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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

2014

**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.

A For the 2014 calendar year, or tax year beginning **12/01/14**, and ending **11/30/15**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization PHI CHI WELFARE ASSOCIATION C/O DANA MURPHY</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 2039 RIDGEVIEW DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code FLOYDS KNOBS IN 47119</p>	<p>D Employer identification number 58-0620367</p> <p>E Telephone number 812-923-7270</p> <p>F Group Exemption Number ▶</p>
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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**

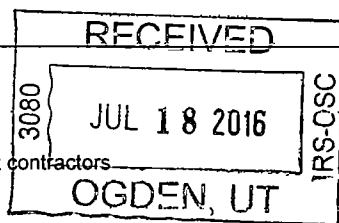
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**7**) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ **64,776**

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

	1 Contributions, gifts, grants, and similar amounts received			5,725
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments			
	4 Investment income			32,640
	5a Gross amount from sale of assets other than inventory	5a	26,411	
	b Less cost or other basis and sales expenses	5b	19,986	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6,425
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b 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)	6b		
	c Less direct expenses from gaming and fundraising events	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b	73	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		-73
	8 Other revenue (describe in Schedule O)			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			44,717
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			12,350
	13 Professional fees and other payments to independent contractors			4,480
	14 Occupancy, rent, utilities, and maintenance			825
	15 Printing, publications, postage, and shipping			2,827
	16 Other expenses (describe in Schedule O)			18,752
	17 Total expenses. Add lines 10 through 16			39,234
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			5,483
	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)			258,256
	20 Other changes in net assets or fund balances (explain in Schedule O)			52,188
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			315,927



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

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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

33 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
34 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
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39a Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed IN
42a The organization's books are in care of DANA MURPHY Telephone no 812-923-7270
2039 RIDGEVIEW DRIVE
Located at FLOYDS KNOBS IN ZIP + 4 47119
42b 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
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c 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
43 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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 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 7/12/16
 Signature of officer: [Signature]
 Type or print name and title: Shilpa Patel, M.D. Chairman, Executive Trustees

Paid Preparer Use Only

Print/Type preparer's name RICHARD N. ROBINSON, CPA	Preparer's signature <u>[Signature]</u>	Date 06/15/16	Check <input type="checkbox"/> if self-employed	PTIN P00382222
Firm's name ▶ RODEFER MOSS & CO, PLLC	Firm's EIN ▶ 35-1663728		Phone no 812-945-5236	
Firm's address ▶ 301 E. ELM STREET NEW ALBANY, IN 47150				

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.

2014

 Department of the Treasury
 Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at 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
EXPENSES	
OFFICE	\$ 837
COMPUTER	\$ 372
INSURANCE	\$ 901
TELEPHONE	\$ 409
BANK CHARGES	\$ 46
CONVENTION	\$ 2,882
CALLIGRAPHY	\$ 225
INVESTMENT FEE	\$ 7,811
DELEGATE	\$ 1,521
INCOME TAX EXPENSE	\$ 3,748
TOTAL	\$ 18,752

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
TRANSFER IN OF ASSET INVESTMENTS	\$ 52,188
FROM PHI CHI MEDICAL FRATERNITY	\$ 0

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 2,762	\$ 1,850
	\$ 1,908	\$ 1,908
LESS ACCUMULATED DEPRECIATION	\$ 1,908	\$ 1,908

Name of the organization

Employer identification number

PHI CHI WELFARE ASSOCIATION

58-0620367

TOTAL \$ 2,762 \$ 1,850

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO FRATERNITY	\$ 150,720	\$ 159,129