

			EXTENDED TO APRIL 18,		...	OMB No. 1545-0047
_	0	90	Return of Organization Exempt F			0004
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Depa	rtment c	of the Treasury	 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and 	-		Open to Public
Intern	al Reve	nue Service		Inspection		
				ending	,	
B C a	heck if pplicabl	C Name of	forganization		D Employer identification	ation number
	Addre	ss рит	KAPPA PSI FRATERNITY			
	_chang Name				36-236216	1
	chang Initial	J	usiness as and street (or P.O. box if mail is not delivered to street address)	Room/suite		· -
	_return]Final	5395	EMERSON WAY	noom/suite		852
	⊥return, termin ated	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,668,556.
	Ameno Ameno Ameno	ded TNTT	ANAPOLIS, IN 46226		H(a) Is this a group ret	
			nd address of principal officer: DAVID MOYER		for subordinates?	
L	pendir		AS C ABOVE		H(b) Are all subordinates inc	
IT	ax-ex	empt status:	501(c)(3) X 501(c) (7) ◀ (insert no.) 4947(a)(1) (or 52		ist. See instructions
			://WWW.PHIKAPPAPSI.COM/		H(c) Group exemption	
			X Corporation	L Yea	r of formation: 1987 M	
		Summary		•		M .
	1	Briefly describ	be the organization's mission or most significant activities: $\ \underline{ ext{THE}}$ (ORGAN	IZATION IS AN	1
Governance		ASSOCIA	TION OF MEN OF INTEGRITY WHO STRIV	Е ТО	DEVELOP THE I	NDIVIDUAL
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asse	ets.
ove	3	Number of vot	10			
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			10
se å	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)			17
vitik	6	Total number	of volunteers (estimate if necessary)			50
Activities &						77,302.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
e			and grants (Part VIII, line 1h)		14,195.	9,744.
Revenue		•	ce revenue (Part VIII, line 2g)		1,874,477.	3,521,201.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		18,053.	19,665.
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>71,417.</u> 1,978,142.	27,150.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,978,142.	<u>3,577,760.</u> 0.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		906,013.	939,534.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25)	0.		
Ĕ					1,645,573.	2,280,601.
		-	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,551,586.	3,220,135.
			expenses. Subtract line 18 from line 12		-573,444.	357,625.
n S					eginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)		1,977,593.	3,086,235.
Ass I Bal	21		(Part X, line 26)		476,541.	811,409.
-Net -und			fund balances. Subtract line 21 from line 20		1,501,052.	2,274,826.
Pa	rt II	Signature			- - I	· ·
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of my l	knowledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
0	-	Signature	e of officer		Date	

Sign	Signature of officer		Date							
Here	CHARLES BRANDMAN, TREASURER									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	MICHELLE SINER	MICHELLE SINER 02/2	3/23 self-employed P00050193							
Preparer	Firm's name 🕒 VONLEHMAN & COMP	ANY, INC.	Firm's EIN ▶ 31-0905417							
Use Only	Firm's address 🖕 5975 CASTLE CREE	K PARKWAY N DR. STE 400								
	INDIANAPOLIS, IN	46250	Phone no. 317 - 469 - 0169							
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-09	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2021) PHI KAPPA PSI FRATERNITY 36-2	2362161	Page 2
Pa	art III Statement of Program Service Accomplishments		9
	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 SI	TRIVE TO	
	DEVELOP THE INDIVIDUAL IN HIS INTELLECT, IN HIS INVOLVEMENT I	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 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot		d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$) (Revenue \$))
	EXPENDITURES RELATING TO THE ADMINISTRATION AND EDUCATION OF		<u> </u>
	APPROXIMATELY 98,148 MEMBERS.		
4b)
	PUBLICATION EXPENDITURES FOR THE PROMOTION OF CITIZENSHIP, LE		? <u>,</u>
	AND SCHOLASTIC ACHIEVEMENT OF THE UNDERGRADUATE AND ALUMNI ME	MBERS.	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$))
			·
4d	d Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)	
4e		/	
		- 0(

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			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? See instructions	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		<u> </u>
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 Rev. Proc. 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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,		х	
L.	Part VI	<u>11a</u>	~	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
~	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	110		
	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	<u> </u>		
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
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		Х
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			
	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. See instructions	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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? <i>If</i> "Yes," complete Schedule I, Parts I and II	21		X

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			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		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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┝──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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		<u> </u>
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		<u> </u>
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 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 the 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			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		<u> </u>
04	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	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 on 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		1

(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				0
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	. 3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	. 4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	. 5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a	vices provided to the payor	? 7 a		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	. 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a 629,000	•		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 0	•		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17		
	If "Yes." complete Form 6069.				

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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 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 1b 10			
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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses 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	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	Х	
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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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 $\blacktriangleright IN$			
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	only)	availat	ole
	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	l 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	Co	mpensation	of Officers,	Directors,	, Trustees,	Key Employees,	Highest	Compensate	ed
	Em	ployees, and	d Independe	ent Contra	ctors				

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

Name and title Average hours per (bit any realized interior model below interior and electricities) Depondance resolution from related organization (W2/109AMISC/ 1099AEC) Reportable compensition from related organization (W2/109AMISC/ 1099AEC) Estimated augustations (W2/109AMISC/ 1099AEC) (1) RON RANSOM 40.00 X X 115,817. 0. 0. (2) DAVID MOYSR 10.00 X X 0. 0. 0. (3) ROBERT MARCHESANI JR. 10.000 X X 0. 0. 0. (4) DIVID MOYSR 10.000 X X 0. 0. 0. (3) RADE DAVID MOYSR 10.000 X X 0. 0. 0. (3) MARC DUMAS 10.000 X X 0. 0. 0. (6) JOIN KALINA 10.000 X X 0. 0. 0. (8) SAN UBASI 10.000 X X 0. 0. 0. (6) JOIN KALINA 10.000 X 0. 0. 0. 0. (8) SAN WER72 10.000	(A)	(B)	(C)						(D)	(E)	(F)
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Form 990 (2021) PHI KAPP2	A PSI FR	RAT	'ER	NI	ТΥ				36-23	621	L61	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		com fr orga and	pensa om the anizati d relate	e ion ed
										-			
										-			
1b Subtotal c Total from continuation sheets to Part VI								115,817. 0.		0.			0.
d Total (add lines 1b and 1c)								115,817.		0.			0.
2 Total number of individuals (including but n compensation from the organization ▶							o re	eceived more than \$100,	000 of reportable				1
		I					la : a					Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-				•			[3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	accrue comper	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich i	oers	on .					5		Х
1 Complete this table for your five highest co the organization. Report compensation for										ensati	ion fro	m	
(A) Name and business			ONE					(B) Description of s		Co	(C omper	;) nsatio	n
• Total number of independent contractors "	noludina hut -	ot live	nite	1 + ~ -	thee		tod	abovo) who received	are then				
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	JUIN	mec	1 10			rea	above, who received mo					

Pa	rt V	Ш	Statement of Re	ven	ue							
			Check if Schedule O	conta	ins a respo	nse (or note to any lin			(P)	(0)	
								(A) Total revenue		(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		function revenue	business revenue	from tax under
									_			sections 512 - 514
ts t	1	а	Federated campaigns		1 a			-				
jrai our		b	Membership dues					4				
S, Am O		с	Fundraising events		1c			-				
ar J		d	Related organizations		1d							
ini, (е	Government grants (contr	ibutio	ons) 1e			-				
tion r S		f	All other contributions, gifts,	grant	s, and							
the			similar amounts not included	abov	e 1 f		9,744.					
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	a-1f 1g \$	5						
ရ ပိ		h	Total. Add lines 1a-1f				►	9,744	•			
							Business Code					
e	2		CHAPTER SERVI							<u>1,569,383.</u>		
e vi			LIABILITY INS				611710	1,066,128	•	1,066,128.		
Se ura		с	MEMBERSHIP DU	ES	& ASS	E	611710	885,690	•	885,690.		
ran ev		d										
Program Service Revenue		е										
ā		f	All other program service	rever	nue							
		g	Total. Add lines 2a-2f				►	3,521,201	•			
	3		Investment income (includ	•				1 - 0 - 0			1	
			other similar amounts)					15,261	•		15,261.	
	4		Income from investment of tax-exempt bond pr			•						
	5	5 Royalties				59,096	•		59,096.			
					(i) Real		(ii) Personal	-				
	6	а	Gross rents	6a				-				
		b	Less: rental expenses	6b				-				
			Rental income or (loss)	6c								
			Net rental income or (loss))		<u></u>			_			
	7	а	Gross amount from sales of		(i) Securit		(ii) Other	4				
			assets other than inventory	7a	22,26	0.	30,500.	4				
		b	Less: cost or other basis	_	10 21	F	20 041					
nue			and sales expenses		19,31	<u>.</u>	29,041.	4				
Revenue			Gain or (loss)	7c				4 404			2.045	1 450
Å			Net gain or (loss)			. <u></u>	<u></u>	4,404	•		2,945.	1,459.
Othe	8	а	Gross income from fundraisin									
ò			including \$									
			contributions reported on									
			Part IV, line 18			<u>8a</u>		-				
			Less: direct expenses			8b	L					
			Net income or (loss) from		•	its [>		_			
	9	a	Gross income from gamin									
		k	Part IV, line 19			9a						
					na activition	9b	└ ►					
			Net income or (loss) from	-	-	°	▶					
	10	a	Gross sales of inventory, I			10-	7,976.					
		L	and allowances			10a						
			Less: cost of goods sold				<u>+4,440.</u>	-34,464		-34,464.		
		C	Net income or (loss) from	sales	or inventor	у	Business Code	54,404	•	51,404.		
sn	44	~	MISCELLANEOUS	זק	RUGRAM		900003	2,518		2,518.		
Miscellaneous Revenue	11	a b		L I				2,510	•	2,510.		
scellaneo Revenue									_			
Sce		с С	All other revenue						_			
Ϊ			Total. Add lines 11a-11d				►	2,518				
	12		Total revenue. See instruction				<u></u>			3,489,255.	77,302.	1,459.

PHI KAPPA PSI FRATERNITY

Form 990 (2021)

Page **9**

36-2362161

Form 990 (2		PHI			- 15 -
Part IX	Statement of	Function	onal	Expe	nses

PHI KAPPA PSI FRATERNITY

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
	and domestic governments. See Part IV, line 21				
2	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,				
	trustees, and key employees	115,817.			
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	718,820.			
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	34,968.			
	Other employee benefits				
	Payroll taxes	69,929.			
	Fees for services (nonemployees):				
а	Management				
b	Legal	1,160.			
с	Accounting	26,250.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	115,503.			
	Advertising and promotion				
	Office expenses	159,863.			
	Information technology	79,964.			
	Royalties				
	Occupancy	108,114.			
	Travel	170,673.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	85,811.			
	Interest	24,651.			
	Payments to affiliates				
	Depreciation, depletion, and amortization	17,237.			
	Insurance	1,336,552.			
	Other expenses. Itemize expenses not covered				
	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 0.)				
a	BAD DEBT	90,936.			
c	CLUB DUES	34,399.			
c	EMPLOYEE TRAINING	15,157.			
ł	BANK FEES	9,169.			
Э	All other expenses	5,162.			
_	Total functional expenses. Add lines 1 through 24e	3,220,135.			
	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 Figure if following SOP 98-2 (ASC 958-720)				

PHI KAPPA PSI FRATERNITY	
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		Balance oncer					
		Check if Schedule O contains a response or not	te to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			972,877.	1	1,423,815.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			280,106.	4	304,522.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial cont	ributor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persor	ns (as defined			
		under section 4958(f)(1)), and persons described	d in sectior	1 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			13,302.	8	9,743. 694,011.
As	9	–			349,626.	9	694,011.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	595,279.			
	b	Less: accumulated depreciation		479,922.	104,180.	10c	115,357.
	11	Investments - publicly traded securities		L	250,201.	11	285,224.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,301.	15	253,563.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		1,977,593.	16	3,086,235.
	17	Accounts payable and accrued expenses	184,311.	17	209,854.		
	18	Grants payable		18			
	19	Deferred revenue	17,955.	19	95,180.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
S	22	Loans and other payables to any current or form	ner officer,	director,			
litie		trustee, key employee, creator or founder, subs	tantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persons			22	
	23	Secured mortgages and notes payable to unrela	ated third p	arties		23	
	24	Unsecured notes and loans payable to unrelate			229,780.	24	450,763.
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X			
		of Schedule D		·····	44,495.		55,612.
	26	Total liabilities. Add lines 17 through 25	<u></u>		476,541.	26	811,409.
ú		Organizations that follow FASB ASC 958, che	eck here				
Ce		and complete lines 27, 28, 32, and 33.			1 257 525		2 1 2 1 2 0 0
alar	27			····· -	1,357,535.	27	2,131,309. 143,517.
ä	28				143,517.	28	143,51/.
ŭ		Organizations that do not follow FASB ASC 9	58, check	here			
г		and complete lines 29 through 33.					
ţs	29	Capital stock or trust principal, or current funds		I		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed		Г		30	
ťΑ	31	Retained earnings, endowment, accumulated in			1 601 060	31	2 274 226
Ne	32	Total net assets or fund balances			1,501,052.	32	2,274,826.
	33	Total liabilities and net assets/fund balances	<u></u>		1,977,593.	33	<u>3,086,235.</u>

Form **990** (2021)

Form 990 (2021)	
Part X	Balance	Sheet

Form	1990 (2021) PHI KAPPA PSI FRATERNITY	36-236	52161	Pag	_{ge} 12		
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	3,57	7,7	60.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,220),1	35.		
3							
4							
5	Net unrealized gains (losses) on investments	5	-34	1,08	86.		
6	Donated services and use of facilities	6					
7	Investment expenses	7	- 2	L,10	69.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	451	L,40	04.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,274	1,82	26.		
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 on Schedule	e O.					
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	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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						
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				

Form **990** (2021)

SC	HEDULE D	Supplementa	al Financial Statement	S	OMB No. 1545-0047
	n 990)	Complete if the orga	anization answered "Yes" on Form 990),	2021
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990.	2b.	Open to Public
	I Revenue Service		90 for instructions and the latest inform	nation.	Inspection
Nam	e of the organizat				Employer identification number
Pa	rt I Organiz	PHI KAPPA PSI FRATI ations Maintaining Donor Advise		or Acc	<u>36-2362161</u>
Fai		on answered "Yes" on Form 990, Part IV, lin			Complete if the
	0.9424		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		ion inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	3
	are the organizati	on's property, subject to the organization's	exclusive legal control?		
6	Did the organizat	ion inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used on	ly
	for charitable pur	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrir	ng
		vate benefit?			
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, I	ine 7.
1	Purpose(s) of con	servation easements held by the organization	on (check all that apply).		
	Preservatio	n of land for public use (for example, recrea	tion or education)	of a histor	ically important land area
		of natural habitat	Preservation c	of a certifi	ed historic structure
_		n of open space			
2		a through 2d if the organization held a qualif	ied conservation contribution in the form	of a con	
	day of the tax yea			-	Held at the End of the Tax Yea
a		conservation easements			2a
b	•			F	2b
c		rvation easements on a certified historic stru			2c
d		rvation easements included in (c) acquired a	-		
~		nal Register			2d
3		rvation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	ation during the tax
4	year	where property subject to conservation eas			
5		ation have a written policy regarding the per			
5	•	forcement of the conservation easements it			Yes No
6		er hours devoted to monitoring, inspecting,			
•					
7	Amount of expen	 ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation ease	ements during the year
•	► \$				
8		rvation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h		, , , , , , , , , , , , , , , , , , ,		
9	•	ibe how the organization reports conservation			
		nd include, if applicable, the text of the footn	-		
	organization's ac	counting for conservation easements.			
Pa		ations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete	if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balar	nce sheet works
	of art, historical tr	reasures, or other similar assets held for pub	lic exhibition. education. or research in f	urtherand	ce of public

Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

provide the following amounts relating to these items:

b

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

(i) Revenue included on Form 990, Part VIII, line 1 _____ (ii) Assets included in Form 990, Part X _____

Schedule D (Form 990) 2021

▶ \$

\$

Sche		<u>PA PSI FRA</u>								<u>62161</u>		_{ige} 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histori	cal Tre	asures, or	^r Othe	r Si	nilar	^r Assets	(continu	ed)	
3	Using the organization's acquisition, accessio	n, and other record	s, check an	y of the f	ollowing that	make s	ignifi	cant u	use of its			
	collection items (check all that apply):			-	Ū.		•					
а	Public exhibition	c		an or exc	hange progra	ım						
b	Scholarly research	e			51 5							
c	Preservation for future generations	-										
4	Provide a description of the organization's col	llections and explain	n how they	further th	e organizatio	n's ever	mnt r	Nurnos	se in Part	xIII		
5	During the year, did the organization solicit or									, and		
Ŭ	to be sold to raise funds rather than to be mai									Yes		No
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Part			ganizatio	II answered	163 01		11 3 3 0	, i aitiv, i	ine 3, 0i		
10	· · · ·		lion for con	tribution	or other coo	ata nat	inalu	dod				
Ia	Is the organization an agent, trustee, custodia									7		
	on Form 990, Part X?							•••••	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fol	llowing tabl	e:			Г			Amount		
							ŀ			Amount		
	Beginning balance							1c				
	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f		7		1
	Did the organization include an amount on Fo						lity?		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete if	the organization an	swered "Ye	es" on Fo								
		(a) Current year	(b) Prio	r year	(c) Two year	's back	(d)	hree y	ears back	(e) Four y	ears t	back
1a	Beginning of year balance											
b	Contributions											
с	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 curre	ent year end balance	e (line 1g, c	olumn (a)) held as:							
а	Board designated or quasi-endowment	•	%	()	,							
	Permanent endowment	%										
		<u></u>										
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
3a	Are there endowment funds not in the posses	•	ation that ar	e held ar	nd administer	ed for th	ne or	naniza	ation			
	by:	j						,			/es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizat									3b		
4	Describe in Part XIII the intended uses of the											
	t VI Land, Buildings, and Equipme											
	Complete if the organization answered). Part IV. lir	ne 11a. S	ee Form 990	Part X	line	10.				
	Description of property	(a) Cost or c			or other			nulate	d	(d) Book	voluo	
	Description of property	basis (investr		. ,	(other)	• •		ation	u	(u) DOOK	value	;
4 -	Land			54313		ue	0000	anon				
	Land											
	Buildings											
	Leasehold improvements			<u>^</u>	0 (1)		0.4	0.0	<u>,</u>	1 2		<u>.</u>
	Equipment				8,623.			,90			,72	
	Other				6,656.			5,02		101		
Tota	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	<u>X, column (</u>	<u>B), line 1</u>	0c.)					115	,35)/.

Schedule D (Form 990) 2021

PHI KAPPA PSI FRATERNITY Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (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) RELATED PARTY RECEIVABLE EMPLOYEE RETENTION CREDIT RECEIVABLE 243,507. (2) (3) (4) (5) (6) (7) (8) (9) 253,563 ►

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST	26,390. 29,222.
(3) RELATED PARTY PAYABLE	29,222.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 55,612.

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

X

10,056

Sche	edule D (Form 990) 2021 PHI KAPPA PSI FRATERNIT	36-2362161 Page 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
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 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>3.)</u>	
Pa	rt 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, 2022 AND
2021. 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
132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PHI KAPPA PSI FRATERNITY Part XIII Supplemental Information (continued)	36-2362161 Page 5
SUBJECT TO REVIEW AND CHANGE. THE FRATERNITY IS NOT CURRENT	LY UNDER AUDIT
NOR HAS THE FRATERNITY BEEN CONTACTED BY THESE JURISDICTION	S.
BASED ON THE EVALUATION OF THE FRATERNITY'S TAX POSITIONS, 1	MANAGEMENT
BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMI	NATION.
THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX PO	SITIONS HAS
BEEN RECORDED FOR EITHER OF THE YEARS ENDED MAY 31, 2022 AND	D 2021.
	Schedule D (Form 990) 2021

SCI	HEDULE J	Compensation Information	า	[OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, a	and Highest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, F	Port IV line 22		20		1
Denar	tment of the Treasury	Attach to Form 990.	art IV, inte 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the lates	st information.		Inspe		
Nam	e of the organizatior		identificatio		mber		
De		PHI KAPPA PSI FRATERNITY		36-2	236216	1	
Pa		Regarding Compensation					
-	o					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person		990,			
		ine 1a. Complete Part III to provide any relevant information regarding these					
	First-class or c		•				
	Travel for com		•				
		ation and gross-up payments Health or social club dues					
		pending account Personal services (such a	as maid, chaumeu	ir, chet)			
L							
D	•	on line 1a are checked, did the organization follow a written policy regarding			41-		
•	•	rovision of all of the expenses described above? If "No," complete Part III to			1b		
2	U U	require substantiation prior to reimbursing or allowing expenses incurred b			0		
	trustees, and onice	s, including the CEO/Executive Director, regarding the items checked on lin			2		
3	Indicate which if ar	y, of the following the organization used to establish the compensation of th	no organization's				
5		ctor. Check all that apply. Do not check any boxes for methods used by a re	-				
		tion of the CEO/Executive Director, but explain in Part III.	elated organizatio	51110			
	X Compensation		tract				
		ompensation consultant Compensation survey or					
	·	her organizations X Approval by the board or		ommittee			
			compensation c	Uninitiee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to t	the filing				
	organization or a re						
а	-	e payment or change-of-control payment?			4a		X
b							x
		aire an anna than an an ite based a supportion anna san an 10					x
•		es 4a-c, list the persons and provide the applicable amounts for each item ir					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	anv compensatio	n			
	contingent on the re						
а	•				5a		
		ation?					
		r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	any compensatio	n			
	contingent on the n						
а	The organization?				6a		
		ation?					
		r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any no	nfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that					
	•	otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in	-				
9		d the organization also follow the rebuttable presumption procedure describ					
		53.4958-6(c)?		<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.			lule J (Forn	n 990)) 2021

36-2362161

Page 2

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

(10111350)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

36-2362161

PHI KAPPA PSI FRATERNITY

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

ALUMNI. THE TERM "UNDERGRADUATE" SHALL INCLUDE EVERY MEMBER OF THIS

FRATERNITY WHO IS IN ACTUAL ATTENDANCE AS A STUDENT IN ANY DEPARTMENT OF

THE COLLEGE WHERE THE CHAPTER BY WHICH HE WAS INITIATED, OR TO WHICH HE WAS

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

MEMBERS OF THIS FRATERNITY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS INDIVIDUALS WHO HAVE THE POWER TO ELECT OR APPOINT

MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

RATE CHANGES AND BY-LAW CHANGES ARE SUBJECT TO APPROVAL BY THE GRAND ARCH

COUNCIL WHICH IS COMPRISED OF CHAPTER DELEGATES WHO ARE ALSO MEMBERS OF THE FRATERNITY.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF

THE GOVERNING BODY.

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

Page 2

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 15:

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)	207,897.
EMPLOYEE RETENTION CREDIT REVENUE	243,507.
FOTAL TO FORM 990, PART XI, LINE 9	451,404.

PART XII, LINE 2C

Scheo	ule O (Form 990) 20	21									Page 2
Name	of the organization	PHI	KAPPA PSI	FRATERN	ITY				Emplo 36	yer identification $5-2362161$	number
THE	OVERSIGHT	AND	SELECTION	PROCESS	HAS	NOT	CHANGED	DURING	THE	TAX	
YEA	R.										

SCH	EDULE	R
	1	

(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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

36-2362161

Department of the Treasury Internal Revenue Service

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

Name of the organization

PHI KAPPA PSI FRATERNITY

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity Direct controlling entity Introlled entity SUPPORT PHI KAPPA PSI INDIANA 501(C)(2) PHI KAPPA PSI FRATERNITY No PATERNITY INITIATIVES INDIANA 501(C)(2) PHI KAPPA PSI FRATERNITY X PATERNITY INDIANA 501(C)(2) Introlled entity X					
			501(c)(3))		Yes	No
THE PKP PERMANENT, SCHOLARSTIC, EDUCATIONAL,						
CHARITABLE & FRATERNAL FUND - 8, 5395	SUPPORT PHI KAPPA PSI			PHI KAPPA PSI		
EMERSON WAY, INDIANAPOLIS, IN 46226	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 512(b)(13) entity ONAL, 					
	-					
	-					

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

Schedule R (Form 990) 2021

PHI KAPPA PSI FRATERNITY Schedule R (Form 990) 2021

36-2362161 Page 2

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. Part III

	······j· ·····j· ····	·) - ····									
(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	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	0
	-										
	-										
	-										
	-										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

Schedule R (Form 990) 2021 PHI KAPPA PSI FRATERNITY

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
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	1a		
		X	
		X	
ing the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity grant, or capital contribution to related organization(s) grant, or capital contribution from related organization(s) ns or loan guarantees to or for related organization(s) e of assets by related organization(s) dends from related organization(s) cost assets from related organization(s) cost assets from related organization(s) cost assets from related organization(s) cost assets to related organization(s) chase of assets from related organization(s) se of assets to related organization(s) chase of assets to related organization(s) chase of assets from related organization(s) se of facilities, equipment, or other assets from related organization(s) formance of services or membership or fundraising solicitations for related organization(s) ring of facilities, equipment, mailing lists, or other assets with related organization(s) ring of paid employees with related organization(s) mbursement paid to related organization(s) for expenses mbursement paid to related organization(s) for expenses re transfer of cash or property to related organization(s)			_
f Dividends from related organization(s)	<u>1f</u>		
sale of assets to related organization(s)	1g		
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k		I
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Conter transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE PKP PERMANENT, SCHOLARSTIC,			
(1) EDUCATIONAL, CHARITABLE & FRATERNAL FUND	В	17,780.	
THE PKP PERMANENT, SCHOLARSTIC,			
(2) EDUCATIONAL, CHARITABLE & FRATERNAL FUND	С	225,676.	
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 PHI KAPPA PSI FRATERNITY

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.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>
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Schedule R (Form 990) 2021

 Schedule R (Form 990) 2021
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 Part VII
 Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.