

2020

Psi Delta Sigma Association Group

FEIN: 23-7045710

Form 990 - Page 1 - Item H(a) & H(b)

Subordinates included in Group

EIN No.	Name
23-7045710	Psi Delta Sigma Assn Group
23-7007791	Psi Delta Sigma Assn, California State
95-3805873	Psi Delta Sigma Assn, Beta Mu
95-3805014	Psi Delta Sigma Assn, Beta Lambda
26-0069639	Psi Delta Sigma Assn, Beta Pi Chapter
90-0746494	Psi Delta Sigma Assn, Beta Chi Chapter

Address for all:
c/o Cathy Ringen
3125 Forest View Drive
Corona, CA 92882

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

PSI DELTA SIGMA ASSOCIATION GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

23-7045710

Part VI, Line 1a: There are no differences in voting rights among members of the governing body, nor has the governing body delegated authority to an executive or similar committee.

Part VI, Line 6: We have 21 active members, no stockholders.

Part VI, Line 7a: All members of the organization vote on elections to the governing body.

Part VI, Line 9 - Names & addresses of trustees:

Cathy Ringen, 3125 Forest View Drive, Corona, CA 92882

Dixie Foster, 30 Westport, Manhattan Beach, CA 90266

Karen Cabanillas, 4344 Knoxville Ave., Lakewood, CA 90713

Karen Rambeau, 933 10th St., Manhattan Beach, CA 90266

Sheila Alexander, 2453 North Park Blvd., Santa Ana, CA 92706

Ellie Carlile, 28222 Via Cernuda, Mission Viejo, CA 92692

Kelly Barbera, 380 S. Cameo Way, Brea, CA 92823

Martha Anne Woodson, 137 El Valle Opulento, Vista, CA 92083

Sharon Barrett, 3818 E. Longridge Drive, Orange, CA 92867

Part VI Line 10b: The organization has written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes.

Part VI, Line 11b: Form 990 and all attendant schedules have been emailed to all officers and trustees.

Part VI, Line 12c: Our Conflict of Interest policy was distributed to all members, and is on our members' website. In addition, each year a copy is sent to the new governing Board for their affirmation that they agree to comply with the policy.

Part VI, Line 19: Process for public availability of our governing documents, conflict of interest policy and financial statements:

Forms 990 and 199 are available on our website. Our governing documents and conflict of interest policy are emailed/provided to all members, as well as available on the member portion of our website.

Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 20 (Total liabilities), should equal 0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on line 9b, describing in Part III all transfers now and during the year of the sale, exchange, disposition, or other transfer of more than 25% of the organization's assets. If the organization answered "No" on line 9b, this part is not applicable. See instructions.

[illegible]

- 2 Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

PSI DELTA SIGMA ASSOCIATION GROUP

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Psi Delta Sigma Association Nat'l Headquarters 3125 Forest View Drive, Corona, CA 92882 EIN 95-6066446	Governing Board	CA	501(c)(7)		n/a		✓
(2) Psi Delta Sigma, Inc. 3125 Forest View Drive, Corona, CA 92882 EIN 95-6135755	Fundraising	CA	501(c)(3)		n/a		✓
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	☐	☒
b Gift, grant, or capital contribution to related organization(s)	☒	☐
c Gift, grant, or capital contribution from related organization(s)	☐	☒
d Loans or loan guarantees to or for related organization(s)	☐	☒
e Loans or loan guarantees by related organization(s)	☐	☒
f Dividends from related organization(s)	☐	☒
g Sale of assets to related organization(s)	☐	☒
h Purchase of assets from related organization(s)	☐	☒
i Exchange of assets with related organization(s)	☐	☒
j Lease of facilities, equipment, or other assets to related organization(s)	☐	☒
k Lease of facilities, equipment, or other assets from related organization(s)	☐	☒
l Performance of services or membership or fundraising solicitations for related organization(s)	☐	☒
m Performance of services or membership or fundraising solicitations by related organization(s)	☐	☒
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	☐	☒
o Sharing of paid employees with related organization(s)	☐	☒
p Reimbursement paid to related organization(s) for expenses	☐	☒
q Reimbursement paid by related organization(s) for expenses	☐	☒
r Other transfer of cash or property to related organization(s)	☐	☒
s Other transfer of cash or property from related organization(s)	☐	☒

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) Psi Delta Sigma, Inc.	b	\$7,087	Net fundraising receipts
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Supplemental Information

Part VII Provide additional information for responses to questions on Schedule R. See instructions.

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