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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

## 2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **12/01/13**, and ending **11/30/14**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**PHI CHI WELFARE ASSOCIATION**  
**C/O DANA MURPHY**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**2039 RIDGEVIEW DRIVE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**FLOYDS KNOBS IN 47119**

**D** Employer identification number  
**58-0620367**

**E** Telephone number  
**812-923-7270**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **N/A**

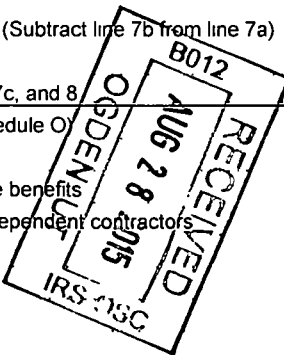
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **7** ) (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **104,059**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	6,000
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	28,464
	5a	Gross amount from sale of assets other than inventory	69,595
	5b	Less cost or other basis and sales expenses	65,167
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	4,428
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		38,892
Expenses	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	8,601
	13	Professional fees and other payments to independent contractors	288
	14	Occupancy, rent, utilities, and maintenance	900
	15	Printing, publications, postage, and shipping	1,952
	16	Other expenses (describe in Schedule O)	16,338
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		10,813
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	247,443
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	



SCANNED SEP 1 8 2015

For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	389,910	22	406,214
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,762	24	2,762
25 Total assets	392,672	25	408,976
26 Total liabilities (describe in Schedule O)	145,229	26	150,720
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	247,443	27	258,256

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO SUPPORT AND ADVISE INDIVIDUAL MEDICAL STUDENTS AND MEDICAL EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 TO SUPPORT AND ADVISE INDIVIDUAL MEDICAL STUDENTS AND MEDICAL EDUCATION THROUGH SCHOLARSHIPS, LOANS, GRANTS, LIBRARIES, AND EQUIPMENT.

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **28a**

29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **29a**

30

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **30a**

31 Other program services (describe in Schedule O)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here  **31a**

32 Total program service expenses (add lines 28a through 31a)  **32**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CORY BOVENZI BOARD MEMBER	4.00	0	0	0
CHRIS EISENHAUER BOARD MEMBER	4.00	0	0	0
GEORGE BURTON BOARD MEMBER	4.00	0	0	0
SHILPEN PATEL PRESIDENT	4.00	0	0	0
LAWRENCE LEBLOND SECRETARY/TREASURER	4.00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<b>X</b>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<b>X</b>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>X</b>	
<b>35b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>X</b>	
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b></span>		
<b>37b</b>	Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<b>X</b>
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>40b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>40c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ _____</span>		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ _____</span>		
<b>40e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed <span style="float:right">▶ <b>IN</b></span>		
<b>42a</b>	The organization's books are in care of <span style="float:right">▶ <b>DANA MURPHY</b></span> Telephone no <span style="float:right">▶ <b>812-923-7270</b></span> 2039 RIDGEVIEW DR Located at <span style="float:right">▶ <b>FLOYDS KNOBS</b></span> <span style="float:right"><b>IN</b></span> ZIP + 4 <span style="float:right">▶ <b>47119</b></span>		
<b>42b</b>	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)? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <input type="checkbox"/> <b>43</b></span>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>45b</b>	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

**47** 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

	Yes	No
47		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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**b** If "Yes," was the related organization a section 527 organization?

49b		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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** Date **8/24/15**  
 Signature of officer: *Shilpa Patel*  
 Type or print name and title: **Shilpa Patel, M.D. Chairman, Executive Trustees**

**Paid Preparer Use Only**

Print/Type preparer's name <b>RICHARD N. ROBINSON, CPA</b>	Preparer's signature <i>Richard N. Robinson</i>	Date <b>08/19/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00382222</b>
Firm's name ▶ <b>RODEFER MOSS &amp; CO, PLLC</b>	Firm's EIN ▶ <b>35-1663728</b>		Phone no <b>812-945-5236</b>	
Firm's address ▶ <b>301 E. ELM STREET NEW ALBANY, IN 47150</b>				

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
 (Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2013**

 Open to Public  
 Inspection

 Department of the Treasury  
 Internal Revenue Service

► Attach to Form 990 or 990-EZ.

 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**PHI CHI WELFARE ASSOCIATION**  
**C/O DANA MURPHY**

Employer identification number

**58-0620367**
**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
OFFICE	\$ 498
TELEPHONE	\$ 434
COMPUTER EXPENSES	\$ 421
CONVENTION	\$ 3,330
INSURANCE	\$ 863
TAXES & LICENSES	\$ 15
BANK CHARGES	\$ 22
CALLIGRAPHY	\$ 704
MISCELLANEOUS	\$ 673
DELEGATE EXPENSE	\$ 2,108
INVESTMENT FEES	\$ 7,270
<b>TOTAL</b>	<b>\$ 16,338</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 2,762	\$ 2,762
FURNITURE & EQUIPMENT	\$ 1,908	\$ 1,908
LESS ACCUMULATED DEPRECIATION	\$ 1,908	\$ 1,908
<b>TOTAL</b>	<b>\$ 2,762</b>	<b>\$ 2,762</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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Name of the organization

**PHI CHI WELFARE ASSOCIATION**

Employer identification number

**58-0620367**

**DUE TO FROM FRATERNITY**

**\$ 145,229 \$ 150,720**

Form **8868**

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev. January 2014)  
Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print   File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

COPY

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶

Telephone No ▶

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach

a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 07/15/15, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning 12/01/13, and ending 11/30/14

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions