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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public
Inspection

	or the	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
		pplicable	C Name of organization		D Employer	identification number
_	dress ch		PSI CHAPTER DIAMOND ASSOCIATION CHAR FDN		25-1346	247
⊢ Na	ame cha	nge	Doing Business As		E Telephone	number
┌ In	ıtıal retu	rn	Number and street (or P O box if mail is not delivered to street address)	Doom/suito	_	
_	minate		C/O S DEAN LESIAK 11393 ROSECREEK DRIV	Room/suite	(805) 53	0-15//
┌ Ar	nended	return	City or town, state or country, and ZIP + 4		G Gross rece	pts \$ 312,590
Г _{Аг}	plication	n pending	MOORPARK, CA 930213749			
			F Name and address of principal officer	H(a) Is thus	a group roturn for aff	iliates? Yes V No
			MR S DEAN LESIAK	13 (1113 (a group recurrior an	mates Tes No
			C/O S DEAN LESIAK 11393 ROSECREEK DRIV		affiliates include	
			MOORPARK,CA 930213749	_	o," attach a lis ip exemption i	st (see instructions)
<u> </u>	ax-exem	npt status	✓ 501(c)(3)	H(c) Grou	ip exemption i	idilibel F
J V	/ebsite	:⊢ N/A				
K Fo	m of or	ganızatıon	✓ Corporation	L Year of fo	rmation 1978	M State of legal domicile WV
P	rt I	Sum	mary			WV
			escribe the organization's mission or most significant activities			
a)			L EDUCATIONAL PURPOSES AT BETHANY COLLEGE, BETHANY, W	/		
Activities & Governance	-					
¥ .						
96	2 (Check th	is box দ if the organization discontinued its operations or disposed of	more than 2	5% of its net	assets
න න්	3	Number	of voting members of the governing body (Part VI, line 1a)		3	20
8			of independent voting members of the governing body (Part VI, line 1b)			_
乭			mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0
Ą			mber of volunteers (estimate if necessary)		6	0
•			related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		7a	_
	Ь	Net unre	lated business taxable income from Form 990-1, line 34	Drie	r Year	Current Year
	8	Contril	butions and grants (Part VIII, line 1h)	7110	6,620	700
≗	9		m service revenue (Part VIII, line 2g)		0,020	0
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		-19,762	53,247
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		12.112	50.047
	12				-13,142	53,947
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		33,925	76,303
	14		ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5-		U	0
\$	15	10)	is, other compensation, employee benefits (Part 1X, column (A), illes 5-		0	0
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)		0	0
ਡੌ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) $ ightharpoons$			
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		25,909	15,240
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		59,834	91,543
	19	Reveni	ue less expenses Subtract line 18 from line 12		-72,976	-37,596
රීම් මින					g of Current 'ear	End of Year
Net Assets or Fund Balances	20	Totala	assets (Part X, line 16)		1,964,278	2,123,411
A A B	21		iabilities (Part X, line 26)		0	0
žÏ	22	Netas	sets or fund balances Subtract line 21 from line 20		1,964,278	2,123,411
Pa	rt II	Sign	ature Block	_		
knov			erjury, I declare that I have examined this return, including accompanying scl f, it is true, correct, and complete. Declaration of preparer (other than officer			
		1.		<u> </u>		
		*****			011-08-30	
Sig Her		'	ture of officer	Da	ate	
1161	C		DEAN LESIAK PRESIDENT or print name and title			
	I	Print/Type	Preparer's signature Da	re [Check if self-	. PTIN
Paid	<u> </u>	preparer's	name ANTHONY D DURONIO ANTHONY D DURONIO 20:	11-08-30	employed 🕨	1141
	arer		ne LALLY & CO LLC			Firm's EIN
	Only	rırm's add	dress ▶ 5700 CORPORATE DRIVE SUITE 800			Phone no (412) 367-8190

May the IRS discuss this return with the preparer shown above? (see instructions)

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age :	2
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Par	t IIII Statement of P	_	-			_
	Check if Schedule () contains a resp	onse to any q	uestion in this Part III		
1	Briefly describe the organ	ızatıon's mıssıon				
EST/ FOU WES	NDATION PROVIDES PER	R ONGOING ACA PETUAL FUNDIN ATION WAS ESTA	DEMIC EXCE IG FOR SCHO ABLISHED UI	LLENCE AND DEVEL LARSHIPS AND EXP NDER THE BETHANY	OPING AN INITIATION I ENSES FOR STUDENTS O	NCENTIVE PROGRAM THE
2	Did the organization under the prior Form 990 or 990			ervices during the yea	r which were not listed on	Γ Yes Γ No
	If "Yes," describe these ne	w services on Sc	hedule O			
3	Did the organization cease services?		-	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these ch	nanges on Schedu	le O			
4		1 (c)(4) organızatı	ons and secti	on 4947(a)(1) trusts a	largest program services t are required to report the ar service reported	
	(Code) (Expenses \$	50,000	ıncludıng grants of \$	50,000) (Revenue \$)
	BETHANY COLLEGECAMPBELL N	MANSIONBETHANY, W	/ 26032			
4b	(Code) (Expenses \$	20,250	ıncludıng grants of \$	20,250) (Revenue \$)
	INDIVIDUAL STUDENT SCHOLA	RSHIPS				
4c	(Code) (Expenses \$	6,053	ıncludıng grants of \$	6,053) (Revenue \$)
	ALUMNI ASSOCIATIONBETHANY	′, WV 26032				
4d	Other program services	(Describe in Sch	edule O)			
	(Expenses \$	ınclı	ıdıng grants o	f \$) (Revenue \$)
4e	Total program service ex	penses +\$	76,30	3		

Part IV	Checklist of	Required	Schedules
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form	990 (2010)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part I	25a		Νο
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes</i> ,"			
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	1 1			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
b	year			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members of stockholders, or other persons who may elect one or more members of the			110
, u	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal	<u> </u>		•
Re	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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?			I NO
	The organization's CEO, Executive Director, or top management official	15a		l No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130		NO
	Ti les to line 13a of 13b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			I .
17	List the States with which a copy of this Form 990 is required to be filed►WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website 🔽 Upon request

(805) 530-1577

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization S DEAN LESIAK
 11393 ROSECREEK DRIVE
 MOORPARK, CA 930213749

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	ation nor any re	lated or	ganı	zatio	nco	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi	((c) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) S DEAN LESIAK PRESIDENT		х		х				0	0	0
(2) MARK BADO TREASURER		х		х				0	0	0
(3) SCOTT THOMPSON VICE PRESIDENT		х		х				0	0	0
(4) DOUGLAS M SELWYN SECRETARY		х		х				0	0	0
(5) EDWARD KEMP DIRECTOR		х						0	0	0
(6) MARK HICKS DIRECTOR		х						0	0	0
(7) LETORT TRUST AGENT	2 00		х					0	0	13,389

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	hours that apply) cor								(E) Reportable compensation from related	Est on amour		(F) Estimated nount of other ompensation	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relat organiza	the on and ed	
				_										
								<u> </u>						
<u> </u>							· ·	_						
: -	Total from continuation shee							<u> </u>	0		0		13,389	
<u>t</u>	Total (add lines 1b and 1c)							•			<u> </u>		13,309	
	Total number of individuals (in \$100,000 in reportable comp					tea	abovej) wnc	received more tha	n				
										_		Yes	No	
	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5									ated employee	3		Νο	
	For any individual listed on lin organization and related organ individual													
	Did any person listed on line 1	a receive or accri	ie comi	• pensa	• ition	fror	nanvi	• unrel	ated organization o	r individual for	4		Νο	
	services rendered to the organ										5		Νο	
Se	ction B. Independent Co	ntractors												
	Complete this table for your fir \$100,000 of compensation fro	ve highest comper		ındep	ende	ent c	ontrac	tors	that received more	than				
	N	(A) lame and business add	dress						Descr	(B) ption of services		(C Comper		
_														
_														

Part V		Statement of	Pavanua					ra
Part V	••••	Statement of	NC V C II U C		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated campai	gns 1a					
E E	ь	Membership dues	1b					
하음		Fundraising events						
ું હ	_							
등	d	Related organizati						
e, E E, E	е	Government grants (co						
을 등	f	All other contributions, similar amounts not in		700				
ĕĕ∣	g		included in lines 1a-1f \$					
Ęĕ								
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1	a-1f	. ▶	700			
				Business Code				
Ĭ.	2a							
ice Revei	ь							
	С							
Y V	d							
Program Serwce Revenue	e							
E		All other program						
Ď,	f	All other program	service revenue					
4	g	Total. Add lines 2	a-2f	▶				
	3	Investment incom	e (including dividends, inte	rest				
		and other similar a	amounts)	►	39,603			39,603
	4	Income from investme	ent of tax-exempt bond proceeds	•				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	· ·	or (loss)	►				
			(ı) Securities	(II) O ther				
	7a	Gross amount	272,287					
		from sales of assets other						
	b	than inventory Less cost or	258,643					
		other basis and sales expenses	,					
	С	Gain or (loss)	13,644					
	d	Net gaın or (loss)		. ▶	13,644			13,644
	8a		n fundraising events					
Other Revenue		(not including \$ of contributions re See Part IV, line 1						
ū.			a					
ē	b	Less direct exper	nses b					
ŏ	С	Net income or (los	s) from fundraising events	▶				
	9a		n gaming activities See					
	ь	Part IV, line 19 Less direct expenses	. a 					
			b					
			s) from gaming activities					
	10a	Gross sales of inv returns and allowa						
	b	Less cost of good	ls sold b					
	С	Net income or (los	s) from sales of inventory	•				
		Miscellaneous F	Revenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	e	Total. Add lines 1	1a-11d	· .				
				▶				
	12	Total revenue. See	Instructions	►	53,947	0	0	53,247

Al	Section $501(c)(3)$ and $501(c)(4)$ organizations mus lother organizations must complete column (A) but are not required to c		ns (B), (C), and		
	rt include amounts reported on lines 6b, , 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 governments and organizations in the U.S. See Part IV, line 21	56,053	56,053		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	20,250	20,250		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
а	Fees for services (non-employees) Management				
ь	Legal	1,101		1,101	
c	Accounting	750		750	
d	Lobbying	730		,30	
	Professional fundraising services See Part IV, line 17				
e					
f	Investment management fees			40.000	
g	Other	13,389		13,389	
2	Advertising and promotion				
3	Office expenses				
1	Information technology				
5	Royalties				
5	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а					
b					
c					
d					
e					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	91,543	76,303	15,240	
6	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	irt X	Balance Sheet						
				(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing		3,550	1	1,540		
	2	Savings and temporary cash investments		54,459	2	63,690		
	3	Pledges and grants receivable, net	•		3			
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of						
		Schedule L			5			
Assets	6	Receivables from other disqualified persons (as defined under sections described in section $4958(c)(3)(B)$, and contributing empsponsoring organizations of section $501(c)(9)$ voluntary employee organizations (see instructions)						
		Schedule L			6			
8	7	Notes and loans receivable, net			7			
⋖	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges			9			
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	other basis Complete Part 10a					
	Ь	Less accumulated depreciation						
	11	Investments—publicly traded securities		11				
	12	Investments—other securities See Part IV, line 11	1,904,459	12	2,058,181			
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		1,810	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,964,278	16	2,123,411		
	17	Accounts payable and accrued expenses .			17			
	18	Grants payable		18				
	19	Deferred revenue		19				
(0	20	Tax-exempt bond liabilities		20				
<u>.a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D			21			
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable to unrelated third parties .			24			
	25	Other liabilities Complete Part X of Schedule D			25			
	26	Total liabilities. Add lines 17 through 25		0	26	0		
s e o		Organizations that follow SFAS 117, check here ▶ ☐ and complet through 29, and lines 33 and 34.	te lines 27					
Balance	27	Unrestricted net assets			27			
Ω α	28	Temporarily restricted net assets			28			
Σ	29	Permanently restricted net assets			29			
or Fund		Organizations that do not follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and olines 30 through 34.	complete					
	30	Capital stock or trust principal, or current funds		751,296	30	751,296		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		0	31	0		
	32	Retained earnings, endowment, accumulated income, or other fund	s	1,212,982	32	1,372,115		
Š	33	Total net assets or fund balances		1,964,278	33	2,123,411		
_	34	Total liabilities and net assets/fund balances		1,964,278	34	2.123.411		

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			53,94
2	Total expenses (must equal Part IX, column (A), line 25)	2			91,54
3	Revenue less expenses Subtract line 2 from line 1	3		-	- 37,59
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	964,27
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	196,72
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,1	123,41
Par	The contains a response to any question in this Part XII			T	No
1	Accounting method used to prepare the Form 990			165	NO
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	·	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

DLN: 93493256000121

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

PSI CHAPTER DIAMOND ASSOCIATION CHAR FDN 25-1346247 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	document? support?		on in your t?	(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support	e organization r	alls to quality ur	nder the tests i	istea below, pie	ease co	тріете н	art III.)
	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,150	3,500	12,465	6,620		700	26,435
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to							
	the organization without charge	3,150	3,500	12,465	6,620		700	26,435
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the		3,300	12,403	0,020		700	20,433
6	amount shown on line 11, column (f) Public Support. Subtract line 5 from							26,435
	line 4							20,433
	ection B. Total Support endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	ın) ► A mounts from line 4	3,150	3,500	12,465	6,620	(6) 2	700	26,435
7 8	Gross income from interest,	3,130	3,300	12,403	0,020		700	20,433
	dividends, payments received on securities loans, rents, royalties and income from similar sources	13,469	31,660	39,145	42,079		42,657	169,010
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support (Add lines 7 through 10)							195,445
12	Gross receipts from related activities				.	12		
13	First Five Years If the Form 990 is the check this box and stop here			third, fourth, or fi	fth tax year as a	501(c)(.	3) organiz	ation, ▶
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 2010			1 column (f))		144		12.520.0/
15	Public Support Percentage for 2009			.1 (0)		14		24 930 %
	33 1/3% support test—2010. If the	organization did	not check the box	•	ne 14 ıs 33 1/3%		e, check t	
	and stop here. The organization qua 33 1/3% support test—2009. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza- in Part IV how the organization mee organization	organization did n qualifies as a pu — 2010. If the orga tion meets the "fa	not check the box iblicly supported of anization did not cl acts and circumsta	on line 13 or 16; organization heck a box on line ances" test, chec	e 13, 16a, or 16t k this box and st	and line	e 14 Explain	check this
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizar supported organization Private Foundation If the organizat	nization meets the tion meets the "fa	e "facts and circur acts and circumsta	nstances" test, c ances" test The	heck this box and organization qual	d stop h e ifies as	e re. a publicly	▶ □
	instructions	ion ala not check	a box on fine 13,	10a, 10b, 17a 01	I / D, CHECK LIIIS	DON GIIG		▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

IN 2007 / 2008 THE ORGANIZATION RECEIVED UNUSUAL GRANTS TOTALING \$1,417,280 FROM THE FRED H. TILOCK ESTATE TRUST. PRIOR TO AND SUBSEQUENT TO THESE GRANTS, THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE MEMBERSHIP GROUP OF PSI CHAPTER OF THE BETA THETA PI FRATERNITY OF BETHANY COLLEGE, BETHANY, WEST VIRGINIA. THE ORGANIZATION'S GOVERNING BOARD CONTINUES TO MAINTAIN THE GENERAL PURPOSE OF THE ORGANIZATION WHICH IS TO PROVIDE FOR THE EDUCATIONAL PURPOSE RELATED TO BETHANY COLLEGE. THIS UNUSUAL GRANT HAS, FOR THE SHORT TERM, DRAMATICALLY INCREASED THE PORTFOLIO INCOME EARNED BY THE ORGANIZATION, WHICH IN TURN HAS CAUSED THE TEMPORARY FLUCTUATION IN THE PUBLIC SUPPORT TEST.

IN 2007 / 2008 THE ORGANIZATION RECEIVED UNUSUAL GRANTS TOTALING \$1,417,280 FROM THE FRED H. TILOCK ESTATE TRUST. PRIOR TO AND SUBSEQUENT TO THESE GRANTS, THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE MEMBERSHIP GROUP OF PSI CHAPTER OF THE BETA THETA PI FRATERNITY OF BETHANY COLLEGE, BETHANY, WEST VIRGINIA. THE ORGANIZATION'S GOVERNING BOARD CONTINUES TO MAINTAIN THE GENERAL PURPOSE OF THE ORGANIZATION WHICH IS TO PROVIDE FOR THE EDUCATIONAL PURPOSE RELATED TO BETHANY COLLEGE. THIS UNUSUAL GRANT HAS, FOR THE SHORT TERM, DRAMATICALLY INCREASED THE PORTFOLIO INCOME EARNED BY THE ORGANIZATION, WHICH IN TURN HAS CAUSED THE TEMPORARY FLUCTUATION IN THE PUBLIC SUPPORT TEST.

Schedule A (Form 990 or 990-EZ) 2010

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As Filed Data

DLN: 93493256000121

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization PSI CHAPTER DIAMOND ASSOCIATION CHAR FDN 25-1346247 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year

- Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year
- Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?
- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and
- enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not 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, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
 - Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	the	<u>r Similar</u>	Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that are	a sıgnıfıca	ant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	n they	√ furthe	er the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					ılar	Γ,	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ.	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			A mou	nt	
c	Beginning balance						ľ	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		- -							•	-	
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV, line	10.		
		(a)Current Year		Prior \			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships		<u> </u>									
e	Other expenditures for facilities and programs											
f	Administrative expenses		<u> </u>					1				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	ire held	d and ad	mınıstere	d for t	:he		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	·						•	[3b		
4	Describe in Part XIV the intended uses of th					00 5		4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•	i '		1		$\overline{}$	
	Description of investment				a) Cost onsider	or other estment)	(b) Cost or basis (ot		(c) Accun depreci		(d) B	Book value
1a '	_and		•									
Ь	Buildings		•								<u> </u>	
	_easehold improvements			- 1			Ī		1		1	
C	Leasenoid improvements		•	_								
	Equipment		•									
d e	·	· · · · · · ·										

Part VIII Investments—Other Securities. See	roi ili 990, Pait X, ilile 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001111111	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)0 ther		
(A) LETORT TRUST ACCOUNT # 7205	2,058,181	F
<u>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u>.</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments-Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		
		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Im	e 15.	
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>) , line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	<i>5.</i>)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.</i>)	

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	A mounts 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 XIV)	
С	Add lines 4a and 4b	4c
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_ 2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

DLN: 93493256000121

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PSI CHAPTER DIAMOND ASSOCIATION CHAR FDN

Employer identification number

25-1346247

	/, line 21 for any	o Governments and recipient that received eded	d more than \$5,000	. Check this box if r		eived more than \$5,	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
BETHANY COLLEGE MPBELL MANSION THANY, WV 26032	55-0356985		50,000	0			TO PROVIDE FUNDING FOR SCHOLARSHIPS
) ALUMNI ASSOCIATION THANY COLLEGE THANY, WV 26032	99-9999999		6,053	0			TO REIMBURSE STUDENTS FOR LEADERSHIP CONFERENCES AN RELATED EXPENS
							TO REIMBURSE STUDENTS FOR LEADERSHIP CONFERENCES AN RELATED EXPENS

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes" to Form 990	, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.			

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP AWARDS	31	20,250			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493256000121

Employer identification number

25-1346247

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

PSI CHAPTER DIAMOND ASSOCIATION CHAR FDN

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE CHAIRMAN, DEAN LESIAK BEFORE IT IS FILED

Identifier	Return Reference	Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 196,729