		Щ	_	L_				120,151.	0.	1	1,49	96.
c Total	from continuation sheets to Part V	II, Section A							0.	0.			0.
	(add lines 1b and 1c)								120,151.	0.	1	1,49	96.
	number of individuals (including but r							no re	eceived more than \$100	0,000 of reportable	•		
comp	ensation from the organization							_		1.00	1	Yes	No
	e organization list any former officer,												HIS
	? If "Yes," complete Schedule J for s		10000								3		X
	y individual listed on line 1a, is the su								-	-		- VIII	Х
	lated organizations greater than \$15 y person listed on line 1a receive or a										4		Λ
	red to the organization? If "Yes," com	•						Glai	ted organization or indiv	idual for services	5		х
	Independent Contractors	piete correcti		0, 0,	3011	porc					10	_	
	lete this table for your five highest co	mpensated in	dep	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compen	sation f	rom	
the or	ganization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.			
	(A) Name and business	address	N	INC	3				(B) Description of s	services	(C Comper		1
					_			7	·	*			
								-					_
				E.									
								12					
		14											
2 Total r	number of independent contractors (including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than	1		4
\$100	000 of compensation from the organi	zation >				(0						9

PHI KAPPA PSI FRATERNITY 36-2362161 Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 (B) Total revenue Related or exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 371,293 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 371,293 h Total. Add lines 1a-1f Business Code MEMBERSHIP DUES & ASSESSMENTS 611710 2,489,776 2,489,776 Program Service Revenue CHAPTER SERVICE/CONFERENC 611710 749,423 749,423. 224,027. CONVENTION/GRAND ARCH 611710 224,027, d All other program service revenue 3,463,226, Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 132,607. 132,607 Income from investment of tax-exempt bond proceeds 4 106,449. 106,449 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 2,344,431. assets other than inventory b Less: cost or other basis 1,953,856 and sales expenses 390,575. c Gain or (loss) 390,575 390,575 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ _ contributions reported on line 1c). See Part IV, line 18 Other 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 ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 14,112. and allowances _____ 79,653. b Less: cost of goods sold -65,541 -65,541 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 13,549 900099 13,549

541900

1,888.

15,437. 4,414,046. 1,888

3,413,122.

C

ADMINISTRATIVE FEES

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d

629 631.

Form 990 (2014) PHI KAPPA PSI FRATERNITY
Part IX Statement of Functional Expenses

-	ion 501(c)(3) and 501(c)(4) organizations must comp		or organizations must s	amplete column (A)	
Sect					
	Check if Schedule O contains a respon not Include amounts reported on lines 6b, 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			CATALOGICAL CONTRACTOR	
	and domestic governments. See Part IV, line 21	106,350.			
2	Grants and other assistance to domestic				No real file of the second
_	individuals. See Part IV, line 22	5,000.			
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,				
3		146,185.			
6	trustees, and key employees Compensation not included above, to disqualified	110,1031			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_	- COMMON -	609,250.			
7	Other salaries and wages Pension plan accruals and contributions (include	005,2501			
8		15,642.			
_	section 401(k) and 403(b) employer contributions)	59,795.			
9	Other employee benefits	58,995.			
10	Payroll taxes	30,333.			
11	Fees for services (non-employees):				
a	Management	26,015.			
b	Legal	50,587.			
C	Accounting	20,207.		-	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	30,011.		Chica - All and	
f	Investment management fees	30,011.			
g	Other. (If line 11g amount exceeds 10% of line 25,	112 160			
	column (A) amount, list line 11g expenses on Sch O.)	113,160.			
12	Advertising and promotion	212 200			
13	Office expenses	312,298.			
14	Information technology	41,355.			
15	Royalties	00 050			
16	Occupancy	88,850.			
17	Travel	706,655.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	12 704			
19	Conferences, conventions, and meetings	13,704.			
20	Interest				
21	Payments to affiliates	20,833.			
22	Depreciation, depletion, and amortization				
23	Insurance	900,151.			
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.)	265 200			
а	WWLS/GAC	365,380.			
b	HEALTH AND WELLNESS PRO	58,286.			
С	CLUB DUES	24,022.			
d	BAD DEBTS	20,222.			
е	All other expenses	12,831.			
25	Total functional expenses. Add lines 1 through 24e	3,785,577.			
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 X (A) (B) Beginning of year End of year 1,502,526. 1,124,322. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 40,905. 34,488. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 34,960. 25,561. Inventories for sale or use 8 484,266. 916,717. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 541,273. basis. Complete Part VI of Schedule D 10a 390,738. 150,535. 127,191. b Less: accumulated depreciation 10b 10c 5,654,218. 6,254,401. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 7,834,667. 8,515,423. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 130,541. 351,346. Accounts payable and accrued expenses 17 17 18 18 Grants payable 123,095. 7,750. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 23,222. 22,692. 276,858. 381,788. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,419,292. 138,517. 7,878,012. Unrestricted net assets _____ 27 255,623. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 7,557,809. 8,133,635. 33 33 Total net assets or fund balances 7,834,667. 8,515,423.

34

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	/**********	**********		
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	7,55	5,5 8,4 7,8	77. 69.
	column (B))	10	8,13	3,6	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	************			X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X
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 Were the organization's financial statements audited by an independent accountant?					
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch	e audit,		x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to 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.irs.gov/torm990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin	e 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 adv	ised funds				
	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor						
	impermissible private benefit?		Yes No				
Pai							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	storically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register		1 I				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax				
	year▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	f				
	violations, and enforcement of the conservation easements						
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year				
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨 \$				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for				
	conservation easements.						
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or 0	Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	ibes these items.					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included in 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 tre						
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:					
а	Revenue included in Form 990, Part VIII, line 1	***************************************	> \$				
b	Assets included in Form 990, Part X						

				,					
2. 1	DUT WAD	PA PSI FRA	прометил		36-23	C 2 1 C 1	_	0	
				easures or Oth				ge Z	
3	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								
Ŭ	(check all that apply):	ion, and other record	io, chock any or the	Tollowing that are a	orginiouni dee en ke	0011001101			
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
С	c Preservation for future generations								
4									
5	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 m	aintained as part of t	he organization's c	ollection?		Yes		No	
Par	t IV Escrow and Custodial Arran	igements. Comple	ete if the organizatio	on answered "Yes" to	Form 990, Part IV, I	line 9, or			
_	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod					7		1	
	on Form 990, Part X?					」Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					_	
						Amount		_	
	Beginning balance								
	Additions during the year							_	
_	Distributions during the year							_	
f	Ending balance					T.			
	Did the organization include an amount on F					Yes	H	No	
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							_	
I ai	Litaowineitt i arias. Complete	1	(b) Prior year	(c) Two years back		(e) Four	waare h	nack	
10	Beginning of year balance	(a) Current year	(b) Prior year	(C) TWO YEARS DACK	(u) Tillee years back	(e) rour	years L	aur	
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities				<u> </u>				
Ū	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
	Permanent endowment		_						
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organization				
	by:						Yes	No	
	(i) unrelated organizations					3a(i)			
	(ii) related organizations					3a(ii)			
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?			3b			
4	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" to Form 990	, Part IV, line 11a. S	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			English In I	
b Buildings				
c Leasehold improvements				
d Equipment		133,046.	62,394.	70,652.
e Other		408,227.	328,344.	79,883.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colui	mn (B), line 10c.)		150,535.

Schedule D (Form 990) 2014 PHI KAPPA PS	SI FRATERNIT	Ϋ́	36-2362161 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" t			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990 Part IV Jir	e 11c See Form 990 Part X lin	e 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		i i	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" t		ie 11d. See Form 990, Part X, lir	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T-t-1 (Column /h) must sound Form 900, Port V, and /P) line	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	13.)	*************************************	
Complete if the organization answered "Yes" t	to Form 000 Part IV Jir	on 110 or 11f Son Form 900 Ba	rt V line 25
	o Form 990, Fait IV, III	(b) Book value	rt A, illie 25.
V paper		1-, 50011 14140	
(1) Federal income taxes (2) FUNDS HELD IN TRUST		22,692.	
(3)		22,0021	
(4)			
(5)			

22,692. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

(6) (7) (8)

Sche	edule D (Form 990) 2014 PHI KAPPA PSI FRATERNITY		36-2	362161 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements Wit			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	4,441,056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	FO 642	- 2	
а	Net unrealized gains (losses) on investments	-52,643.		
b	Donated services and use of facilities			
C	Recoveries of prior year grants 2c	70 (52		
d		79,653.		27 010
е	Add lines 2a through 2d		2e	27,010.
3	Subtract line 2e from line 1		3	4,414,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
C	Add lines 4a and 4b		4c	0.
5			5	4,414,046.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W	itn Expenses per	Hetui	rn,
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			3,865,230.
1	Total expenses and losses per audited financial statements		1	3,003,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a		350	
b	Prior year adjustments 2b			
С.	Other losses 2c	79,653.		
d			1 1	79,653.
	Add lines 2a through 2d		2e 3	3,785,577.
3	Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	3,103,311.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a		1	
			4.	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	3,785,577.
	rt XIII Supplemental Information.		1 2 1	3,703,377.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	the and Ohi Deat Villian	4. Dort	V line 0: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf		4, Fari	A, IIIIe 2, Fart AI,
PAI	RT X, LINE 2:			
THI	E FRATERNITY FILES ANNUAL RETURNS IN THE U. S.	FEDERAL AND	INI	DIANA
JUI	RISDICTIONS. CURRENTLY, THE THREE PRIOR TAX YE	ARS ARE OPE	N Al	ND SUBJECT
то	EXAMINATION BY THE INTERNAL REVENUE SERVICE AN	D THE INDIA	NA I	DEPARTMENT
OF	REVENUE. HOWEVER, THE FRATERNITY IS NOT CURRE	NTLY UNDER	AUD	IT NOR HAS

IT BEEN CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION OF THE

FRATERNITY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL SIGNIFICANT POSITIONS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.

COST OF GOODS SOLD

79,653.

Schedule D (Form 990) 2014 PHI KAPPA PSI FRATERNITY Part XIII Supplemental Information (continued)	36-2362161 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	79,653.
K A	
7	
ter	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public OMB No. 1545-0047

Inspection

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

		THOUSE A	Information about schedule I (Form 330) and its instructions is at www in nov/form990	Crorm 990) and its	S INSTRUCTIONS IS A	www ire any/form99			
Name of the organization		PHI KAPPA PSI FRATERN	ERNITY					Employer identification number 36-2362161	lentification number 36-2362161
Part Ger	General Information on Grants and Assistance	and Assistance							
1 Does the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	tion	
criteria us	criteria used to award the grants or assistance?	istance?	***************************************						SS No
ပ္ကု.	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			(%)	
Part II Gra	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000. Part II can	izations and Domestic	c Governments. Colonal space is need	omplete if the orgaled.	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant tance
CANONSBURG CORPORATION 5395 EMERSON AVE INDIANAPOLIS, IN 46226	CORPORATION A AVE 3, IN 46226	20-4221922	501(C)(7)	104,190.	0	0.W/A	N/A	CHARITABLE	
			=				٠		
						-			
									à.
						0			
					3			1	
2 Enter tota	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				A	_
3 Enter tota	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table						1.
_	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	ions for Form 990.					Schedule I (F	Schedule I (Form 990) (2014)

PHI KAPPA PSI FRATERNITY

Page 2

36-2362161

Schedule I (Form 990) (2014) PHI KAPPA PSI FRATERNITY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant of assistance	(b) Number of recipients	cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
					240
				e.	
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	red in Part I, line	2, Part III, column	(b), and any other a	dditional information.	
					Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2014
Open to Public Inspection

Internal Revenue Service

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

PHI KAPPA PSI FRATERNITY

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 11:

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	90-EZ) (2014)			Page 2
Name of the organization			PSI	FRATERNITY	Employer identification number 36-2362161
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SCHEDULE R (Form 990)

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.

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

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

PHI KAPPA PSI FRATERNITY

Name of the organization

Part

Department of the Treasury Internal Revenue Service

2014

OMB No. 1545-0047

Open to Public Inspection

 $\begin{array}{l} \text{Employer identification number} \\ 36-2362161 \end{array}$

Direct controlling

entity

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. End-of-year assets (e) Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) å × controlled entity? Yes Direct controlling entity 170(B)(1)(A) N/A status (if section 501(c)(3)) Public charity Exempt Code section 501(C)(3) চ Legal domicile (state or foreign country) LLLINOIS Primary activity e EDUCATIONAL PHI KAPPA PSI FOUNDATION - 36-6130655 Name, address, and EIN of related organization <u>a</u> INDIANAPOLIS, IN 46226 5395 EMERSON WAY

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

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36-2362161

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PHI KAPPA PSI FRATERNITY

Schedule R (Form 990) 2014

Part III

General or Percentage managing ownership 3 Code V-UBI General or Pranaging amount in box partner? 20 of Schedule K-1 (Form 1065) Yes No 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. 9 \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **(e)** (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization **a**

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. Part IV

	9			1¥		4		4			
Section 51206,V13)	trolled	2									
Se	E CO THE	Yes									
(h)	ownership										
(g)											
(f)	income										
(e)	(C corp, S corp,	dense)									
(d)	Direct controlling entity										
(၁)	Legal domicile (state or foreign	country)									
(b)	Frimary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 PHI KAPPA PSI FRATERNITY

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N _o
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?		K	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				1	×	
d Loans or loan guarantees to or for related organization(s)				무		×
e Loans or loan guarantees by related organization(s)				<u>-</u>		×
					10	
f Dividends from related organization(s)				+		×
(50				5		×
Purchase of assets from related organization(s)				F		×
				F	Γ	×
Exercise 190 of account for the formal of				į	T	ŀ
Lease of facilities, equipment, of otner assets to related organization(s)					Ī	4
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)		0.000	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			1 m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n		×
				10		×
p Reimbursement paid to related organization(s) for expenses	***************************************			6		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				÷		×
(s)				1s		×
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.	who must complete the	iis 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	olved		
(1) PHI KAPPA PSI FOUNDATION	υ	55,978.	55,978. ACTUAL AMOUNT			
(2) PHI KAPPA PSI FOUNDATION	Ŋ	86,929.	ACTUAL AMOUNT			
(3)						
(4)		či.				1
(5)						
(9)						
432163 08-14-14			Schedule R (Form 990) 2014	(Form	(066	2014

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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) (b) (c) (d)	(g)	(3)	9	(e)	(£)	(b)	3	8	9	(K)
Name, address, and EIN of entity	Primary activity	nicile	Predominant income (related, unrelated,	Are all partners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Cod	General o	Percentage
6		country)	excluded from tax under sections 512-514)	Yes No	іпсоше	assets	Yes No	(Form 1065)	Yes No	
					*(
										1
				1					+	
1136										
	×									
										3
								Schedule	R (For	Schedule R (Form 990) 2014

Schedule F	R (Form 990) 2014	PHI KAPPA PSI FRATERNITY	36-2362161 Page 5
Part VII	(Form 990) 2014 Supplemental Infe	rmation	
-	Provide additional infor	nation for responses to questions on Schedule R (see instru	uctions).
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		SE.	
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