PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

B Cosesti Per PHI KAPPA PSI FRATERNITY Congression Cosesti Per PHI KAPPA PSI FRATERNITY Congression Congression Cosesti Per PHI KAPPA PSI FRATERNITY Congression Congres	<u>A F</u>	or the	2023 calendar year, or tax year beginning JUN 1, 2023 and e	nding M	<u>1AY 31, 2024</u>	
Part	B C	heck if oplicable	C Name of organization		D Employer identifi	cation number
State Contributions and grants (Part VIII, Inter 1) Defect the box Interest of the organization disording members of the governing body (Part V, line 1a) State of this program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII, Inter 1) Program service revenue (Part VIII, Inter 2) Program service revenue (Part VIII,			PHI KAPPA PSI FRATERNITY			
Number and street (10° L) both of mails into delivered to street address) College		Name change			36-23621	61
City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country, and ZIP or foreign postal code Research City or town, state or province, country or foreign postal code Research City or town, state or province, country or foreign postal code Research City or town, state or province, country or foreign postal code Research City or town, state or province, country or foreign postal code Research City or town, state or province, country or foreign postal code City or foreign p		return	· · · · · · · · · · · · · · · · · · ·	Room/suite	-	
TINDIANAPOR, country, and a pro froeign postal code State February Feb		Jreturn/	-			
TRIDENNAPORIES Table Tribuit	_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,597,831.
SAME AS C ABOVE Tax-exempt status Solicio Total content Total conten		return	INDIANAPOLIS, IN 40220		7	
Tax-exempt status		tion	F Name and address of principal officer: MARC DOMAS		1	—
Website: HTTP: // WWW. PHTKAPPAPSI.COM/ High Group exemption number L Year of formation: 1987 M State of legal domicile: IN Part Summary	_		SAME AS C ABOVE		7 ' '	
Part			mpt status: 501(c)(3)X 501(c) (/ /) (insert no.) 4947(a)(1) or	r 527	⊣	
Part Summary				1		
Briefly describe the organization's mission or most significant activities. THE ORGANIZATION IS AN ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO DEVELOP THE INDIVIDUAL 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 17 A 39 . 10,574 . 9 Program service revenue (Part VIII, line 1a) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15) 16 Total fundraising expenses (Part IX, column (A), lines 12) 17 Other expenses (Part IX, column (A), lines 112) 18 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19 Tother expenses (Part IX, column (A), lines 15) 10 Tother expenses (Part IX, column (A), lines 15) 10 Tother expenses (Part IX, column (A), lines 15) 11 Other expenses (Part IX, column (A), lines 15) 12 Total fundraising expenses (Part IX, column (A), lines 15) 13 Grants and similar amounts paid (Part IX, column (A), lines 15) 14 Benefits paid to or for members (Part IX, column (A), lines 15) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15) 16 Total rumbers (Part IX, column				L Year	of formation: 190/	M State of legal domicile; IN
ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO DEVELOP THE INDIVIDUAL Check this box				DCANT	יקאיידראז דכ או	
Section Prior Year Current Year 17, 439	ဨ	1 !	Briefly describe the organization's mission or most significant activities: ITE O	L UU I	ZAIION IS A	TMDTVTDIIAT.
Section Prior Year Current Year 17, 439	ğ	-				
Section Prior Year Current Year 17, 439	Je l				1 -	
Section Prior Year Current Year 17, 439	န်					
Section Prior Year Current Year 17, 439	∞					
Section Prior Year Current Year 17, 439	ië.					
Section Prior Year Current Year 17, 439	[≩					
Second Prior Year Current Year 17,439. 10,574. 10,574. 17,439. 10,574.	∣≽					
9					•	
9		8 (Contributions and grants (Part VIII, line 1h)		17,439.	10,574.
12 Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3 , 789 , 770 . 3 , 462 , 956 . 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 , 789 , 770 . 3 , 462 , 956 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1 , 025 , 425 . 1 , 267 , 169 . 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 15 Total fundraising expenses (Part IX, column (A), line 25) 0 . 17 Other expenses (Part IX, column (A), line 25) 0 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3 , 558 , 112 . 3 , 596 , 087 . 19 Revenue less expenses. Subtract line 18 from line 12 231 , 658 . -133 , 131 . 18 Subtract lines 18 trong lines 20 2	lg u					
12 Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3 , 789 , 770 . 3 , 462 , 956 . 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 , 789 , 770 . 3 , 462 , 956 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1 , 025 , 425 . 1 , 267 , 169 . 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 15 Total fundraising expenses (Part IX, column (A), line 25) 0 . 17 Other expenses (Part IX, column (A), line 25) 0 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3 , 558 , 112 . 3 , 596 , 087 . 19 Revenue less expenses. Subtract line 18 from line 12 231 , 658 . -133 , 131 . 18 Subtract lines 18 trong lines 20 2	Š				26,232.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 ,789,770 .	~~					
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0 . 0 . 0 . 0 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 1,025,425 . 1,267,169 . 0 .						
14 Benefits paid to or for members (Part IX, column (A), line 4) 0						0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 .					0.	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name BRYAN PAUTSCH Preparer Use Only Firm's name DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252 Firm's EIN 27-3858252 Firm's Saddress Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	ပ္ခ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,025,425.	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name BRYAN PAUTSCH Preparer Use Only Firm's name DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252 Firm's EIN 27-3858252 Firm's Saddress Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	use	16 a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name BRYAN PAUTSCH Preparer Use Only Firm's name DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252 Firm's EIN 27-3858252 Firm's Saddress Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	<u>8</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19 Revenue less expenses. Subtract line 18 from line 12 231,658. -133,131.	<u> </u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,532,687.	
Beginning of Current Year In total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,558,112.	3,596,087.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature BRYAN PAUTSCH BRYAN PAUTSCH Preparer's signature Preparer's signature BRYAN PAUTSCH PTIN Firm's name DEAN DORTON ALLEN FORD PLLC Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	\perp	19	Revenue less expenses. Subtract line 18 from line 12			-133,131.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature BRYAN PAUTSCH BRYAN PAUTSCH Preparer's signature Preparer's signature BRYAN PAUTSCH PTIN Firm's name DEAN DORTON ALLEN FORD PLLC Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	o S			Ве	<u> </u>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature BRYAN PAUTSCH BRYAN PAUTSCH Preparer's signature Preparer's signature BRYAN PAUTSCH PTIN Firm's name DEAN DORTON ALLEN FORD PLLC Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	sets					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature BRYAN PAUTSCH BRYAN PAUTSCH Preparer's signature Preparer's signature BRYAN PAUTSCH PTIN Firm's name DEAN DORTON ALLEN FORD PLLC Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	EAS BBB					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature BRYAN PAUTSCH BRYAN PAUTSCH Date 12/17/24 if Self-employed P00034913 Preparer Firm's name DEAN DORTON ALLEN FORD PLLC Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400	ے				2,534,260.	2,506,307.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date CHRISTOPHER WHEELER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date BRYAN PAUTSCH PAUTSCH PRINT PAUTSCH 12/17/24 self-employed P00034913 Preparer Firm's name DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252 Use Only Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400			_			
Sign Signature of officer Date						/ knowledge and belief, it is
CHRISTOPHER WHEELER	true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
CHRISTOPHER WHEELER		ŀ	Signature of officer		Data (
Type or print name and title					Duto	
Print/Type preparer's name Preparer's signature Date Check PTIN	Here	•	·			
Paid BRYAN PAUTSCH BRYAN PAUTSCH 12/17/24 ## June 10/18 P00034913 Preparer Use Only Firm's name DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252					Date Check C	PTIN
PreparerFirm's nameDEANDORTONALLENFORDPLLCFirm's EIN27-3858252Use OnlyFirm's address5975CASTLECREEKPARKWAYN DR. STE 400	Paid				i L	
Use Only Firm's address 5975 CASTLE CREEK PARKWAY N DR. STE 400		1				
		1		PE 40		, 3030232
,	030	Jy		-L -U		7-469-0169
	May	the IR	·		I i liolic lio. 5 ±	X Yes No

Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE ORGANIZATION IS AN ASSOCIATION OF MEN OF INTEGRITY WHO STRIVE TO	
	DEVELOP THE INDIVIDUAL IN HIS INTELLECT, IN HIS INVOLVEMENT IN THE	
	COMMUNITY, AND IN HIS FAITH.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$)
		-
		-
		_
		_
		_
		_
4b	(Code:) (Expenses \$) -
		-
		_
		_
		_
		_
	(Code:) (Expenses \$	_
		′
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses	-
	retail program our floo experiede	

Form 990 (2023) 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? 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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	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			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
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			_v
45	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	4-		v
10	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	4.		v
47	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,	4-7		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		├^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2023) PHI KAPPA PSI FRATERNITY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			\
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α_
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
b	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?	335		
00	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			
٠.	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?	ٿ		
	Note: All Forms 000 filers are required to complete Schodule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	

Form 990 (2023) PHI KAPPA PSI FRATERNITY

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	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		
	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			
b	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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 The who are some as head.			
	Enter the amount of reserves on hand	140		Х
		14a		125
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
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.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Form 990 (2023) PHI KAPPA PSI FRATERNITY 36-2362161 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		I	Ι.
			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.			
	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			177
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			\ . ,
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		37	
	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:		77	
а	The governing body?	8a	Х	77
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			٠,,
<u>C</u>	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.)			Γ
40		40	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.	Х	
44-	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	^	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х	
40	on 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		
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?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	^	
40-	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	40-		х
	taxable entity during the year?	16a		Α_
D	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	40h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10		only	availal	blo
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	Orlly)	avaliäl	JI C
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
40	(fines	oia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınan(JIAI	
20	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			
	OOOO PIIPINOTI 11111 / TIIDTIMIII OPID / TIN TOUUD			

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 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi				s both or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RON RANSOM	38.00			Ι,,				126 600	_	6 020
EXECUTIVE DIRECTOR	10 00			Х				136,600.	0.	6,830.
(2) ROBERT MARCHESANI PRESIDENT	10.00	Х		х				0.	0.	0.
(3) MARC DUMAS	10.00	77						0.	0.	<u></u>
VICE PRESIDENT	10:00	х		х				0.	0.	0.
(4) CHARLES BRANDMAN	10.00								•	
TREASURER		х		х				0.	0.	0.
(5) CHRIS WHEELER	10.00									
SECRETARY		Х		Х				0.	0.	0.
(6) MARTIN NGUYEN	10.00									
ARCHON		Х						0.	0.	0.
(7) MAXWELL PRATT	10.00									
ARCHON		Х						0.	0.	0.
(8) JAYLEN JUDE	10.00									
ARCHON		Х						0.	0.	0.
(9) BRETT THIBODEAUX	10.00	1								_
ARCHON		Х						0.	0.	0.
(10) DAVID NUNN	10.00									
ARCHON	10.00	X	_					0.	0.	0.
(11) RILEY JOHNSON	10.00	.,								•
ARCHON		Х	_					0.	0.	0.
		-								
		-								

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					ano.	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unles	ss per	son i	s both	n an	compensation compensati			ar	nount	of
	week	officer and a director/truster				or/trus	tee)	from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MIS			rom th	
	organizations	ustee	truste		au au	suadi		(W-2/1099-MISC/	1099-NEC)		_	janizat d rolet	
	below	ual tri	ional		ploye	t com	١.	1099-NEC)				d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	arıızatı	JI 15
-	,	=	=	0	ž	工事	Œ			-			
										-			
										\rightarrow			
										\rightarrow			
										\longrightarrow			
		ŀ											
1b Subtotal								136,600.		0.		6,8	30.
c Total from continuation sheets to Part VII	, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)								136,600.		0.		6,8	30.
Total number of individuals (including but not not not not not not not not not no									000 of reportable	 e			
compensation from the organization						,		,					1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	lovee on	[
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		_		•		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													
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	piete Scriedule	<i>3 J 1</i> 0	or su	ICH L	bers	OII .						l l	
Complete this table for your five highest cor	mnenested ind	lene	nder	nt cc	ntr	acto	re th	nat received more than [©]	100 000 of com		tion fr	nm	
the organization. Report compensation for t										וסמו	LIOIT II	J111	
	ne calendar ye	ear e	HUII	ig w	ILIT C	ועע וכ	<u> </u>	(B)	ear.			<u> </u>	
(A) Name and business	address	NΙC	ONE	7				Description of s	ervices	C	י) eamo	C) nsatio	า
		11/	7111				\dashv	2 2 2 2 3 1 2 1 2		<u>_</u>			
							\dashv						
							-						
							\dashv						
							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				()							

36-2362161

Form 990 (2023) PHI KAPPA PSI FRATERNITY
Part VIII Statement of Revenue

		Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
		Check ii Gondale G contains	и георопое (or rioto to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ω ω	-	a Federated campaigns	1a					
ant					1			
از ق			· 					
Ŧ\$,		c Fundraising events						
ig ig		d Related organizations						
Sir		e Government grants (contributions)						
utio		f All other contributions, gifts, grants, an		10,574.				
έş		similar amounts not included above		10,574.	-			
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f	1g \$		10,574.			
O a		h Total. Add lines 1a-1f		Business Code	10,374.			
	_	a CHAPTER SERVICE F	דדכ		1,787,190.	1 787 190		
ice		T T A D T T T T T T T T T T T T T T T T		611710	909,650.			
er ue		MEMBERGILLE DITEC 6		611710	733,042.	733,042.		
m S			HOOE	011/10	733,042.	733,042.		
gra Re		d						
Program Service Revenue		• All other program comics revenue						
-		f All other program service revenue			3,429,882.			
1					5,429,002.			
	3	, ,			24,232.		24,232.	
	4				24,252.		24,252.	
	4 Income from investment of tax-exempt bond pro 5 Royalties				45,750.		45,750.	
	Э	Royalties	(i) Real	(ii) Personal	45,750.		43,730.	
	_		(i) i icai	(ii) i ersonai	-			
		a Gross rents 6a			-			
		b Less: rental expenses 6b			-			
		c Rental income or (loss) 6c						
		d Net rental income or (loss)	Securities	(ii) Other				
	′		7,108.	(ii) Other	-			
		·	7,100.					
a)		b Less: cost or other basis	7,430.	1 107				
ğ		and sales expenses 7b 8 c Gain or (loss) 7c -1						
eve					-11,429.	-1,107.	-10,322.	
her Revenue		d Net gain or (loss)			-11,429.	-1,107.	-10,522.	
Othe	ŏ	 a Gross income from fundraising events including \$ 	· I					
0								
		contributions reported on line 1c).	I					
		Part IV, line 18			-			
		b Less: direct expenses		<u>I</u>				
		c Net income or (loss) from fundrais						
	9	a Gross income from gaming activit						
		Part IV, line 19 b Less: direct expenses						
		c Net income or (loss) from gaming						
	IU	a Gross sales of inventory, less retu		4,708.				
		and allowances		46 000				
		b Less: cost of goods sold		±0,330•	-41,630.	-41,630.		
\dashv		c Net income or (loss) from sales of	inventory	Business Code	±1,000.	41,000		
sn	11	a MISCELLANEOUS PRO	GRAM	900003	5,577.	5,577.		
Miscellaneous Revenue	11		CITTI	70000	3,311.	3,377.		
ellar Ven		b						
Sce		d All other revenue						
Σ		e Total. Add lines 11a-11d			5,577.			
	12					3.392.722.	59 660.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 143,430. 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) 1,003,657. Other salaries and wages 7 Pension plan accruals and contributions (include 36,048. section 401(k) and 403(b) employer contributions) Other employee benefits 9 84,034. 10 Payroll taxes Fees for services (nonemployees): Management Legal 27,950. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 118,678. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 255,207. Office expenses 13 79,494. Information technology 14 15 Royalties 111,943. 16 Occupancy 353,650. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 81,186. Conferences, conventions, and meetings 19 19,441. 20 Payments to affiliates 21 20,277. Depreciation, depletion, and amortization 22 1,176,658. 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.) 41,619. CLUB DUES BANK FEES 16,083. 13,040. **MISCELLANEOUS** 12,453. d EMPLOYEE TRAINING 1,239. e All other expenses 3,596,087. 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 (2023)

Part X | Balance

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,676,195.	1	1,764,564.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			355,689.	4	253,326.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese person	ıs		5	
	6	Loans and other receivables from other disqua	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,681.	8	5,614.
₹	9	Prepaid expenses and deferred charges			544,744.	9	734,052.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	402,716.	100 050		100 000
	b	Less: accumulated depreciation			132,353.	10c	120,027. 314,263.
	11	Investments - publicly traded securities		369,259.	11	314,263.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	771 740	14	600 407		
	15	Other assets. See Part IV, line 11	771,742.	15	682,497.		
	16	Total assets. Add lines 1 through 15 (must ed			3,856,663. 250,071.	16	3,874,343.
	17	Accounts payable and accrued expenses		230,071.	17	244,273.	
	18	Grants payable				18	217,049.
	19	Deferred revenue			19 20	217,049.	
	20 21	Tax-exempt bond liabilities		Sobodulo D		21	
	22	Loans and other payables to any current or fo				21	
Liabilities	~~	trustee, key employee, creator or founder, sub					
i≣i		controlled entity or family member of any of the				22	
<u>E</u>	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate			253,701.	24	142,572.
	25	Other liabilities (including federal income tax, p			, -		, -
		parties, and other liabilities not included on lin	•	l			
		of Schedule D			818,631.	25	764,142.
	26	Total liabilities. Add lines 17 through 25			1,322,403.	26	1,368,036.
		Organizations that follow FASB ASC 958, cl	neck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,390,743.	27	2,364,290.
Ba	28	Net assets with donor restrictions		143,517.	28	142,017.	
п		Organizations that do not follow FASB ASC	958, chec	k here			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ls			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or	equipment	fund		30	
t As	31	Retained earnings, endowment, accumulated				31	A - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Š	32	Total net assets or fund balances			2,534,260.	32	2,506,307.
	33	Total liabilities and net assets/fund balances			3,856,663.	33	3,874,343.

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
			ļ .					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,46				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	3,59				
3	Revenue less expenses. Subtract line 2 from line 1	3		-13 2,53				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		2	6,0	<u>80.</u>		
6	Donated services and use of facilities	6						
7	Investment expenses	7		_	1,3	81.		
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		8	0,4	79.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	, ;	2,50	6,3	07.		
Pai	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	Ο.						
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	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			
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:	, a.c.c.	'					
	Separate basis X Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit						
Ĭ	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	- 4410						
Ju				3a		X		
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.			00				
J	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
	or addits, explain wity on soliedule of and describe any steps taken to undergo such addits			JU				

Form **990** (2023)

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 Inspection

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in c	donor advised fun	ds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa		anization answered "Yes" on	Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		servation of a hist	orically important land area
	Protection of natural habitat			ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution i	n the form of a co	onservation 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				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcin	g conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue ar	d expense staten	nent and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's finan	cial statements th	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue s	statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or re-	search in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue state	ement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets	for financial gain,	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		75,762.	59,464.	16,298.
e Other		326,954.	223,225.	103,729.
Total Add lines 1a through 1e (Calumn (d) must ague	L Farm 000 Dart V line 1	On andrews (D))		120 027.

Schedule D (Form 990) 2023

	SI FRATERNITY		36-2362161 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(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, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 D+ IV I'	44 - O Farra 200 Bart V Page 40	
Complete if the organization answered "Yes"			
(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, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 990 Bart V line 15	
	Description	Tid. See Form 990, Part A, line 15.	(b) Book value
201100 21200 2000	Description		13,188.
			669,309.
			009,309.
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
Total. (Column (b) must equal Form 990, Part X, line 15, col			682,497.
Part X Other Liabilities	<u>. (</u> D))		002,4574
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			61,126.
(3) RELATED PARTY PAYABLE			16,493.
(4) LEASE LIABILITY			686,523.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(B))		764,142.

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	itements with nevent	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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				
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 990, Part I, line 12	2.)	5	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	2.) tatements With Expens		
<u>5</u> Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	atements With Expens		
5 Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expensione 12a.	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, I	atements With Expensione 12a.	ses per Return	
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ratements With Expensine 12a.	ses per Return	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With Expensine 12a.	ses per Return	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a. 2a 2b	ses per Return	
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ine 12a. 2a 2b 2c	ses per Return	
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ses per Return	
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Return	
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ses per Return	
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ses per Return 1 2e 3	

| 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) 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, 2024 AND 2023. IF THE SITUATION AROSE IN WHICH THE FRATERNITY WOULD HAVE INTEREST TO RECOGNIZE, IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND PENALTIES THE PRIOR THREE YEARS WOULD BE RECOGNIZED IN OTHER EXPENSES. CURRENTLY, 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, 2024 AND 2023.
,

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

PHI KAPPA PSI FRATERNITY

Employer identification number 36-2362161

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN HIS INTELLECT, IN HIS INVOLVEMENT IN THE COMMUNITY, AND IN HIS FAITH. FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THIS FRATERNITY SHALL BE CLASSIFIED AS UNDERGRADUATES AND 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.

Schedule O (Form 990) 2023 Page 2

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 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) 80,479.

PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED DURING THE TAX

YEAR.

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

PHI KAPPA PSI	FRATERNITY					36-23621	.61	
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) ontrolling ntity	9
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one	or more	related tax-exer	npt	
(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 501(c)(3))		(f) ct controlling entity	contr	g) 512(b)(13) rolled ity?
THE PKP PERMANENT, SCHOLARSTIC, EDUCATIONAL, CHARITABLE & FRATERNAL FUND - 8, 5395 EMERSON WAY, INDIANAPOLIS, IN 46226	SUPPORT PHI KAPPA PSI FRATERNITY INITIATIVES	INDIANA	501(C)(2)		PHI KA FRATER	.PPA PSI .NITY	х	

Page 2

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.

		,	ı	•			_					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total income	inant income Share of total	Share of	Disproportionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		20 of Schedule	partner	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	l	l .					l					

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) 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	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		country)		or trust)		assets			No
									_
								-	

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed in	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
					10		X
р	Reimbursement paid to related organization(s) for expenses				1р		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on wh						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
	THE PKP PERMANENT, SCHOLARSTIC,						
<u>(1)</u>]	EDUCATIONAL, CHARITABLE & FRATERNAL FUND	В	19,690.				
-	THE PKP PERMANENT, SCHOLARSTIC,						
(2)	EDUCATIONAL, CHARITABLE & FRATERNAL FUND	С	100,169.				
(O) 1	PKP ENDOWMENT FUND - RENT FOR LAUREL HALL	J	112,375.				
(პ) -	EVE ENDOMETHI LOND - VENI LOY TWOKET HATT	U	114,3/3.				

(4)

(5)

62161 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- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000