EXTENDED TO APRIL 15, 2025

Department of the Treasury

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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024 A For the 2023 calendar year, or tax year beginning JUN 1, 2023 and ending MAY Check if applicable C Name of organization D Employer identification number Address change THE CANONSBURG CORPORATION Name change 20-4221922 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 317-632-1852 5395 EMERSON WAY 219,012. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended INDIANAPOLIS, IN 46226 H(a) Is this a group return return
Application
pending F Name and address of principal officer: JOHN ZIEGELMEYER, Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) **X** 501(c) (Tax-exempt status: (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: N/AH(c) Group exemption number K Form of organization: X Corporation Trust Year of formation: 2005 **M** State of legal domicile: IN Association Other Part I Summary Briefly describe the organization's mission or most significant activities: PROVISION OF HOUSING, FINANCING Activities & Governance AND RELATED GOODS AND SERVICES TO LOCAL CHAPTERS AND HOUSE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 10 6 49,386. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 44,874. 7h **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 8 162,579. 169,626. Program service revenue (Part VIII, line 2g) 43,239. 49,386. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 219,012 205,818. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 44,084. 45,829. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,084. 45,829. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 161,734. 173,183. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,576,305. 2,742,007. Total assets (Part X, line 16) 33,690. 22,032 21 Total liabilities (Part X, line 26) 三年 542,615. 719,975 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block 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 Date Sign JOHN ZIEGELMEYER, JR., PRESIDENT Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name BRYAN PAUTSCH 02/06/25 self-employed P00034913 BRYAN PAUTSCH Paid DEAN DORTON ALLEN FORD PLLC Firm's EIN 27-3858252 Preparer Firm's name 5975 CASTLE CREEK PARKWAY N DR. Use Only Firm's address Phone no. 317-469-0169 INDIANAPOLIS, IN 46250 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	Obselvit Cabadula O agresias a year assa as pasta to appulies in this Dark III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROVISION OF HOUSING, FINANCING AND RELATED GOODS AND SERVICES TO
	LOCAL CHAPTERS AND HOUSE CORPORATIONS AFFILIATED WITH PHI KAPPA PSI
	FRATERNITY, INC.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	HOUSE CORPORATIONS. WORKED WITH THE FRATERNITY TO ESTABLISH A BASE LINE
	OF VOLUNTEERS TO ASSIST VARIOUS HOUSE CORPORATIONS. COORDINATED WITH
	LEGAL COUNSEL TO HELP ESTABLISH OR REESTABLISH IRS AND LOCAL STATUS.
	WORKING WITH NUMEROUS HOUSE CORPORATIONS FOR UPDATE OF BY-LAWS AND IRS
	EXEMPTIONS FROM CANONSBURG.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	

Form 990 (2023) THE CANONSBURG CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		122
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		, v
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, , , ,			

Form 990 (2023) THE CANONSBURG CORPORATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	-ٽ-		
52	\cdot	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai		· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2023) THE CANONSBURG CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
a	Did the appropriate executation make any toyoble distributions under costing 40663	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) THE CANONSBURG CORPORATION 20-4221922 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u>C</u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	, , , , , , , , , , , , , , , , , , ,	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	- 22	
С		12c	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	21	Х
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOHN ZIEGELMEYER, JR 317-632-1852 5395 EMERSON WAY INDIANAPOLIS IN 46226			
	naza eweksun wax indianapulis in 40776			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					n an	compensation	compensation	amount of
	week	-	cer ar	ia a a	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee y	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN ZIEGELMEYER JR.	1.00	_	_		_	1				
PRESIDENT		Х		Х				0.	0.	0.
(2) ROBERT KORT	0.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) BRAND NEWLAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) WYNN WIEGAND	0.50									
SECRETARY		Х		X				0.	0.	0.
(5) STEVEN NIESLAWSKI	0.50									
TRUSTEE		Х						0.	0.	0.
(6) JOHN CICCARELLI	0.50									
TRUSTEE		Х						0.	0.	0.
(7) JOHN HENEBRY JR.	0.50									
TRUSTEE		Х						0.	0.	0.
(8) JAMES MILLER	0.50									
TRUSTEE		Х						0.	0.	0.
(9) JEFF SCOTT	0.50									
TRUSTEE		Х						0.	0.	0.
(10) CLAUDE WARREN	0.50								_	_
CEO		Х				_		0.	0.	0.
						_				
		-								
						<u> </u>				
		-								
		-	-			-				
		}								
						\vdash				
		1								
						\vdash				
		1								
	1	1						1		

332007 12-21-23 Form **990** (2023)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C)				(D)	(E)			(F)	
	Name and title	Average Position (do not check more than o						one	Reportable	Reportable		Estimated		
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	n	ar	nount	of
		week		cer ar	ia a a	recio	T	iee)	from	from related	- 1		other	
		(list any	recto						the organization				pensa	
		hours for related	or di	9			ated		organization	(W-2/1099-MIS	·C/		om th	
		organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
		below	ual tr	tional		ploye	t col	_	1099-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				o.g.	annzan	0110
			_	-			1 0							
			•											
											\dashv			
											\dashv			
							┢				\dashv			
											\longrightarrow			
							_				\longrightarrow			
1b	Subtotal	•							0.		0.			0.
С	Total from continuation sheets to Part VI	I. Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no								eceived more than \$100	000 of reportable				
_	compensation from the organization	or invited to the	000		u u.	,,,,	,	0.0	, octived more than \$100,	occ or repertable				0
	componed for from the organization												Yes	No
3	Did the organization list any former officer,	director truste	ا مد	(0)/ (mnl	0.40	a or	hia	sheet compensated emp	lovee on	1			
3		•		•	•	•		•		•		3		Х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		
4												4		Х
_	and related organizations greater than \$150											4		
5	Did any person listed on line 1a receive or a	•				•			•			_		Х
800	rendered to the organization? If "Yes." com	<u>plete Schedule</u>	e J f	or st	ıch <u>i</u>	oers	on					5		Λ_
	tion B. Independent Contractors													
1	Complete this table for your five highest con										ensat	tion fr	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	addraga	37/	~***					(B)	om dooo	0))		_
	Name and business	address	M	INC	<u> </u>				Description of s	ervices		ompe	nsatio	1
								_						
								_						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization					(,					

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			Check if Schedule O co	ontair	ns a re	sponse	or note to any lin	e in this Part VIII			
							•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	a	Federated campaigns		1	а					
an			Membership dues		····	b					
⊋, E			Fundraising events			С					
ifts ar A			Related organizations			d					
nig,			Government grants (contrib			е					
Sig			All other contributions, gifts, g								
bet			similar amounts not included a			f					
Ę.		g	Noncash contributions included in lin	nes 1a-	-1f 1	g \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f								
							Business Code				
ė	2	2 a	MEMBERSHIP DUE	ΞS			541900	92,570.	92,570.		
r vic		b	FRATERNITY HOU	JSI	NG :	LOA	522292	73,436.	73,436.		
Se		С	BENEFIT FROM (AUE	RAN'	TEE_	522292	3,620.	3,620.		
Program Service Revenue		d	-								
ogr		е	-								
Ā		f	All other program service re	evenu	ue						
		g	Total. Add lines 2a-2f					169,626.			
	3	3	Investment income (includi	ng di	ividend	s, intere	est, and				
		other similar amounts)						49,386.		49,386.	
	4	ŀ	Income from investment of	tax-e	exempt	bond p	roceeds				
	5	5	Royalties	·····							
				┝	(i) F	Real	(ii) Personal				
	6			6a							
				6b							
			` , .	6c							
			Net rental income or (loss)	·····	(i) Coo		(ii) Othor				
	7	a	Gross amount from sales of	_	(I) Sec	urities	(ii) Other				
			, i	7a							
4		b	Less: cost or other basis								
ju (7b 7c							
eve			. ,								
her Revenue			Net gain or (loss)								
Othe	0) a	Gross income from fundraising including \$	-	-	_					
١			contributions reported on li								
			Part IV, line 18		•						
		b	Less: direct expenses								
			Net income or (loss) from fu				•				
	9		Gross income from gaming								
	-	-	Part IV, line 19	•		I					
		b	Less: direct expenses								
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
			and allowances			10a	a				
		b	Less: cost of goods sold			I					
		С	Net income or (loss) from s	ales (of inve	ntory					
<u>"</u>	_	_		_			Business Code				
e on	11	а									
ane		b									
Miscellaneous Revenue		С									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d					242 212	4.6.2.2.2	40.00	
	12	2	Total revenue. See instruction	ns				219,012.	169,626.	49,386.	0.

Form 990 (2023) THE CANONSBURG CORPORATION Part IX Statement of Functional Expenses

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	mpioto odialilii (rij.	X
Do i	Check if Schedule O contains a respons	(A)	(B)	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0.5.500			
	column (A), amount, list line 11g expenses on Sch 0.)	27,722.			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	TAX	10,440.			
b	REIMBURSEMENT	7,608.			
С	BANK SERVICE CHARGES	59.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	45,829.			
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	I .

Form 990 (2023)
Part X Balance Sheet

ı a	IL A	Balance Sheet					
		Check if Schedule O contains a response or I	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			1,253,959.	2	978,083.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	90,910.	4	0.		
	5	Loans and other receivables from any current	t or forn	ner officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	•			5	
	6	Loans and other receivables from other disqu		•			
		under section 4958(f)(1)), and persons describ				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D					
	l	Less: accumulated depreciation			177 520	10c	101 715
	11	Investments - publicly traded securities	177,538.	11	181,715.		
	12	Investments - other securities. See Part IV, lin	1 052 000	12	1 502 200		
	13	Investments - program-related. See Part IV, lir	1,053,898.	13	1,582,209		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,576,305.	15	2,742,007
	16	Total assets. Add lines 1 through 15 (must e			2,370,303.	16	2,742,007
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18 19	
	19 20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, su					
Ē		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to uni	-	de total care a data a		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D		- ·/· · · · · · · · · · · · · · · ·	33,690.	25	22,032.
	26	Total liabilities. Add lines 17 through 25			33,690.	26	22,032.
		Organizations that follow FASB ASC 958, or					·
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,542,615.	27	2,719,975.
Bal	28	Net assets with donor restrictions				28	
nd		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current fun	nds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			2,542,615.	32	2,719,975.
	33	Total liabilities and net assets/fund balances			2,576,305.	33	2,742,007.

Form **990** (2023)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 219,012. Total revenue (must equal Part VIII, column (A), line 12) 1 45,829. Total expenses (must equal Part IX, column (A), line 25) 2 2 173,183. Revenue less expenses. Subtract line 2 from line 1 3 3 2,542,615. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 9 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 2,719,975. 10 column (R)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Х Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE CANONSBURG CORPORATION

Employer identification number 20-4221922

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		er Similar Fund	s or Acco	unts. Complete if th	е
	organization answered Tee Giff offit 600, Factiv, in		dvised funds	(b) F	unds and other accou	nts
1	Total number at end of year	, ,				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		ts held in donor adv	ised funds		
	are the organization's property, subject to the organization's	-			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?					No
Par	t II Conservation Easements. Complete if the org	ganization answered	l "Yes" on Form 990	, Part IV, line	e 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation	of a historica	ally important land area	
	Protection of natural habitat		Preservation	of a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the forn	n of a conser		
	day of the tax year.				Held at the End of th	e Tax Year
а	Total number of conservation easements			2	а	
b	Total acreage restricted by conservation easements			<u>2</u> 1	b	
С	Number of conservation easements on a certified historic stru	ucture included on li	ne 2a	2	С	
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register			2	d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by th	ne organization	on during the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located		_		
5	Does the organization have a written policy regarding the per		spection, handling o	f		
	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing co	nservation ea	asements during the ye	ear
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	nd enforcing conserv	ation easem	ents during the year	
_				(L) (A) (D) (1)		
8	Does each conservation easement reported on line 2d above				V	N
_	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	lote to the organizat	ion's financial stater	nents that de	escribes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical	Treasures, or C	ther Simi	ilar Assets.	
	Complete if the organization answered "Yes" on Form	-	-			
1a	If the organization elected, as permitted under FASB ASC 95			and balance	e sheet works	
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finar	•	*		i i i i i i i i i i i i i i i i i i i	
b	If the organization elected, as permitted under FASB ASC 95				eet works of	
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items.	,	,		,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					_	
2	If the organization received or held works of art, historical trea				ride	
	the following amounts required to be reported under FASB A			· / /		
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X					

Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	Other S	Similar	Assets	(contir	ued)			
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the 1	following that r	nake sigr	ificant u	se of its	,	ĺ			
	collection items (check all that apply).			•	· ·	· ·							
а	Public exhibition	C	ı 🗌 Lo	an or exc	hange progran	n							
b	Scholarly research	•											
С	Preservation for future generations												
4	Provide a description of the organization's co	llections and explain	n how they	further th	ne organization	ı's exemp	t purpos	e in Part	XIII.				
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets												
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Tyes No art IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or												
Par									ne 9, or				
	reported an amount on Form 990, Par												
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for co	ntribution	ns or other asse	ets not in	cluded						
	on Form 990, Part X?							\square	Yes		No		
b	If "Yes," explain the arrangement in Part XIII a												
									Amoun	t			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount on Fo						?		Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	nas been	provided in Pa	rt XIII .]		
Par													
	·	(a) Current year	(b) Prid		(c) Two years) Three y	ears back	(e) Four	years	back		
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a. a	column (a)) held as:								
а	Board designated or quasi-endowment		%		,,,								
b	Permanent endowment	%											
c		<u></u> /-											
_	The percentages on lines 2a, 2b, and 2c shou												
За	Are there endowment funds not in the posses	•	ation that a	re held ar	nd administere	d for the							
	organization by:								[Yes	No		
	(i) Unrelated organizations?								3a(i)				
	(ii) Related organizations?								3a(ii)				
b	If "Yes" on line 3a(ii), are the related organization												
4	Describe in Part XIII the intended uses of the									'			
Par	t VI Land, Buildings, and Equipm												
	Complete if the organization answered	l "Yes" on Form 990), Part IV, I	ne 11a. S	See Form 990, I	Part X, lin	e 10.						
	Description of property	(a) Cost or o	other	(b) Cost	t or other (other)	(c) Acc	umulate	d	(d) Boo	k value	е		
	Land	`			. ,								
b	Buildings	I											
C	Leasehold improvements												
d	Equipment												
	Other	I											
	. Add lines 1a through 1e. (Column (d) must ed		X line 100	column	(R))						0.		
		audi i Oilli 330. Fdll	7. III E 1 UC	. colullil	٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠	<u> </u>							

Schedule D (Form 990) 2023 THE CANONSBU Part VII Investments - Other Securities	JRG CORPORATIO	<u>ON</u> 2	0-4221922 Page 3
Complete if the organization answered "Yes" of		T	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) LOANS AND INTEREST			·
(2) RECEIVABLE, NET	1,582,209.	COST	
(3)	, ,		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	1,582,209.		
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
	on Form 000 Port IV line	110 or 11f Soc Form 000 Dort V line 2	05
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Fart IV, line	The or Thi. See Form 990, Fart A, line 2	(b) Book value
			2,121.
(1) Federal income taxes	CT		19,911.
(2) GUARANTEE FOR EXEMPT PURPO	ייוטי		13,311.
(3)			
<u>(4)</u>			
(5)			
<u>(7)</u> (8)			
(9)			
Total (Calumn (h) must accual Form 200 Part V line 25 act	(D))		22 032.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2023 THE CANONSBURG CORPORATION				ZZI9ZZ Page 4	
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	223,189.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		4,177.			
b	Donated services and use of facilities	. 2b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	4,177.	
3	Subtract line 2e from line 1			3	219,012.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	219,012.	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per l	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total expenses and losses per audited financial statements			1	45,829.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	0.	
3	Subtract line 2e from line 1			3	45,829.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	45,829.	
Pa	t XIII Supplemental Information					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b a	nd 2b; Part V, line 4	4; Part X, I	ine 2; Part XI,	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add					
PAI	RT X, LINE 2:					
THE	E ORGANIZATION IS AN INDIANA NONPROFIT ORG	ANIZATI	ON AS DESC	CRIBED) IN	
SE	CTION 501(C)(7) OF THE INTERNAL REVENUE CO	DE AND	IS EXEMPT	FROM	FEDERAL	
ΔΝΤ	AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO THE INTERNAL REVENUE					

CODE. HOWEVER, THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON AMOUNTS GENERATED FROM CERTAIN INVESTMENT INCOME, NET OF ALLOCABLE EXPENSES.

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION RECOGNIZED NO INTEREST OR PENALTIES IN THE STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEARS ENDED MAY 31, 2024 OR 2023. IF THE SITUATION AROSE IN WHICH THE ORGANIZATION WOULD HAVE

Part XIII Supplemental Information (continued)
INTEREST TO RECOGNIZE, IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND
PENALTIES WOULD BE RECOGNIZED IN OTHER EXPENSES. CURRENTLY, THE PRIOR
THREE YEARS ARE OPEN UNDER FEDERAL AND STATE STATUTES OF LIMITATIONS AND
REMAIN SUBJECT TO REVIEW AND CHANGE. THE ORGANIZATION IS NOT CURRENTLY
UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THESE
JURISDICTIONS.
BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT
BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.
THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS
BEEN RECORDED FOR THE YEARS ENDED MAY 31, 2024 OR 2023.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CANONSBURG CORPORATION

Employer identification number 20-4221922

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORPORATIONS AFFILIATED WITH PHI KAPPA PSI FRATERNITY, INC. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO FILING, THE RETURN IS PROVIDED TO THE GOVERNING BODY TO REVIEW AND APPROVE. FORM 990, PART VI, SECTION B, LINE 12C: IT IS A POLICY OF THE BOARD THAT THE EXISTENCE OF ANY CONFLICTS OF INTEREST BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TAKE RESPONSIBILITY TO SCRUTINIZE TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. IF THERE IS A CONFLICT THEN THAT BAORD MEMBER ABSTAINS FROM ANY VOTE. FORM 990, PART VI, SECTION C, LINE 19: CONSISTENT WITH THE REQUIREMENTS OF SECTION $6104(\mathsf{D})$ OF THE INTERNAL REVENUE CODE AND REGULATIONS THEREUNDER, COPIES OF THE IRS FORM 990 AND APPLICATION FOR EXEMPTION SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER,

AND SUBJECT TO THE CHARGES PERMITTED BY LAW TO ANY INDIVIDUALS WHO REQUEST

OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

IT.

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE CANONSBURG CORPORATION	Employer identification number $20-4221922$		
AN APPOINTMENT WITH THE BOARD OF DIRECTORS.			
FORM 990, PART IX, LINE 11G, OTHER FEES:			
PROFESSIONAL FEES	27,722.		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	27,722.		