

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PHI KAPPACCHI FRATERNITY
% Michael Riemer
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 85590
City or town, state or province, country, and ZIP or foreign postal code
WACO, TX 767985590

D Employer identification number
74-2596894
E Telephone number
(817) 805-3628
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: ▶
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 ▶ \$ 94,092

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received						4,816										
	2	Program service revenue including government fees and contracts																
	3	Membership dues and assessments						82,667										
	4	Investment income						1,225										
	5a	Gross amount from sale of assets other than inventory					5a											
	b	Less: cost or other basis and sales expenses					5b											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0									
	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 \$ 4,816 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		5,384									
c	Less: direct expenses from gaming and fundraising events					6c		1,569										
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								6d			3,815						
7a	Gross sales of inventory, less returns and allowances					7a		0										
b	Less: cost of goods sold					7b		0										
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								7c			0						
8	Other revenue (describe in Schedule O)								8									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶												9				92,523	

		10	11	12	13	14	15	16	17	18	19	20	21	
Expenses	10	Grants and similar amounts paid (list in Schedule O)												
	11	Benefits paid to or for members											785	
	12	Salaries, other compensation, and employee benefits												
	13	Professional fees and other payments to independent contractors											500	
	14	Occupancy, rent, utilities, and maintenance											7,800	
	15	Printing, publications, postage, and shipping												
	16	Other expenses (describe in Schedule O)											81,765	
17	Total expenses. Add lines 10 through 16 ▶												90,850	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)											1,673	
	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)											14,690	
	20	Other changes in net assets or fund balances (explain in Schedule O)												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20												16,363

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

42a The organization's books are in care of Preston Taylor Telephone no. (817) 805-3628
Located at 1735 S 10th St Apt B Waco, TX ZIP + 4 76706

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

	Yes	No
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.	46	No

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

	Yes	No
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	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

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
NONE				

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
NONE		

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.

***** Signature of officer	2020-11-17 Date
Preston Taylor Treasurer (current) Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

Additional Data

Software ID: 19009905

Software Version: V1.0

EIN: 74-2596894

Name: PHI KAPPACCHI FRATERNITY

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
<p>28 Donation to our designated philanthropy iloveorphans. Taken as a tithe from our dues paid into our budget and a portion of fundraising over the course of the year. Members table and ask for donations at little expense to the fraternity.</p> <p>(Grants \$ 4,816)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	13,000

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<p>29 Donation to refugee relief organizations. Taken as a tithe from our dues paid into our budget and a portion of fundraising over the course of the year. Members table and ask for donations at little expense to the fraternity. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>2,500</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>30 Donation to American Foundation for Suicide Prevention. Taken as a tithe from our dues paid into our budget and a portion of fundraising over the course of the year. Members table and ask for donations at little expense to the fraternity. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">1,450</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
PHI KAPPACCHI FRATERNITY

Employer identification number

74-2596894

990 Schedule O, Supplemental Information

Return Reference	Explanation
Doing Business As Names	Not for profit service organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Other Expenses:, Amount: Expenses to fund actions of the organization including fees for intramurals food for tailgate props for all university sing competition building materials for competition in university parade floats and other miscellaneous expenses to ensure the continuation of the fraternity, \$81765