PUBLIC DISCLOSURE COPY

EXTENDED TO APRIL 18, 2022

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	or the 2	2020 calendar year, or tax year beginning $JUN 1$, 2020 and	ending M	AY 31, 2021	
B (Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address	PHI KAPPA PSI FRATERNITY			
	Name change	Doing business as		36-23621	61
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5395 EMERSON WAY	Room/suite	E Telephone numbe 317-632-	
	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,264,580.
	Amended			H(a) Is this a group re	
F	return Applica- tion	F Name and address of principal officer: DAVID MOYER		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
			or 527	1	
		npt status:	01 321	H(c) Group exemption	list. See instructions
		ganization: X Corporation Trust Association Other	I Voor		M State of legal domicile: IN
		Summary	L TEAI	or formation, ±507 1	VI State of legal domicile, TIV
•		riefly describe the organization's mission or most significant activities: THE	ARCANT	ZATTON TO A	NT
e	1 Bi	SSOCIATION OF MEN OF INTEGRITY WHO STRIV			
ă	2 CI	heck this box if the organization discontinued its operations or dispose			
Governance	3 N			l	10
<u>်</u>	4 N	umber of voting members of the governing body (Part VI, line 1a)			10
	1				17
ties	1	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			50
Activities &		otal number of volunteers (estimate if necessary)			106,369.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	D 140	et differated busifiess taxable income from Form 990-1, Fart 1, lifte 11		Prior Year	Current Year
Revenue		entributions and grants (Part VIII line 1h)		32,160.	14,195.
	8 C	ontributions and grants (Part VIII, line 1h)		4,004,334.	1,874,477.
	9 Pt	ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,353.	
Be	10 In	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,190.	71,417.
	1			4,069,037.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	15 0	enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,010,179.	
ses	160 D	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h Ta		^	<u>.</u>	
ă	17 0	otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,525,891.	1,645,573.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,536,070.	2,551,586.
	1	evenue less expenses. Subtract line 18 from line 12		532,967.	-573,444.
		Evenue less expenses. Oubtract line 10 from line 12	Re	ginning of Current Year	End of Year
Assets or	20 To	otal assets (Part X, line 16)		2,264,614.	1,977,593.
ASS(Ral	21 To	otal liabilities (Part X, line 16)		566,012.	476,541.
Net,	-1	et assets or fund balances. Subtract line 21 from line 20		1,698,602.	1,501,052.
		Signature Block			
Und		es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of wh			,, ,,
	, 00,,00,,	Compression of property (contraction of property)	non proparor	l l l l l l l l l l l l l l l l l l l	
Sig	n	Signature of officer		Date	
Her		BURNS DAVISON, TREASURER			
	Ŭ 	Type or print name and title			
	,	rint/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	I .	ICHELLE SINER MICHELLE SINER	0	3/25/22 if self-employ	
		irm's name VONLEHMAN & COMPANY, INC.		Firm's EIN	31-0905417
			STE 40		
		INDIANAPOLIS, IN 46250	- '		7-469-0169
May	the IRS	discuss this return with the preparer shown above? See instructions		1. //0/10 110.0 =	X Yes No
	,				

Check if Schedule Contains a response or note to any line in this Part III Bieldy 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 PAITH. Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 990 EZ? If "ves," describe these new services on Schedule O. Birth ves," describe these changes on Schedule O. If "ves," describe these changes on Schedule O. Boschote the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by exponses. Section 501 (c)(3) and 501 (c)(4) expanizations are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization are required to report the amount of grants and allocations to others, the total expenses, and resurus. If say, for each norganization expenses, and resurus. If say, for eac	ı aı	otatement of Frogram Service Accomplishments	_
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DEVELOP THE INDIVIDUAL IN HIS INTELLECT, IN HIS INVOLVEMENT IN THE COMMUNITY, AND IN HIS FAITH. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27 If "%s," describe these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 3 Describe the organization sprograms service accomplishments for each of its three largest program services, as measured by expenses. 3 Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy, for each programs service reported. 4 Cross. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy, for each programs service reported. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy, for each programs service ported. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, it amy, for each programs services are assured by expenses. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses are assured by expenses. 4 (Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses are assured by expenses. 4 (Section 5016(4) and 5016(4) organizations are required to report the amount of grants	1	,	
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Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 890-E27 "Yes X] No if "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X] No if "Yes," describe these changes on Schedule 0. 4 Describe these changes on Schedule 0. 4 Describe the organization of program service accomplishments for each of its three largest program services, as measured by expenses. Section \$01(c)(8) and \$01(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. 4 Province of the program service services of the program service of the program services of the			
prior Form 980 or 980 E27 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?		COMMONITI, AND IN HIS FAITH.	
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## 1 "Yes," describe these changes on Schedule O. ## 2	2		١
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) 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:	3	· · · · · · · · · · · · · · · · · · ·	0
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		,	
	4e		_

Form 990 (2020) 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		X
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? If "Yes," complete			
	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			
	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			
	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
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	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		 ^``
ı		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^
10	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,	10		
.,	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	⊢ "		├ <u></u>
.0	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."			├ <u></u>
		19		x
20a	complete Schedule G, Part III	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├ <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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	000	(2020)
		F	WWII	(DOON)

Form 990 (2020) PHI KAPPA PSI FRATERNITY

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

22 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, Idea of the top-claim with a control of the property of the composition of the property of the composition of the property of the composition of the property o					Yes	No				
b If a least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _n-line (see Instructions) 3a IX + 3b If "Yes," has if filed a Form 380-1 for this year? If "No" to line 3b, provide an explanation on Schedule O 3b IX + 3b If "Yes," has if filed a Form 380-1 for this year? If "No" to line 3b, provide an explanation on Schedule O 3b IX + 3b If "Yes," has if filed a Form 380-1 for this year? If "No" to line 3b, provide an explanation on Schedule O 3b IX + 3b If "Yes," and the fine provide year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)? 4a IX + 3b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account; FBAR). 5b If "Yes," the security of the foreign country (such as a bank account, securities account, or other financial account; FBAR). 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," if the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," if the 5a or 5b, did 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? 6c If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," if did the organization include with every solicitation and party for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8282? filed during the year. 9c If If yes," indicate the number of Forms 8282? filed during the year. 9c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
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3a DX the organization have unrelated business gross income of \$1,000 or more during the year? b) If V'ses, 'insert it fled a Form 9805 for this year? If "No.' to fine 3b, provide an explanation on Schedule O b) X At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account); Possibly the securities account, or other financial accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
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Form 990 (2020) PHI KAPPA PSI FRATERNITY

Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 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 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain 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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? 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	Х	- 21
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- 0	25	
7a		7-	х	
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	- 25	
b		-	х	
_	persons other than the governing body?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	Х	37
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	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		**	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	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))	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	financ	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	on nor any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cer ar	la a a	recio	rrus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	eord	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	idual	ution	<u>~</u>	Key employee	sst co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) RON RANSOM	40.00									
EXECUTIVE DIRECTOR				Х				115,000.	0.	0.
(2) DAVID MOYER	10.00									
PRESIDENT		Х		X				0.	0.	0.
(3) ROBERT MARCHESANI JR.	10.00	1								
VICE PRESIDENT		Х		X				0.	0.	0.
(4) BURNS DAVISON III	10.00]								
TREASURER		Х		Х				0.	0.	0.
(5) MARC DUMAS	10.00	1								_
SECRETARY		Х		Х				0.	0.	0.
(6) OWEN SUTTER	10.00	1								_
ARCHON		Х						0.	0.	0.
(7) WILLIAM BEACHNER	10.00	1								_
ARCHON		Х						0.	0.	0.
(8) DAN MADDEN	10.00	l								_
ARCHON	1000	Х						0.	0.	0.
(9) CRISTIAN PATINO	10.00	l								•
ARCHON	10.00	Х						0.	0.	0.
(10) ERIC NANGLE	10.00	٠,,							_	0
ARCHON	10.00	Х						0.	0.	0.
(11) CONNOR BROK	10.00	.,							_	0
ARCHON		Х						0.	0.	0.
		-								
		1								
		1								
		 								
		1								
		1								
-										
		1								
		-	_	_		_				- QQQ (0000)

Section A. Officers, Directors, Trus	tees, Key Em	<u>oloy</u>	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	/da		Pos				Reportable	Reportable	Est	timated	
	hours per	box	, unle	ss per	rson i	than	h an	compensation	compensation	am	ount of	
	week	offic	cer ar	nd a d	irecto	or/trus	tee)	from	from related	(other	
	(list any	ector						the	organizations	comp	pensation	n
	hours for	or dir	au au			ted		organization	(W-2/1099-MISC)	1	om the	
	related	ste e	ruste			bensa		(W-2/1099-MISC)		1 -	anization	
	organizations below	al tru	onal t		loyee	E 8				1	l related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizations	š
		드	드	Đ	₹ e	토등	요					_
										+		_
		1										
		<u> </u>										_
		-										
		1										_
		1										
		<u> </u>										_
		1										
		1										_
		•										
								115 000		1		_
1b Subtotal								115,000.	0.			<u>.</u>
c Total from continuation sheets to Part VI								0.	0.) <u>.</u>
d Total (add lines 1b and 1c)							<u> </u>	115,000.		•	U	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d an	oove	e) wn	io re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes N	_
3 Did the organization list any former officer,	director, trust	ee, k	cev e	empl	loye	e, or	hiq	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•	3	X	ζ
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	ζ
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	∋ <i>J f</i> c	or su	ıch ı	oers	son				5	X	ζ
Section B. Independent Contractors												_
1 Complete this table for your five highest countries the organization. Report compensation for the organization for the organization.										ation fro	m	
(A)	ine calendar y	Jai C	, i i dii	ig w	1011	OI WI		(B)	car.	(C)	_
Name and business	address	NC	INC	3				Description of s	services	Compen		
							_					_
												_
		—										_
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	zation 🕨				()						
										_ (aan (aac	

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ច្ច		Fundraising events 1c					
fts,		Related organizations 1d		-			
ig ig		Government grants (contributions) 1e		-			
Sin		All other contributions, gifts, grants, and		1			
ē Ħ	'	similar amounts not included above 11	14,195.				
흡환	_		11,100				
o d	•			14,195.			
Oa	<u>n</u>	Total. Add lines 1a-1f	Business Code	14,193.			
	•	CUADMED CEDITCE FFFC		1 452 900	1 452 900		
<u>i</u>	2 a	CHAPTER SERVICE FEES MEMBERSHIP DUES & ASSE	611710	1,452,900. 421,577.	421,577.		
er,	b		011/10	421,377.	441,377.		
n S	С						
ar Be	d						
Program Service Revenue	е						
п.	f	All other program service revenue	-	1 074 477			
-+	g	Total. Add lines 2a-2f		1,874,477.			
	3	Investment income (including dividends, inter	•	6 220		6 220	
		other similar amounts)		6,239.		6,239.	
	4	Income from investment of tax-exempt bond		01 001		01 001	
	5	Royalties		91,901.		91,901.	
		(i) Real	(ii) Personal	-			
	6 a	Gross rents 6a		-			
	b	Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	.				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 234,335	35,000.				
	b	Less: cost or other basis					
ne		and sales expenses 76 226, 106	31,415.				
Ver	С	Gain or (loss) 7c 8,229	3,585.				
Be	d	Net gain or (loss)	<u></u>	11,814.		8,229.	3,585.
her	8 a	Gross income from fundraising events (not					
Revenue		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	3				
	b	Less: direct expenses 8)				
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9	0				
	С	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10					
	b	Less: cost of goods sold10	b 28,917.				
	С	Net income or (loss) from sales of inventory	>	-22,335.	-22,335.		
_o			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS PROGRAM	900099	1,851.	1,851.		
ane	b						
eve	С						
Ais. B	d	All other revenue					
_	е	Total. Add lines 11a-11d	>	1,851.			
	12	Total revenue. See instructions		1,978,142.	1,853,993.	106,369.	3,585.

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, 115,000. 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 566,257. 7 Pension plan accruals and contributions (include 25,227. section 401(k) and 403(b) employer contributions) 142,970.Other employee benefits 9 56,559. 10 Payroll taxes Fees for services (nonemployees): Management 3,735. Legal 42,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 854. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 50,770. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 48,712. Office expenses 13 83,826. Information technology 14 15 Royalties 108,114. 16 Occupancy 14,907. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 52,631. Conferences, conventions, and meetings 19 15,040. 20 Payments to affiliates 21 46,818. Depreciation, depletion, and amortization 22 145,199. 23 Insurance 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.) 22,283. CLUB DUES BANK FEES 5,324. PROPERTY TAXES 3,084. LICENSE AND PERMITS 1,750. 276. e All other expenses 2,551,586. 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 (2020)
Part X | Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			968,655.	1	972,877.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			367,837.	4	280,106.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			15,914.	8	13,302.
Ą	9				373,955.	9	349,626.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	578,733. 474,553.			
	b	Less: accumulated depreciation	10b	474,553.	179,857.	10c	104,180.
	11	Investments - publicly traded securities			358,396.	11	250,201.
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	7,301.
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	2,264,614.	16	1,977,593.
	17	Accounts payable and accrued expenses			511,101.	17	184,311.
	18	Grants payable		18			
	19	Deferred revenue				19	17,955.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	nese perso	ons		22	
_	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	222 722
	24	Unsecured notes and loans payable to unrela				24	229,780.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24).	Complete Part X	E 4 011		44 405
		of Schedule D			54,911.		44,495.
	26			. 37	566,012.	26	476,541.
s		Organizations that follow FASB ASC 958, c	heck here	· · X			
JCe		and complete lines 27, 28, 32, and 33.			1 FFF 00F		1 257 525
alar	27	Net assets without donor restrictions			1,555,085.	27	1,357,535. 143,517.
Ä	28	Net assets with donor restrictions			143,517.	28	143,317.
Ĭ.		Organizations that do not follow FASB ASC	958, che	ck here L			
or F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,698,602.	31	1 501 050
ž	32	Total net assets or fund balances				32	1,501,052.
	33	Total liabilities and net assets/fund balances			2,264,614.	33	1,977,593.

Pa	rt XI Reconciliation of Net Assets				
	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	1,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,55		
3	Revenue less expenses. Subtract line 2 from line 1	3	-57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,69	8,6	02.
5	Net unrealized gains (losses) on investments	5	1	8,0	16.
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	35	7,8	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,50	1,0	52.
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	O.	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
h			2b	х	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	•	Dasis,			
	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	•		х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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 Audit			,,
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	1	1

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

Pai	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor ad	vised funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
D :	impermissible private benefit?				
Pai	TII Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization		ly).		
	Preservation of land for public use (for example, recreated	tion or education)		-	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a			ure	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ection, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation ease	ements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enforcing conserva	ition easemen	ts during the year
	> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial statem	ents that desc	cribes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical 1	reactires or O	thar Simila	ιτ Δεερίε
ı aı	Complete if the organization answered "Yes" on Form	-	reasures, or o	uici Oiiiiid	ii Addeta.
10	If the organization elected, as permitted under FASB ASC 95		rovonuo etetement e	and halanaa a	hoot works
ıa	of art, historical treasures, or other similar assets held for pub	•			
	,	,	,		public
	service, provide in Part XIII the text of the footnote to its finan				turoulco of
D	If the organization elected, as permitted under FASB ASC 95	· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education	i, or research in furt	nerance of pu	blic service,
	provide the following amounts relating to these items:			_	Φ.
	(i) Revenue included on Form 990, Part VIII, line 1				\$
•		acurac ar ather simil			\$
2	If the organization received or held works of art, historical treat			ıı gairi, provide	5
_	the following amounts required to be reported under FASB A	-			¢
a	Revenue included on Form 990, Part VIII, line 1				\$
IJ	Assets included in Form 990, Part X				Ψ

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	Other	Simila	Assets	(continue	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	nificant u	use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes	N	<u>lo</u>
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes	N	ю
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	y?	\square	Yes	N	ю
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four y	ears bac	:k
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	organiza	ation	_		
	by:								Y	es N	0
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		_
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered				I			- 1			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	/alue	
		basis (investr	nent)	basis	(other)	dep	reciation				_
	Land										_
	Buildings										—
С	Leasehold improvements						01 24		•	100	_
d	Equipment				5,525.		$\frac{81,39}{02,11}$,126	
	Other				3,208.	3	93,1	04.	100		
[otal	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	Oc)				104	. T Q O	

Schedule D (Form 990) 2020

Sche	edule	D (Fo	orm 990) 2020	

Part VII	Investments - Other Securities.			
(a) Decerir	Complete if the organization answered "Yes" o			-f
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			
	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.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n 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)				
<u>(7)</u>				
(8)				
(9)	(h) must squal Form 000 Part V sel. (P) line 10)			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
		escription	Tra. 330 F Sim 330, Fare X, into 15.	(b) Book value
(1)	•	·		. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990. Part X, col. (B) line Other Liabilities.	,		
	Complete if the organization answered "Yes" o	n 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
	deral income taxes			06.200
-	JNDS HELD IN TRUST			26,390.
	CLATED PARTY PAYABLE			18,105.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ump (b) must equal Form 2000 Post V and (D) "	25 \		44,495.
•	umn (b) must equal Form 990, Part X, col. (B) line i	,		

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

Schedule D	(Form 990) 2020	PHI	KAPPA	PSI	FRATERNITY	36-2362161	Page
	,				d Financial Statements With Reve		i age
	Complete if the organi	zation a	nswered "Ye	es" on F	orm 990, Part IV, line 12a.		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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		
С	Add lines 4a and 4b		 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 000, Bort I line 10)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.)

c Add lines 4a and 4b 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

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, 2021 AND IF THE SITUATION AROSE IN WHICH THE FRATERNITY WOULD HAVE INTEREST 2020. 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

Part XIII Supplemental Information (continued)
SUBJECT TO 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, 2021 AND 2020.

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

PHI KAPPA PSI FRATERNITY

 $Employer\ identification\ number\\ 36-2362161$

Questions Regarding Compensation Yes No 1a 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 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 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. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? 5a Any related organization? 5b 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: a The organization? 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2020

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 o	(B) Breakdown of W-2 and/or 1099-MISC compens (i) Base (ii) Bonus & (iii) Oth		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	 other deferred compensation 	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
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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.

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. 2020
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) 357,878.

PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED DURING THE TAX

YEAR.

Schedule O (Form 990 or 9	990-EZ) 2	2020			Page 2
Name of the organization	PHI	KAPPA	PSI	FRATERNITY	$\begin{array}{c} \text{Employer identification number} \\ 36-2362161 \end{array}$

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

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(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	me End-of-yea	r assets		ontrolling ntity	g
	_							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
THE PKP PERMANENT, SCHOLARSTIC, EDUCATIONAL, CHARITABLE & FRATERNAL FUND - 8, 5395	SUPPORT PHI KAPPA PSI					PPA PSI		
EMERSON WAY, INDIANAPOLIS, IN 46226	FRATERNITY INITIATIVES	INDIANA	501(C)(2)		FRATERI	NITY	X	

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) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Yes No (i) General or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Percentage ownership Precontrolling entity Preson Total income Precontage Precontage Preson Total income Primary activity Preson Total income Pres
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

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) Section		
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		(i) Section 512(b)(13) controlled entity?	
		country)		ŕ				Yes	No	
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Schedule R (Form 990) 2020

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.										
1	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?									
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	b Gift, grant, or capital contribution to related organization(s)									
	Gift, grant, or capital contribution from related organization(s)				1c	X	Х			
	d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)										
							Х			
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g		X			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
n	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses							X			
r	r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	tionships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	unt involved					
	THE PKP PERMANENT, SCHOLARSTIC,									
1)	EDUCATIONAL, CHARITABLE & FRATERNAL FUND	В	18,670.							
	THE PKP PERMANENT, SCHOLARSTIC,									
2) EDUCATIONAL, CHARITABLE & FRATERNAL FUND C 376,552.										
	·		-							

(3)

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(5)

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000