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(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public

2020 A For the 2019 calendar year, or tax year beginning JUN 1, 2019 and ending MAY Check if applicable: C Name of organization D Employer identification number Address change PHI KAPPA PSI FRATERNITY Name change 36-2362161 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 317-632-1852 5395 EMERSON WAY 4,342,720. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return INDIANAPOLIS, IN 46226 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID MOYER for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) (7) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.PHIKAPPAPSI.COM/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other -. Year of formation: 1987 **M** State of legal domicile: IN ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS AN **Activities & Governance** ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO DEVELOP THE INDIVIDUAL if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 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) 4 32 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 150 6 41,855. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 557,643. 32,160.Contributions and grants (Part VIII, line 1h) 8 4,063,313. 4,004,334. Program service revenue (Part VIII, line 2g) 4,353. 120,561. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 70,965. 28,190. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,812,482. 4,069,037. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 23,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,856,251. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,010,179. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,208,661. 2,525,891. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,536,070. 5,088,112. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -275,630. 532,967. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,274,604. 2,264,614. Total assets (Part X, line 16) 1,221,636. 566,012. 21 Total liabilities (Part X, line 26) 三年 052,968. 698,602 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BURNS DAVISON, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 01/13/21 P00050193 MICHELLE SINER MICHELLE SINER self-employed Paid Firm's EIN ▶ 31-0905417 Firm's name VONLEHMAN & COMPANY, INC. Preparer Firm's address 5975 CASTLE CREEK PARKWAY N DR. Use Only Phone no. 317 - 469 - 0169INDIANAPOLIS, IN 46250 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

rai	Clatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION IS AN ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO
	DEVELOP THE INDIVIDUAL IN HIS INTELLECT, IN HIS INVOLVEMENT IN THE
	COMMUNITY, AND IN HIS FAITH.
	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	GENERAL MANAGEMENT AND EDUCATIONAL SERVICES OF 100 CHAPTERS AND THOSE
	EXPENDITURES RELATING TO THE ADMINISTRATION AND EDUCATION OF
	APPROXIMATELY 98,148 MEMBERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	PUBLICATION EXPENDITURES FOR THE PROMOTION OF CITIZENSHIP, LEADERSHIP,
	AND SCHOLASTIC ACHIEVEMENT OF THE UNDERGRADUATE AND ALUMNI MEMBERS.
	THE DESCRIPTION MEMBERS OF THE ORDERORDONIE THE MEMBERS.
4c	(Code:) (Expenses \$
_	
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Form 990 (2019) PHI KAPPA PSI FRATERNITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		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		X
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? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а			Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		X
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	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		Х
20a	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		Х

Form 990 (2019) PHI KAPPA PSI FRATERNITY
Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
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				
24 a	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						
h	Schedule K. If "No," go to line 25a	24a 24b		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
C	, , , ,	040					
	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					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		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		x			
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? <i>If</i> "Yes," <i>complete</i>						
	Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
00	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						
-		34	Х				
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 22	х			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>			
b		35b					
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36					
27	If "Yes," complete Schedule R, Part V, line 2	30					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х				
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>			
ı aı							
	Check if Schedule O contains a response or note to any line in this Part V						
_			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0						
	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						
	(gambling) winnings to prize winners?	1c					

Form 990 (2019) PHI KAPPA PSI FRATERNITY

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

22 Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 32 1 1 1 1 1 1 1 1 1						Yes	No			
field for the calendar year ending with or within the year covered by this return	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-(i) (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," sha it filled a Form 990-Tro this year? If "Not 1s is an 3b, provide an explanation on Schedule O 3c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. By the second of the sec			2a	32						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-/66 (see instructions) 3	b		าร?		2b	Х				
b if "Yes," has it filled a Form 990-T for this year? if "No" to film 3b, provide an explanation on Schedule O 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 accountry? b if "Yes," enter the name of the foreign country Such as a bank account, securities account, or other financial accountry Such as a bank account, securities account, or other financial accountry Such is the organization and party to a prohibitotic tax shelter transaction or a signature or other authority over, a firm yes to line 5a or 50, did the organization file form 8886 f? 5b Us any scandization party to a prohibitotic tax shelter transaction or any time during the tax year? 5c Us of the "Yes" to line 5a or 50, did the organization file form 8886 f? 6c Does the organization have organization file form 8886 f? 6c Does the organization have account that was or is a party to a prohibitotic at shelter transaction? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c J To granizations that may receive deductible contributions under section 170(c). 6c Did the organization receive apyment in excess of 576 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive apyment in excess of 576 made party as a contribution or a party to goods or services provided r? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 6c Did the organization receive any funds, directly or indirectly, no paymentum on a personal benefit contract? 7r Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee a form 1098-07 7r Did the organization received a contribution of cars, boats, airplanes, o										
4a A tary 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)? 5 b If "Yea", 'enter the name of the regin country 5 c Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c S S X 5 c Y ** 6 c Was 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? 6 a X ** 5 if "Yes" to life organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization shat may receive deductible contributions under section 170(c). 8 D dith organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year 11 If Yes, "indicate the number of Forms 8282 filed during the year 12 Did the organization neceived as contribution of qualified intellectual property, did the organization file a Form 1998 or year, pay premiums, directly or indirectly, no paymenum on a personal benefit contract? 12 To Yes, "Indicate the number of Forms 8282 filed during the year 13 Did the organization received as contribution of qualified intellectual property, did the organization file a Form 1998 or year, pay premiums, directly or indirectly, on a personal benefit contract? 14 To Yes, "Indicate the number of received and year or other vertices, did the organization file a Form 1998 or year." 15 Did the organization reserved as contribution of cars, boots, arripanse,	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х				
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly country (such as a bank account, securities account, or other financial accountly? b If 'Yes,' enter the name of the foreign country Saw the organization a party to a prohibited tax shelter transaction or any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization slower to tax deductible form 888-17? 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? 6a X 6b X 6b X 6c X 6c Y 6	b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
b if "Yes," enter the name of the foreign country Sa				ty over, a						
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Was the organization party to a prohibited tax sheller transaction? 5 Does the organization filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that there not tax deductible as charitable contributions? 6 J Y See To Internation include with every solicitation an expresse statement that such contributions or gifts were not tax deductible? 6 J Y Organizations that may receive deductible contributions under section 170(c). 7 D International transaction receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 J If Yes, did the organization notify the donor of the value of the goods or services provided? 7 J If Yes, indicate the number of Forms 8282 filled during the year 7 J If Yes, indicate the number of Forms 8282 filled during the year 8 J If Yes, indicate the number of Forms 8282 filled during the year 9 J If Yes, indicate the number of Forms 8282 filled during the year 10 J If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fille a Form 1098-C? 10 J Internation received a contribution of cars, boats, airplanes, or other vehicles, did the organization fille a Form 1098-C? 10 J Section 501(K)7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 10 J J J J J J J J J J J J J J J J J J J		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line Sa or Sb, did the organization file Form 886817 6a Dose 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? 6b X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Did the organization include with every solicitation and partly for goods and services provided to the payor? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1980 as required? 1 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980 as required? 1 Did the organization manumantaniing donor advised funds. Did a donor advised funds maintanined by the sponsoring organization make a distributi	b	If "Yes," enter the name of the foreign country		_						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).						
the firest to line 5a or 5b, did the organization file Form 8888-T? 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 edeutubiles or the file of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the such as the contributions of the contributions or gifts were not tax deductibles. 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 7 Difference and the organization notify the donor of the value of the goods or services provided? 7 Difference and the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization, during the year, app remiums on a personal benefit contract? 10 Did the organization, during the year, app remiums, directly or indirectly, on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 13 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person? 14 Section 501(c)(7) organizations. Enter: 15 Intitution fees and capital contributions included on Part VIII, line 12 16 Cross received, included on Form 900, Fart VIII, line 12 17 Section 501(c)(7) organizations. Enter: 18 Intitution fees and capital contributions included on Part VIII, line 12 19 Cross receives, included on Form 900, Fart VIII, line 12 19 Section 501(c)(7) organizati	5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a					
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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	а	Gross income from members or shareholders	11a							
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 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 on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		, , , , , , , , , , , , , , , , , , , ,								
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a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			126							
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X					120					
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 c Enter the amount of reserves on hand 13c 14a	а	-			ısa					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X	h	-								
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14a	С									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X					14a		Х			
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X X										
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					15		X			
,										
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х			
		If "Yes," complete Form 4720, Schedule O.								

Form 990 (2019) 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 on 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		X
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	X	
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		X
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 on Schedule O	9		X
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	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	77
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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u>C</u>	exempt status with respect to such arrangements?	16b		
	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	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			
	RON RANSOM - 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.

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

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss per	rson i	s both	an	compensation	compensation	amount of
	week	-	Cei ai		liecto	Tri us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2, 1000 111100)		and related
	below	idual	ution	la e	Key employee	est co	ler			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) DAVID MOYER	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) ROBERT MARCHESANI JR.	10.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) BURNS DAVISON III	10.00								_	_
TREASURER	1	Х		Х				0.	0.	0.
(4) MARC DUMAS	10.00									_
SECRETARY		Х		Х				0.	0.	0.
(5) OWEN SUTTER	10.00	l								
ARCHON		X						0.	0.	0.
(6) WILLIAM BEACHNER	10.00	l								
ARCHON		Х						0.	0.	0.
(7) DAN MADDEN	10.00	l								_
ARCHON	1000	Х						0.	0.	0.
(8) CRISTIAN PATINO	10.00	l								•
ARCHON	1000	Х						0.	0.	0.
(9) ERIC NANGLE	10.00	l								
ARCHON	10.00	Х						0.	0.	0.
(10) CONNOR BROK	10.00								•	•
ARCHON	40.00	Х						0.	0.	0.
(11) RON RANSOM	40.00	-		,,				00 020	0	0.0
EXECUTIVE DIRECTOR	10 00			Х				99,038.	0.	90.
(12) MARK GUIDI	40.00	-					37	126 022	0	1 522
FORMER EXECUTIVE DIRECTOR	+						Х	126,923.	0.	1,533.
		-								
	-									
		-								
	+	1	\vdash			-				
		1								
	+	1	\vdash		\vdash	\vdash				
		1								
		1								
	1	1		l	L	1		1		5 000 (2242)

ı aı	Section A. Officers, Directors, Trus	itees, Key Em	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ો than લ	one	Reportable	Reportable	,	Es	timate	: d
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	วท	an	nount	of
		week		Cer ar	la a a	recic	or/trus	iee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	99			sated		organization	(W-2/1099-MI	5C)		om the	
		organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)				anizati d relati	
		below	lual tr	tional	١.	yold	yee y	_					nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90	. neach	5110
			1	 		×	1	_						
											-			
							\vdash							
			_											
1b	Subtotal								225,961.		0.		1,62	
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	225,961.		0.		1,62	<u>23.</u>
2	Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			_
	compensation from the organization											I	· ·	1
•	Did the committee list on form or officer	-li t t t			1			. la : a			1		Yes	No
3	Did the organization list any former officer			•	•	•		•		•		3	х	
4	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15	•		•					·	•		4		Х
5	Did any person listed on line 1a receive or	•		,										
J	rendered to the organization? If "Yes," con											5		Х
Sec	tion B. Independent Contractors	ipiete deriedan	001	Or St	<u>acii ,</u>	<i>J</i> C/3							'	
1	Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of com	pensat	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			_	
	(A) Name and business	address	NT/	TIAC	7				(B) Description of s	envices	_	(C ompe		n
	Name and Business	addicoo	11/	INC	<u> </u>				Bosonption of a	101 11000		ompoi	Iodiloi	<u> </u>
2	Total number of independent contractors (ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation				(J						000	

36-2362161

			Check if Schedule O	conta	ains a re	esponse (or note to any lir	ne in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exemp	I	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ΩS	1		Federated campaigns			1a					
ant	•		Membership dues			1b		-			
ية ق			Fundraising events		····	1c		-			
ifts, r A			Related organizations			1d		1			
pig.			Government grants (contr			1e		1			
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,		· / -			-			
uti her		•	similar amounts not included			1f	32,160.				
g i		g	Noncash contributions included in		··· -	1g \$		-			
Sugar		•	Total. Add lines 1a-1f		_	·9 •	•	32,160			
<u> </u>			Totall / Ida iii ioo Ta Ti				Business Code	3=7=33	-		
o o	2	2 a	MEMBERSHIP DU	ES	& A	SSE	611710	2.793.190	.2,793,190		
Program Service Revenue	_		CHAPTER SERVI				611710	964,362			
Ser		С	CONVENTION/GR				611710	246,782			
E S		d									
Be		e									
Pro			All other program service	rever	nue						
			Total. Add lines 2a-2f					4,004,334	•		
	3		Investment income (includ								
		other similar amounts)						10,390	•	10,390.	
	4	Ļ	Income from investment of								
	5	5	Royalties		-	-	_	42,275	•	42,275.	
			•		(i)	Real	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	a	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	162,	402.	66,000.				
		b	Less: cost or other basis								
ne			and sales expenses	7b	<u>173,</u>	212.	61,227.				
ven		С	Gain or (loss)	7с	<u>-10,</u>	810.	4,773.				
Be		d	Net gain or (loss)			<u></u>		-6,037	4,773	-10,810.	
her Revenue	8	a	Gross income from fundraising	ng ev	ents (no	ot					
₽			including \$			of					
			contributions reported on		,						
			Part IV, line 18					_			
			Less: direct expenses								
			Net income or (loss) from				>				
	9) a	Gross income from gamin	-							
			Part IV, line 19					-			
			Less: direct expenses								
			Net income or (loss) from			vities					
	10) a	Gross sales of inventory, I				10 055				
		_	and allowances				12,255.	-			
			Less: cost of goods sold				39,244.	-26,989	-26,989		
_		С	Net income or (loss) from	sales	ot inve	entory	Business Code	-20,309	-20,303	•	
sn	44	۱.	MISCELLANEOUS	ום	B UG⊅	ΔM	900099	12,904	. 12,904		
Jeo Ue	11		<u>итреппчиноор</u>	- 1	ogn	2314	200099	12,904	12,904	'	
Miscellaneous Revenue		b	-						+		
See			All other revenue						1	1	
Σ			Total. Add lines 11a-11d					12,904			
	12		Total revenue. See instruction						.3,995,022	41,855.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 225,961. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 562,017. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 155,749. Other employee benefits 9 66,452. 10 Payroll taxes Fees for services (nonemployees): Management 1,814. Legal 55,580. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,509. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 108,225. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 27,665. Office expenses 13 11,935. Information technology 14 15 Royalties 108,114. 16 Occupancy 116,909. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,200. Conferences, conventions, and meetings 19 20,977. 20 Payments to affiliates 21 55,299. Depreciation, depletion, and amortization 22 431,447. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 194,948. BAD DEBT PROFESSIONAL DEVELOPMEN 104,278. 73,208. ROT PROGRAM 53,263. CLUB DUES 158,520.All other expenses 3,536,070. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			270,520.	1	968,655.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			138,501.	3	
	4	Accounts receivable, net		451,236.	4	367,837.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			20,049.	8	15,914. 373,955.
As	9	5			749,432.	9	373,955.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	648,495.			
	b	Less: accumulated depreciation	10b	468,638.	256,946.	10c	179,857.
	11	Investments - publicly traded securities			387,920.	11	358,396.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	2,274,604.	16	2,264,614.		
	17	Accounts payable and accrued expenses		687,818.	17	511,101.	
	18	Grants payable	455 653	18			
	19	Deferred revenue		457,673.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ja de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			76,145.	٥.	54,911.
	06	of Schedule D Total liabilities. Add lines 17 through 25		·····	1,221,636.	25 26	566,012.
	26	Organizations that follow FASB ASC 958, ch	ook boro	N X	1,221,030.	20	300,012.
S		and complete lines 27, 28, 32, and 33.	ieck liefe				
ĕ	27				909,451.	27	1,555,085.
3ala	28				143,517.	28	143,517.
Ā	20	Organizations that do not follow FASB ASC			210,027		210,017
필		and complete lines 29 through 33.	300, CITCO	Killere P			
₽	29	Capital stock or trust principal, or current fund	9			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32			outlor larido	1,052,968.	32	1,698,602.
Z	33			2,274,604.	33	2,264,614.	
		. Staapintios and not appotorially balances			= , = : = , = -		

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,06	9,0	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,53	6,0	70.
3	Revenue less expenses. Subtract line 2 from line 1	3		53	2,9	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,05	2,9	68.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		11	2,6	67.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,69	8,6	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

PHI KAPPA PSI FRATERNITY

36-2362161

•	•• •	
Filers of	:	Section:
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(7) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
X	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	ist answer "No" on I	eat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

PHI KAPPA PSI FRATERNITY

36-2362161

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PHI KAPPA PSI FRATERNITY

36-2362161

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

	APPA PSI FRATERNITY				36-2362	2161
Part III	Exclusively religious, charitable, etc., contrib				at total more than	\$1,000 for the year
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following s, charitable, etc., contributions of \$	ing line entry. For \$1,000 or less for	organizations the year. (Enter this info. once.	s.) > \$	34,957.
	Use duplicate copies of Part III if addition	al space is needed.			<u></u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how g	ift is held
	EDUCATIONAL PROGRAMS FOR	EDUCATIONAL PROGR	RAMS FOR	NONE OF THE G	FIFT IS SET A	ASIDE
1	UNDERGRADUATE MEMBERS	UNDERGRADUATE MEN	MBERS			
		(e) Trans	fer of gift			
	Transferee's name, address,	and ZIP + 4		Relationship of tran	sferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how g	ift is held
Parti		-	_			
		(e) Trans	fer of gift			
	Transferee's name, address,	and ZIP + 4		Relationship of tran	sferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how g	ift is held
		(e) Trans	fer of gift			
	Transferee's name, address,	and ZIP + 4		Relationship of tran	sferor to transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how g	ift is held
		(e) Transi	fer of aift			
	Transferee's name, address,			Relationship of tran	ısferor <u>t</u> o transf	eree
					_	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

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	• •	1
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 w	riting that the assets held in donor ac	dvised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		ı — —
Pa			
1	Purpose(s) of conservation easements held by the organization		,,
	Preservation of land for public use (for example, recreat		n of a historically important land area
	Protection of natural habitat	· —	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Yea
а			_
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	· ·	
3	Number of conservation easements modified, transferred, rele		
_	year >	, acca, e, aga.eca, e. 10acca e,	and organization dailing the talk
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	•	of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>	-	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year
	▶ \$, ,	Ç ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	•	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in	n furtherance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these it	tems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement ar	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fo	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1	_	Α
а	nevenue included of Form 990, Fait viii, line F		

	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following that	make si	gnificant ι	use of its	,	,
	collection items (check all that apply):									
а	Public exhibition	d	ι 🔲 μ	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organi	zation's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa			-						
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	ontribution	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	-	•							Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						,		_	
Par							0.			
	<u> </u>	(a) Current year		rior year	(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance	(2) 2 2 2) 2 2	(=/	,	(-,)		(,		(-)	
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·										
f	Administrative expenses									
g 2	Provide the estimated percentage of the curi	rent year end halance	line 1a	column (a	// pelq sc.					
a	Board designated or quasi-endowment	rent year end balance	%	, coluitiit (a)) Held as.					
	Permanent endowment	 %	_′0							
	· · · · · · · · · · · · · · · · · · ·	% %								
C	The percentages on lines 2a, 2b, and 2c sho	•								
20	Are there endowment funds not in the posse	•	tion that	are hold a	ad administa	od for th	o organiza	ation		
Ja		ssion of the organiza	ilion inal	are rielu ai	iu auriii iistei	ed for the	e organiza	ation	\[\sigma\]	es No
	by: (i) Unrelated organizations								3a(i)	65 140
h	(ii) Related organizations	ations listed as requir		hadula D2					3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								Sb	
Par			willellt it	iiius.						
	Complete if the organization answere		Dort IV	lino 11a S	200 Form 000	Dort V	lino 10			
									(a) De els	
	Description of property	(a) Cost or o basis (investn	l II		or other (other)		ccumulate preciation	II	(d) Book	value
4-	Land	- 	iiGi ii.)	Dasis	(GUIGI)	uel	oi eciatiOH			
	Land									
	Buildings									
	Leasehold improvements	I		0	2 060		71 0	67	11	002
d	Equipment				2,969. 5,526.		71,9 396,6		160	<u>,002.</u>
	Other							/ 1 •		,855.
otal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X colum	n (B) line 1	Oc)				1 /9	,857.

Schedule D (Form 990) 2019	PHI KAPPA P	SI FRATERNITY	36-2362161	Page
Part VII Investments - O	ther Securities.			
Complete if the organ	nization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or categor	Ty (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	/alue
(1) Financial derivatives				

(a) Boson priori of bosonity of battogery (including hame of bosonity)	(B) Book value	(e) Metrica of Variation. Cook of one of year market Variation
(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.) Pa

irt VIII	Investments	3 - F	rogram	Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

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

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD IN TRUST	27,718.
(3)	CAPITAL LEASE	27,193.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	54,911.

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

ıaı	neconciliation of Neverlae per Addited i mancial ota	itomonito mitir morona	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b		4c	
C				
5	The second secon			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St		-	
5		atements With Expens	-	
5	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expensione 12a.	ses per Return.	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expensione 12a.	ses per Return.	
5 Pa	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	ses per Return.	
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a.	ses per Return.	
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. 2a 2b	ses per Return.	
5 Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ne 12a. 2a 2b 2c	ses per Return.	
5 Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Return.	
5 Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return.	
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return.	
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Return.	
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	ses per Return.	
1 2 a b c d e 3 4 a b	Table 1 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d 4a 4b	ses per Return.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

PKP IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(7) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO THE INTERNAL REVENUE CODE. THE FRATERNITY HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FRATERNITY RECOGNIZED NO INTEREST OR PENALTIES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED MAY 31, 2020 AND 2019. IF THE SITUATION AROSE IN WHICH THE FRATERNITY WOULD HAVE INTEREST TO RECOGNIZE IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND PENALTIES WOULD BE RECOGNIZED IN OTHER EXPENSES. CURRENTLY, THE PRIOR THREE YEARS ARE OPEN UNDER FEDERAL AND STATE STATUTES OF LIMITATIONS AND REMAIN SUBJECT TO

Part XIII Supplemental Information (continued)
REVIEW AND CHANGE. THE FRATERNITY IS NOT CURRENTLY UNDER AUDIT NOR HAS THE
FRATERNITY BEEN CONTACTED BY THESE JURISDICTIONS. BASED ON THE EVALUATION
OF THE FRATERNITY'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN
WOULD BE UPHELD UNDER AN EXAMINATION. THEREFORE, NO PROVISION FOR THE
EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR EITHER OF THE
YEARS ENDED MAY 31, 2020 AND 2019.

SCHEDULE J (Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

PHI KAPPA PSI FRATERNITY

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,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>X</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	r-		
	The organization?	5a		
a	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_		6a		
	The organization?	6b		
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	UU		
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			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) MARK GUIDI	(i)	126,923.	0.	0.	0.	0.	126,923.	0.
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
_	(ii)							<u> </u>
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
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.
PART I, LINE 4A:
MARK GUIDI WAS TERMINATED IN MAY 2018 AND PAID OUT A THREE MONTH SEVERANCE
STARTING JUNE 1, 2019.

SCHEDULE O

Internal Revenue Service

(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.

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

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 THE TERM "ALUMNUS" SHALL INCLUDE ALL OTHER LAST TRANSFERRED, IS LOCATED. 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.

Name of the organization PHI KAPPA PSI FRATERNITY

 $\begin{array}{c} \textbf{Employer identification number} \\ 36-2362161 \end{array}$

PRIOR TO FILING, THE RETURN IS PROVIDED TO THE GOVERNING BODY FOR REVIEW AND APPROVAL.

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. IF THERE IS A CONFLICT,

ONE IS NOT ALLOWED TO VOTE.

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 XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS RECEVIED FROM PKP PERMANENT FUND (TITLE HOLDING

CO UNDER 501C2) 112,667.

PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED DURING THE TAX

YEAR.

Schedule O. (Form 1990 or 1990 to 1990 to 22 (2019) Name of the organization PHI KAPPA PSI FRATERNITY Employer identificatio 36-2362161	Page 2
	ion number 1

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-2362161

(a)	(b)	(c)	(d)	(e))		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets		ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34,	because it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	blic charity Direct co		contr	512(b)(13) rolled ity?
				501(c)(3))			Yes	No
THE PKP PERMANENT, SCHOLARSTIC, EDUCATIONAL,								
CHARITABLE & FRATERNAL FUND - 8, 430 STATION	SUPPORT PHI KAPPA PSI							
PARK CIRCLE UNIT 301, SAN MATEO, CA 94002	FRATERNITY INITIATIVES	INDIANA	501(C)(2)					Х

PHI KAPPA PSI FRATERNITY

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign entity e		Predominant income (related, unrelated,	Predominant income (related, unrelated,	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under short sh	Share of total income	ant income Share of total income		Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership			
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes No										
											1									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?			
		country)		,				Yes	No			
	1											
	!											

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X				
С	Gift, grant, or capital contribution from related organization(s)				1c	X				
d	Loans or loan guarantees to or for related organization(s)				1d	X				
е	Loans or loan guarantees by related organization(s)				1e	X				
f	Dividends from related organization(s)				1f	X				
g	Sale of assets to related organization(s)				1g	X				
h	Purchase of assets from related organization(s)				1h	X				
i	Exchange of assets with related organization(s)				1i	X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X				
	Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organ				1m	<u> </u>				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X				
0	Sharing of paid employees with related organization(s)				10	X				
					1p	Х				
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q	X				
						v				
					1r	X				
	Other transfer of cash or property from related organization(s)				1s					
2	If the answer to any of the above is "Yes," see the instructions for information on w	· '	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount ir	wolvod					
	Name of related organization	type (a-s)	Amount involved	Method of determining amount in	voiveu					
(1)										
<u>., </u>										
(2)										
·- <i>/</i>										
(3)										
(4)										
(5)										
(6)										
32163	09-10-19			Schedule	R (Form 9	90) 2019				

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									