TAXABLE YEAR **2020**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 06/01/2020, and ending (mm/dd/yyyy) 05/31/2021.

Corporation/Organization name
PSI DELTA SIGMA ASSOCIATION GROUP
Additional information. See instructions.

California corporation number
9781943

FEIN
23-7045710

Street address (suite or room)
3818 E. Longridge Drive

PMB no.

City
Orange

State
CA

Zip code
92867

Foreign country name

Foreign province/state/county

Foreign postal code

A First return ☐ Yes ☑ No

B Amended return ● ☐ Yes ☑ No

C IRC Section 4947(a)(1) trust ☐ Yes ☑ No

D Final information return?
● ☑ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● 06 / 01 / 2021

E Check accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other

F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) ● ☐ Sch H (990)
(4) ☑ Other 990 series

G Is this a group filing? See instructions. ● ☑ Yes ☐ No

H Is this organization in a group exemption ☑ Yes ☐ No
If "Yes," what is the parent's name?
Psi Delta Sigma Association

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ● ☐ Yes ☑ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ● ☐ Yes ☑ No

K Is the organization exempt under R&TC Section 23701g?. ● ☐ Yes ☑ No
If "Yes," enter the gross receipts from nonmember sources $ _____

L Is the organization a limited liability company? ● ☐ Yes ☑ No

M Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☑ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☑ No

O Is federal Form 1023/1024 pending? ☐ Yes ☑ No
Date filed with IRS _____

Part I **Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	●		1	3,888 00
	2 Gross dues and assessments from members and affiliates	●		2	2,390 00
	3 Gross contributions, gifts, grants, and similar amounts received	●		3	0 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B	●		4	6,278 00
	5 Cost of goods sold	●	5 0 00		
	6 Cost or other basis, and sales expenses of assets sold	●	6 0 00		
	7 Total costs. Add line 5 and line 6.			7	0 00
	8 Total gross income. Subtract line 7 from line 4.	●		8	6,278 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	●		9	9,622 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●		10	-3,344 00
Filing Fee	11 Total payments	●		11	0 00
	12 Use tax. See General Information K	●		12	0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●		13	0 00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●		14	0 00
	15 Penalties and Interest. See General Information J.			15	0 00
	16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result	◉		16	0 00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN

Firm's name (or yours, if self-employed) and address ▶ | ● Firm's FEIN | ● Telephone

May the FTB discuss this return with the preparer shown above? See instructions ● ☐ Yes ☐ No

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	1	3,888	00
	2 Interest	2	0	00
	3 Dividends	3	0	00
	4 Gross rents	4	0	00
	5 Gross royalties	5	0	00
	6 Gross amount received from sale of assets (See Instructions)	6	0	00
	7 Other income. Attach schedule	7	0	00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	3,888	00
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	6,772	00
	10 Disbursements to or for members	10	0	00
	11 Compensation of officers, directors, and trustees. Attach schedule	11	0	00
	12 Other salaries and wages	12	0	00
	13 Interest	13	0	00
	14 Taxes	14	0	00
	15 Rents	15	0	00
	16 Depreciation and depletion (See instructions)	16	0	00
	17 Other expenses and disbursements. Attach schedule	17	2,850	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	9,622	00

Schedule L Balance Sheet

Assets	**Beginning of taxable year** (a)	(b)	**End of taxable year** (c)	(d)
1 Cash		3,344		0
2 Net accounts receivable		0		0
3 Net notes receivable		0		0
4 Inventories		0		0
5 Federal and state government obligations		0		0
6 Investments in other bonds		0		0
7 Investments in stock		0		0
8 Mortgage loans		0		0
9 Other investments. Attach schedule		0		0
10 a Depreciable assets	0		0	
b Less accumulated depreciation	0	0	0	0
11 Land		0		0
12 Other assets. Attach schedule		0		0
13 **Total assets**		3,344		0
Liabilities and net worth				
14 Accounts payable		0		0
15 Contributions, gifts, or grants payable		0		0
16 Bonds and notes payable		0		0
17 Mortgages payable		0		0
18 Other liabilities. Attach schedule		0		0
19 Capital stock or principal fund		0		0
20 Paid-in or capital surplus. Attach reconciliation		0		0
21 Retained earnings or income fund		0		0
22 **Total liabilities and net worth**		3,344		0

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books		7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5			

2020 FEIN: 23-7045710 9781943

Psi Delta Sigma Association Group

CA 199, Question G - Roster of subordinates

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

2020 **CALIFORNIA STATEMENTS**

PSI DELTA SIGMA ASSOCIATION GROUP **23-7045710**

STATEMENT 1
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

	Amount Given
Paid to Psi Delta Sigma, Inc. for distribution to charities	$ 6,772

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES AND DISBURSEMENTS

Member fees	$ 1,390
Chapter Function Expense	895
Charity Function Expense	-
Convention Expense	-
Miscellaneous	565
TOTAL	$ 2,850

Psi Delta Sigma Association Group

2020 9781943 FEIN: 23-7045710

CA 199, Part II, Line 11 - Compensation of Officers, Directors, and Trustees

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compen-sation
1	Cathy Ringen	3125 Forest View Drive	Corona	CA	92882	President	2.0	0
2	Dixie Foster	30 Westport	Manhattan Beach	CA	90266	Vice President	1.0	0
3	Karen Cabanillas	4344 Knoxville Ave.	Lakewood	CA	90713	Secretary	1.0	0
4	Karen Rambeau	933 10th St.	Manhattan Beach	CA	90266	Treasurer	1.0	0
5	Sheila Alexander	2453 North Park Blvd.	Santa Ana	CA	92706	Trustee	1.0	0
6	Ellie Carlile	28222 Via Cernuda	Mission Viejo	CA	92692	Trustee	1.0	0
7	Kelly Barbera	380 S. Cameo Way	Brea	CA	92823	Trustee	1.0	0
8	Martha Anne Woodson	137 El Valle Operlento	Vista	CA	92083	Trustee	1.0	0
9	Sharon Barrett	3818 E. Longridge Drive	Orange	CA	92867	Trustee/Corp. Treas.	5.0	0