EXTENDED TO NOVEMBER 15, 2019

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. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. A For the 2018 calendar year, or tax year beginning

B c	heck if	C Name of organization			D Employer ide	ntific	nation number				
	pplicab	e: THE ENDOWMENT FUND OF THE PHI KAPPA	PST		D Employer luc	511L111C	ation number				
	Addre	SS DD A MDD NITMY									
	Name	DIT KADDA DOT END	PHI PSI FOUNDATION		3	6-61	30655				
	Initial returr	Number and street (or P.O. box if mail is not deliver		Room/suite	E Telephone nu	ımher					
	Final returr	5395 EMERSON WAY (317) 275-3400									
	termii ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$ 19,578,6						
Г	Amer	ded TNDTANADOLTS IN 46226			H(a) Is this a gro	up re					
	Appli		N NICOL		for subordinates? Yes X No						
	pendi	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No						
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () <	(insert no.) 4947(a)(1)	or 527							
		te: WWW.PKPFOUNDATION.ORG			H(c) Group exemption number ▶						
<u>K</u> F	orm o	organization: X Corporation Trust Assoc	iation Other ►	L Year	of formation: 1922	N	1 State of legal domicile: IL				
	ırt I	Summary									
•	1	Briefly describe the organization's mission or most sig	nificant activities: THE FO	UNDATION'	S PRIMARY EXE	MPT					
Governance		PURPOSE IS (SEE SCHEDULE O)									
rna	2	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.									
ove	3	Number of voting members of the governing body (Pa	rt VI, line 1a)			3	15				
	4	Number of independent voting members of the govern	ning body (Part VI, line 1b)			4	15				
es &	5	Total number of individuals employed in calendar year				5	24				
ĬŢ	6	Total number of volunteers (estimate if necessary)				6	48				
Activities &		Total unrelated business revenue from Part VIII, colum				7a	394,386.				
_	b	Net unrelated business taxable income from Form 990		7b	280,748.						
	_				Prior Year	10	Current Year				
<u>e</u>	8				3,672,6		2,574,163.				
ē	9	Program service revenue (Part VIII, line 2g)		338,7		369,365.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, an		1,617,5		3,836,859.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			607,6		671,899.				
		Total revenue - add lines 8 through 11 (must equal Par			6,236,5		7,452,286.				
	13	Grants and similar amounts paid (Part IX, column (A), I			1,893,8	0.	1,333,442.				
	14	Benefits paid to or for members (Part IX, column (A), li	,		1 102 1						
ses	15	Salaries, other compensation, employee benefits (Part			1,103,1	0.	1,364,344.				
Expenses		Professional fundraising fees (Part IX, column (A), line					0.				
Ä		Total fundraising expenses (Part IX, column (D), line 25			2,666,4	0.6	1,994,744.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11			5,663,3	-	4,692,530.				
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, c Revenue less expenses. Subtract line 18 from line 12			573,1	_	2,759,756.				
S		neverlue less expenses. Subtract line 16 from line 12			ginning of Current \	-	End of Year				
ets c	20	Total assets (Part X, line 16)		<u> </u>	31,256,9		27,031,750.				
Asse Bals	21	Total liabilities (Part X, line 26)			4,309,3	-	4,368,188.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line	<u> 20</u>		26,947,6	_	22,663,562.				
Pa	rt II	Signature Block	, 20		, ,		<u> </u>				
Und	er pen	ulties of perjury, I declare that I have examined this return, incl	luding accompanying schedules	s and stateme	ents, and to the best	of my	knowledge and belief, it is				
true,	corre	et, and complete. Declaration of preparer (other than officer) is	s based on all information of wh	nich preparer	has any knowledge.	-					
Sign	1	Signature of officer			Date						
Her		BENJAMIN NICOL, CHIEF EXECUTIVE OFF	ICER								
		Type or print name and title									
		Print/Type preparer's name Pr	eparer's signature		Date Che	ck	PTIN				
Paid		JOHN W. KELLER, CPA	1	0/24/19 self	-employe	P01329619					
Prep	arer	Firm's name GREENWALT CPAS, INC		Firm's Ell	V 🛌	35-1489521					
Use	Only	Firm's address > 5342 W. VERMONT STREET									
		INDIANAPOLIS, IN 46224			Phone no	317-	-241-2999 X Yes No				
May	the I	RS discuss this return with the preparer shown above?	uss this return with the preparer shown above? (see instructions)								

36-6130655

Pai	t III Statement of Program Service Acc	omplishments		
	Check if Schedule O contains a response or no	ote to any line in this Part III		X
1	Briefly describe the organization's mission: THE ENDOWMENT FUND'S PRIMARY EXEMPT PUR			
	PROMOTE AND CONTRIBUTE TO THE EDUCATION			
	OF TODAY'S COLLEGIANS THROUGH SCHOLARSH			
	LEADERSHIP PROGRAMS.	illo, illilombilito, cidic	110 1110	
_		and considered during the vector whe	ich ware not listed on the	
2	Did the organization undertake any significant progra			Yes X No
				. Tes A No
_	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make sign	ificant changes in how it cond	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp			
	Section 501(c)(3) and 501(c)(4) organizations are requ	uired to report the amount of g	rants and allocations to others, the tota	l expenses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 2,615,79) SEE SCHEDULE O.	89. including grants of \$	1,333,442.) (Revenue \$	369,365.
				_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			, , \	,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			, , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grant	s of \$) (Revenue \$)
4e	Total program service expenses ▶	2,615,789.		
				Form 990 (2018)

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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,	۰		
•	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>	- '-		
0	, ,	8	х	
_	Schedule D, Part III	├°	- 21	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	Х	
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	Х	
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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
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
h	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	Х	
13	In the convenient in a subset of a subset of a subset of 70/h/4//A/::\0	13		х
14a	Did the appropriation projection of the construction of the Light of Object	14a		x
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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	17		X
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		X
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	Х	

Form 990 (2018) Part IV Checklist of Required Schedules (continued)

FRATERNITY

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			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	Х	
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	Х	
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? f "Yes"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			, ,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1 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	oou		
-	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	х	L
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	990	(004.5)
832004	4 12-31-18	rorm	220	ı∠U I ԾI

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O Х 3b 4a 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)? X 4a **b** 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). Х **5a** 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? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 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 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 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 N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI										
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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15									
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, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?									
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		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have 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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in 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									
800	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed II, II, AI, AR, CA, CT, CO, FI, GA, HI, KS, KY			ıl.						
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) a	avallab	ые						
	for public inspection. Indicate how you made these available. Check all that apply.									
40	X Own website X Another's website X Upon request Other (explain in Schedule O)	c:	:-1							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	rınanc	ıaı							
00	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 PAMELA HAWKINS/BENJAMIN NICOL - (317) 275-3400									
	5395 EMERSON WAY, INDIANAPOLIS, IN 46226									
	5395 EMERSON WAY, INDIANAPOLIS, IN 46226		000							

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Form 990 (2018) FRATERNITY 36-6 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 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 and/or Box 7 of Form 1099-MISC) 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	J. ga		((C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pei	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WAYNE W. WILSON	4.00									
CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(2) FREDERICK A. HEGELE	15.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) BRUCE A. JACKSON	4.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) JAMES C. DENNY	10.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) C ANTHONY CORREIA	2.00	1								
TRUSTEE		Х						0.	0.	0.
(6) DONALD V. FITES	2.00									
TRUSTEE		Х						0.	0.	0.
(7) CHRISTOPHER J. HEDBERG	10.00	1								
TRUSTEE		Х						0.	0.	0.
(8) TIMOTHY P. MCCOURT	3.00	1								
TRUSTEE		Х						0.	0.	0.
(9) JERRY NELSON	5.00	1								
TRUSTEE		Х						0.	0.	0.
(10) ARI OFFICER	3.00	1								
TRUSTEE		Х						0.	0.	0.
(11) MARC J. PERSSON	5.00									
TRUSTEE		Х						0.	0.	0.
(12) DENNIS J. SCHWARTZ	2.00	1								
TRUSTEE		Х						0.	0.	0.
(13) W. GUY SPRIGGS	2.00									
TRUSTEE		Х						0.	0.	0.
(14) CARL J. STONEY JR.	3.00	1								
TRUSTEE		Х						0.	0.	0.
(15) PAUL R. WINEMAN	8.00	-								
TRUSTEE		Х						0.	0.	0.
(16) BENJAMIN S. M. NICOL	40.00	4								
CHIEF EXECUTIVE OFFICER		<u> </u>	_	Х				143,292.	0.	12,941.
(17) JAMES L. KOENIG	32.00	4								
CONTROLLER				Х				156,930.	0.	9,330. Form 990 (2018)

Form **990** (2018)

<u>Page</u> **7**

36-6130655

Fait	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C			$\overline{}$			
	(A)	(B)				C) sitior	2		(D)	(E)			(F)	
	Name and title	Average		not c	heck	more	than o		Reportable Reportable				stimate	
		hours per week					is both or/trus		compensation	compensatio	- 1	ar	nount	
		(list any	or					Ĺ	from the	from related organization		com	other pensa	
		hours for	Individual trustee or director				_		organization	(W-2/1099-MIS			om th	
		related	e or c	tee			satec		(W-2/1099-MISC)	(***-2/1099-14116	,		anizat	
		organizations	ruste	l trus		99/	mper		(** 27 1000 141100)			_	d relat	
		below	dualt	Institutional trustee	_	n ploy	st co	- La					anizati	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ū		
(18)	DREW M. THAWLEY	40.00				1								
CHIE	F ADVANCEMENT OFFICER				х				171,114.		0.		25,	462.
1b	Sub-total								471,336.		0.		47,	733.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							•	471,336.		0.		47,	733.
	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization													3
													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	mplo	oyee,	or l	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
	For any individual listed on line 1a, is the s									ne organization				
	and related organizations greater than \$15	0,000? If "Yes.	" co	mple	ete .	Sche	edule	J f	or such individual		[4	Х	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," cor	nplete Schedule	e J f	or su	ıch	pers	son .					5		х
	ion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng v	vith o	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
											1			
											1			
											1			
											ı			
	Total number of independent contractors (including but p	ot lir	niter	d to	thos	se lie	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organ		J. 111		0		0		and the received me	5 (10)				

Part VIII Statement of Revenue

THE ENDOWMENT FUND OF THE PHI KAPPA PSI 36-6130655 Page 9 Form 990 (2018) Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,574,163. 197,499 g Noncash contributions included in lines 1a-1f: \$ 2,574,163. h Total. Add lines 1a-1f **Business Code** 2 a FUND MANAGEMENT FEE 900099 357,219 357,219 Program Service Revenue 900099 REGISTRATION FEES 12,146 12,146 b С f All other program service revenue 369,365, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 452,159 116,984 335,175. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 160,906. 6 a Gross rents 69,157. **b** Less: rental expenses 91,749. c Rental income or (loss) 91,749. 91,749. **d** Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 15,441,934. assets other than inventory **b** Less: cost or other basis 12,057,234 and sales expenses c Gain or (loss) 3,384,700. 3,384,700. 277,402, 3,107,298. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a EVENT FACILITATION 900099 362,474, 362,474 b MORTGAGE INTEREST INCO 523000 217,676 217,676.

12 832009 12-31-18

4,022,623. Form **990** (2018)

580,150

7,452,286.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

461,114.

394,386.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do :	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	917,186.	917,186.		
2	Grants and other assistance to domestic	44.6 0.5.6	44.6 0.5.6		
	individuals. See Part IV, line 22	416,256.	416,256.		
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,	510.000	100 150	140.250	106 550
	trustees, and key employees	519,069.	180,158.	142,359.	196,552
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	604 007	55.404	152.040	462 601
7	Other salaries and wages	694,227.	77,494.	153,042.	463,691
8	Pension plan accruals and contributions (include	10 464	220	4 450	15 250
_	section 401(k) and 403(b) employer contributions)	19,464.	-338.	4,450.	15,352
9	Other employee benefits	57,116.	7,864.	21,142.	28,110
10	Payroll taxes	74,468.	15,660.	18,272.	40,536
11	Fees for services (non-employees):				
а	Management	0.	20 711	22.067	020
b	Legal	52,507.	28,711.	22,867.	929
С.	Accounting	30,215.	8,000.	22,215.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	217 416	00 000	40 000	77 /10
	column (A) amount, list line 11g expenses on Sch O.)	217,416. 6,860.	90,989. 5,063.	49,008. 1,615.	77,419
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	39,322.	3,776.	20,207.	15,339
14	Information technology				
15	Royalties	209,486.	80,767.	93,192.	35,527
16	Occupancy	620,847.	391,483.	108,422.	120,942
17	Travel	020,047.	391,403.	100,422.	120,342
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	25,651.	2,940.	16,252.	6,459
19	Conferences, conventions, and meetings	129,224.	3,452.	125,652.	120
20	Interest	127,224.	5, ±52.	123,032.	120
21	Payments to affiliates	136,214.	58,572.	55,848.	21,794
22		22,164.	30,372.	18,618.	3,546
23	Other expenses. Itemize expenses not covered	22,101.		10,010.	3,310
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) TAXES PAID (BENEFIT) ON	-258,236.		-258,236.	
a b	BAD DEBT EXPENSE	391,020.	254,163.	200,200.	136,857
	CREATIVE, PRINTING AND	207,720.	65,598.	16,974.	125,148
c d	VOLUNTEER LEADERSHIP RE	44,376.	33,330.	42,301.	2,075
		119,958.	7,995.	53,980.	57,983
25	All other expenses Total functional expenses. Add lines 1 through 24e	4,692,530.	2,615,789.	728,180.	1,348,561
26	Joint costs. Complete this line only if the organization	-,2,3.	-,,,	, ,	= , = 20 , 0 0 2
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	. 🗂				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 /2

Form **990** (2018)

FRATERNITY

Form 990 (2018) Part X Balance Sheet

	TΑ	balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			610,122.	1	1,328,066.
	2	Savings and temporary cash investments			429,693.	2	753,198.
	3	Pledges and grants receivable, net			1,044,568.	3	1,293,601.
	4	Accounts receivable, net			6,896.	4	81,656.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).	Comple	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			3,939,259.	7	2,736,281.
As	8	Inventories for sale or use		8			
	9	B		54,593.	9	60,980.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,823,928.			
	b	Less: accumulated depreciation	1 1	2,620,272.	2,332,847.	10c	2,203,656.
	11	Investments - publicly traded securities			10,360,092.	11	10,004,450.
	12	Investments - other securities. See Part IV, line 1		7,938,581.	12	5,507,985.	
	13	Investments - program-related. See Part IV, line				13	· · ·
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		4,540,293.	15	3,061,877.	
	16	Total assets. Add lines 1 through 15 (must equ	31,256,944.	16	27,031,750.		
	17	Accounts payable and accrued expenses		429,803.	17	265,598.	
	18	Grants payable	,	18	,		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
.	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iii		Complete Part II of Schedule L	,			22	
Ë	23	Secured mortgages and notes payable to unrela			3,633,427.	23	4,022,090.
	24	Unsecured notes and loans payable to unrelated			, ,	24	, ,
	25	Other liabilities (including federal income tax, pa					
	==	parties, and other liabilities not included on lines	-				
		Schedule D	,	.	246,100.	25	80,500.
	26	Total liabilities. Add lines 17 through 25			4,309,330.	26	4,368,188.
		Organizations that follow SFAS 117 (ASC 958					· ·
ú		complete lines 27 through 29, and lines 33 an		, —			
Š	27	Unrestricted net assets			7,752,098.	27	4,159,083.
alar	28	Temporarily restricted net assets	18,040,077.	28	17,336,707.		
Ä	29	Permanently restricted net assets	1,155,439.	29	1,167,772.		
Ĕ		Organizations that do not follow SFAS 117 (A					
느		and complete lines 30 through 34.	,				
Si O	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
	52				26 047 614		22 663 E62
S	33	Total net assets or fund balances		I	26,947,614.	33	22,663,562.

Form **990** (2018)

Form 9	990 (2018) FRATERNITY	36-613065	5	Pag	ge 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,452,	286.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,692,	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,759,	756.
4	Donated services and use of facilities Investment expenses		26	,947,	614.
5	Net unrealized gains (losses) on investments	5	-4	,709,	491.
6	Donated services and use of facilities	6			
7	Investment expenses	7		734,	000.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	,600,	317.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22	,663,	562.
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		_		Yes	No
1	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 in Schedule O	.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	oasis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

THE ENDOWMENT FUND OF THE PHI KAPPA PSI

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRATERNITY 36-6130655 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 FRATERNITY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2,913,251.	2,917,006.	2,045,529.	3,672,618.	2,574,163.	14,122,567.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2,913,251.	2,917,006.	2,045,529.	3,672,618.	2,574,163.	14,122,567.			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						3,191,356.			
6	Public support. Subtract line 5 from line 4.						10,931,211.			
	etion B. Total Support						, , , .			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	2,913,251.	2,917,006.	2,045,529.	3,672,618.	2,574,163.	14,122,567.			
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,				
•	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	385,136.	333,930.	396,488.	540,126.	669,835.	2,325,515.			
9	Net income from unrelated business	, -	, -	, -	, -	,	, , , -			
Ŭ	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)	1,374.					1,374.			
11	Total support. Add lines 7 through 10	_,=:=•					16,449,456.			
12	Gross receipts from related activities,	etc (see instructio	ine)			12	2,005,821.			
13		•	,	1 fourth or fifth ta						
	organization, check this box and stop	-			-					
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2018 (li			olumn (f))		14	66.45 %			
15	Public support percentage from 2017					15	70.64 %			
16a	33 1/3% support test - 2018. If the c					ore, check this box				
	stop here. The organization qualifies	_								
b	33 1/3% support test - 2017. If the c		•							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	_								
	meets the "facts-and-circumstances"		•	-						
b	10% -facts-and-circumstances test	-	-		-					
~	more, and if the organization meets the	_								
	organization meets the "facts-and-circ		•				ightharpoonup			
18	Private foundation. If the organization									
<u></u>	ato rodinadioni ii tilo organizatio	did flot bricon a i	55% OIT III 10 TO, TOE	., .ob, ira, oi irb	, 5.1001 1110 001 41		000 E7\ 0019			

Schedule A (Form 990 or 990-EZ) 2018

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						.
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	-			20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						. .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

36-6130655

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
14		
4b		
4-		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
-		
9b		
9c		
30		
10a		
10b		

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		4		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 FRATERNITY

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10		s amount divided by line 9 amount			
Secti		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3		s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
-	line 7:	. '			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
	,	tero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
'	and 4	- I			
8		down of line 7:			
		s from 2014			
		s from 2015			
		s from 2016			
		ss from 2017			
е	⊨xces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY

Employer identification number 36-6130655

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it \boldsymbol{I}		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of A	Art Historical Tracquires or Ot	thar Cimilar Assata
Pai			iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	•
	historical treasures, or other similar assets held for public exhi		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, 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 treas		ıı gaın, provide
_	the following amounts required to be reported under SFAS 11	· ·	• •
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2018

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

THE ENDOWMENT FUND OF THE PHI KAPPA PSI Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research h Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (e) Four years back (b) Prior year 1,303,381 1,291,846, 1,363,044, 1,428,907. 1,298,660. 1a Beginning of year balance 34,200. 22,500. 23, 22,950 Contributions -52,240, 485. -30,277, -50 488 168,882. Net investment earnings, gains, and losses Grants or scholarships 5,000. 11,450. 40,944, 38,325 38,635. Other expenditures for facilities and programs Administrative expenses 1,280,341. End of year balance 1,363,044 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 202,498 137,000. 339,498.

Schedule D (Form 990) 2018

1,019,106.

813,545.

17,788.

13,719.

2,203,656.

e Other

631,502. 10,250. 1,527,361.

1,487,650.

441,915.

385,752.

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

d Equipment

1,139,757.

684,355.

424,127,

372,033,

Part VII	
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) CARITAS ROYALTIES FUND (B) CERTIFICATES OF DEPOSIT (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) CARITAS ROYALTIES FUND (B) CERTIFICATES OF DEPOSIT (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	
(2) Closely-held equity interests (3) Other (A) CARITAS ROYALTIES FUND (B) CERTIFICATES OF DEPOSIT (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(A) CARITAS ROYALTIES FUND (B) CERTIFICATES OF DEPOSIT (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(A) CARITAS ROYALTIES FUND 3,738,663. END-OF-YEAR MARKET VALUE (B) CERTIFICATES OF DEPOSIT 1,769,322. END-OF-YEAR MARKET VALUE (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(B) CERTIFICATES OF DEPOSIT 1,769,322. END-OF-YEAR MARKET VALUE (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Form VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 5,507,985. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	market value
	market value
	market value
	mainet value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
	Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	2,516,619
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	398,590
(3) GIFT ANNUITY	24,768
(4) DEFERRED TAX ASSET	121,900
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	3,061,877
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2) CUSTOMER DEPOSITS 80,500.	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that repor	ts the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided Schedule D	III EAD AID 1

832053 10-29-18

Sche	dule D (Form 990) 2018 FRATE:				36-6130655	Page 4
Par	t XI Reconciliation of Reve	nue per Audited Financial	Statements With F	Revenue per Ret	turn.	
	Complete if the organization a	nswered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support	ort per audited financial statements			1	1,225,889.
2	Amounts included on line 1 but not or	· · · · · · · · · · · · · · · · · · ·	1 1			
а	Net unrealized gains (losses) on inves			-4,709,491.		
b	Donated services and use of facilities			14,254.		
_	Recoveries of prior year grants			1 521 160		
d			•	-1,531,160.		6 226 207
						6,226,397. 7,452,286.
3	Subtract line 2e from line 1				3	7,432,200.
4	Amounts included on Form 990, Part	, , , , , , , , , , , , , , , , , , ,	4-			
a	Investment expenses not included on		4a 4b			
	Other (Describe in Part XIII.) Add lines 4a and 4b				40	0.
					4c 5	7,452,286.
	Total revenue. Add lines 3 and 4c. (T) t XII Reconciliation of Exper					7,432,200.
		nswered "Yes" on Form 990, Part I				
1	Total expenses and losses per audite				1	5,509,941.
2	Amounts included on line 1 but not of		•••••			, , , , , , , , , , , , , , , ,
a	Donated services and use of facilities	· · ·	2a	14,254.		
b	Prior year adjustments					
c	6					
d	Other (Describe in Part XIII.)			69,157,		
			<u>-</u>	,	2e	83,411.
3	Subtract line 2e from line 1					5,426,530.
4	Amounts included on Form 990, Part					
а	Investment expenses not included on		4a	-734,000.		
	Other (Describe in Part XIII.)			,		
					4c	-734,000.
5	Total expenses. Add lines 3 and 4c.			l l	5	4,692,530.
Par	t XIII Supplemental Informat	ion.	•			
Provi	de the descriptions required for Part II,	lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b a	nd 2b; Part V, line 4;	; Part X, line 2; F	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4	b. Also complete this part to provi	de any additional inform	ation.		
PART	III, LINE 4:					
OVER	THE COURSE OF THE ORGANIZAT	ION'S EXISTENCE, IT HAS P	ERIODICALLY			
HOUS	ED HISTORICAL ITEMS INCLUDIN	G OFFICE FURNITURE AND AR	T THAT HAVE BEEN			
DOMA	TED. THESE ITEMS EITHER PROV	THE DECORATION FOR THE OR	ZANTZAMTON'S			
DONA	TED. THESE TIEMS ETTHER TROV	THE DECORATION FOR THE OR	SANIZATION D			
OFFT	CES OR ARE USED AS A FUNCTIO	NAL PIECE OF FURNITURE				
PART	V, LINE 4:					
THE	ENDOWMENT FUND OPERATES SEVE	RAL DONOR RESTRICTED FUNDS	WHICH HAVE BEEN			
ESTA	BLISHED BY DONORS TO PROVIDE	AN ANNUAL INCOME STREAM	FOR SCHOLARSHIPS.			
ADDI	FIONALLY, THE ENDOWMENT FUND	IS THE BENEFICIARY OF PE	RPETUAL TRUSTS,			
mun	INCOME OF WHICH IS HORD BOD	COUOT ADOUTDO MURCE EUROC	TNOTTINE MUR OUTO			
THE	INCOME OF WHICH IS USED FOR	SUNULAKSHIPS. THESE FUNDS	INCLUDE THE UHIO			
DEI.T	A (J. GILBERT REESE) SCHOLAR	SHIP FUND (THE "REESE FUND)") THE WATKING			
	10. GILBERT REESE/ SCHOLLAR	CILL TOND (THE REEDE FOR	- /, IIII HIIIKINS		Schedule D (Fo	rm 990) 2012

THE ENDOWMENT FUND OF THE PHI KAPPA PSI		
Schedule D (Form 990) 2018 FRATERNITY	36-6130655	Page 5
Part XIII Supplemental Information (continued)		
CHRISTIAN SCHOLARSHIP FUND (THE "WATKINS FUND") AS WELL AS INTERESTS IN		
THE SOLON E. SUMMERFIELD FOUNDATION AND THE WILLIAM E. YOUNG TRUST. THE		
REESE FUND HAD A BEGINNING BALANCE OF \$772,430 AND AN ENDING BALANCE OF		
\$768,276. \$646,977 HAS BEEN DEEMED AS THE FUND'S PERMANENTLY RESTRICTED		
PORTION. THE PERMANENTLY RESTRICTED PORTION OF THE WATKINS FUND TOTALS		
\$89,975. THE FUND HAD A BEGINNING BALANCE OF \$81,654 AND AN ENDING VALUE		
OF \$100,547. THE ENDOWMENT FUND'S INTEREST IN THE SUMMERFIELD FOUNDATION		
AT THE BEGINNING OF THE YEAR WAS VALUED AT \$406,000 AND THE VALUE OF THE		
INTEREST AT THE END OF THE YEAR WAS \$385,000. THE ENDOWMENT FUND ALSO HAS		
AN INTEREST IN THE WILLIAM E. YOUNG TRUST WHICH HAD A VALUE OF \$14,457 AT		
THE BEGINNING OF THE YEAR AND AN END OF YEAR VALUE OF \$13,590. SPECIFIC		
INFORMATION RELATED TO THE ACTIVITY OF EACH FUND CAN BE DETERMINED BY		
REVIEWING THE ORGANIZATION'S FINANCIAL STATEMENT BY FUND.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
1.556.000		
DECREASE IN CASH VALUE OF LIFE INSURANCE -1,576,083.		
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -21,867.		
RENTAL EXPENSES NETTED WITH INCOME 69,157.		
CHANGE IN VALUE OF GIFT ANNUITY -2,367.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D -1,531,160.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES NETTED WITH INCOME 69,157.		
PART VI		
THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2018 ARE		
GOVGOV TDANING TO TAKE AND A GOVERNO OF THE TAKE AND A TOP OF THE		
CONSOLIDATED TO INCLUDE THE ACCOUNTS OF THE ENDOWMENT FUND AND ITS		
GUDGIDIADIDG DVD WGWAWAN DINANGO DVGING VAG DDADDOW		
SUBSIDIARIES, PKP MCMAHAN FINANCE ENGINE, LLC, PROPERTY PRESERVATION, LLC,		
	Schedule D (Form	990) 2018

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Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

THE ENDOWMENT FUND OF THE PHI KAPPA PSI

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRATERNITY							36-6130655
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domestic	C Governments. C	omplete if the orga	anization answered "\	∕es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is need	ed.		_	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS ASSOCIATION							
OF PHI KAPPA PSI - 911 S. FOURTH							
STREET - CHAMPAIGN, IL 61820	37-6036062	501(C)7	0.	214,896.			EDUCATIONAL AREA GRANTS
CALIFORNIA EPSILON OF PHI KAPPA							
PSI HOUSE CORPORATION - 924							
WESTWOOD BLVD. SUITE 550 - LOS							
ANGELES, CA 90024	95-6059240	501(C)2	0.	150,000.			EDUCATIONAL AREA GRANTS
THE HOUSING CORPORATION FOR THE							
CALIFORNIA GAMMA CHAPTER OF PHI							
KAPPA PSI - 2424 WARRING STREET -							
BERKELEY, CA 94076	26-4685310	501(C)7	0.	60,722.			EDUCATIONAL AREA GRANTS
PHI KAPPA PSI FRATERNITY, INC. 5395 EMERSON WAY INDIANAPOLIS, IN 46226	36-2362161	F01/C)7	0.	342,879.			EDUCATIONAL PROGRAM
UNIVERSITY OF WASHINGTON	30-2302101	501(C)/	0.	342,079.			GRANIS
ASSOCIATION OF PHI KAPPA PSI -							
2120 NE 47TH ST - SEATTLE, WA							EDUCATIONAL OPERATING
98105	91-0365070	502(C)7	0.	79,588.			GRANTS
GEORGIA ALPHA HOUSING CORPORATION 3425 SELWYN FARMS LANE							
CHARLOTTE, NC 28209	47-4666230	501(C)7	0.	68,000.			EDUCATIONAL AREA GRANTS
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				>
3 Enter total number of other organizations	listed in the line	1 table					• 6.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) FRATERNITY 36-6130655

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS - EDUCATIONAL PROGRAM - UNDERGRADUATE -					
INTERFRATERNITY INSTITUTE (UIFI) FELLOWSHIPS	2	1,100.	0.		
SCHOLARSHIPS - NATIONAL AWARDS	52	107,782.	0.		
SCHOLARSHIPS - CHAPTER AWARDS	379	303,584.	0.		
GRANTS - EDUCATIONAL PROGRAM - OUTWARD BOUND	2	3,790.	0.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT MONIES PROVIDED FOR EDUCATIONAL PROGRAM RELATED EFFORTS ARE DISBURSED

IN ACCORDANCE WITH AN EXECUTED GRANT AGREEMENT. SUCH AGREEMENTS PROVIDE FOR

THE PERCENTAGE OF THE PROGRAM, WHICH ACCORDING TO A LEGAL OPINION, IS

DEEMED EDUCATIONAL. FURTHER, EACH AGREEMENT OUTLINES THE REPORTING

REQUIREMENTS. SCHOLARSHIPS AND FELLOWSHIPS ARE AWARDED FOR BOTH QUALITATIVE

AND QUANTITATIVE SUCCESSES AND ACCOMPLISHMENTS. ALL GRANT AND SCHOLARSHIP

DISBURSEMENTS ARE MONITORED INTERNALLY BY STAFF AND, IN APPLICABLE CASES

CONFIRMED BY THE COLLEGE OR UNIVERSITY.

Page 2

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY

Employer identification number 36-6130655

Pa	art I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		Х	
b	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		Х	
	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53 4958-6(c)?	l a		l	

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

Schedule J (Form 990) 2018

FRATERNITY

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990	
(1) BENJAMIN S. M. NICOL	(i)	143,292.	0.	0.	8,683.	4,258.	156,233.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0,	0.	0.	
(2) JAMES L. KOENIG	(i)	156,930.	0.	0.	9,330.	0.	166,260.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) DREW M. THAWLEY	(i)	171,114.	0.	0.	9,900.	15,562.	196,576.	0.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

FRATERNITY

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

FRATERNITY

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

THE ENDOWMENT FUND OF THE PHI KAPPA PSI

Employer identification number

36-6130655

Pai	rt I Types of Property								
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contrib amounts report			f determin	•	
		applicable		Form 990, Part VII		noncash cont	ribution ar	nounts	3
1	Art - Works of art			,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property			4.4					
9	Securities - Publicly traded	Х	8	15	97,499.	FMV OF SECURIT	PIES		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19									
	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other • ()								
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required	d to be us	sed for			
	exempt purposes for the entire holding period?		ŕ				30a		Х
b	If "Yes," describe the arrangement in Part II.								
31		olicv that re	quires the review o	of any nonstandard	contribut	ions?	31	х	
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
UZ.a								х	
h	If "Yes," describe in Part II.						. 32a		
	·	olumn (a) fa	a type of property	for which column	(a) is obse	skod			
33	If the organization didn't report an amount in co	numm (C) f01	a type of property	ioi wilicii column ((a) is cried	neu,			
	describe in Part II. For Paperwork Reduction Act Notice, see t	ا ماند	ione for Farm 000	\		Oak a de	le M (Forn	- 000°	0040
I HA	For Paperwork Requestion Act Notice, see 1	me instruct	ions for Form 990	I.		Schedu	ie ivi (Forn	n 990)	_ZU18

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE ENDOWMENT FUND

THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY

Employer identification number 36-6130655

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO AID, ENCOURAGE, PROMOTE AND CONTRIBUTE TO THE EDUCATIONAL AND SCHOLASTIC ASPIRATIONS OF TODAY'S COLLEGIANS THROUGH SCHOLARSHIPS FELLOWSHIPS, GRANTS AND LEADERSHIP PROGRAMS FORM 990, PART III, LINE 4A THE ENDOWMENT FUND HAS A DISTINGUISHED HISTORY OF FUNDING PROGRAMS WHICH SET THE STANDARD AS SOME OF THE MOST FORWARD-LOOKING LEADERSHIP AND EDUCATIONAL PROGRAMS AVAILABLE TO TODAY'S COLLEGIANS. THROUGH ASSEMBLING THE BEST MINDS IN LEADERSHIP DEVELOPMENT, SUBSTANCE ABUSE PREVENTION AND VALUES EDUCATION TRAINING, PHI PSI IS ABLE TO OFFER ITS YOUNGEST MEMBERS EXPERIENCES THAT THEY OTHERWISE WOULD NOT HAVE. THE ENDOWMENT FUND'S COMMITMENT TO EDUCATION AND A WELL-ROUNDED COLLEGE EXPERIENCE IS EVIDENT THROUGH GRANTS TO HELP IMPROVE CHAPTER EDUCATION AND TECHNOLOGY RESOURCES IN CHAPTER HOUSES. LEADERSHIP FELLOWSHIPS ANNUAL GRANTS TO THE FRATERNITY, FUNDING OF THE NELSON LEADERSHIP INSTITUTE AND ITS NATIONAL AND CHAPTER SCHOLARSHIP OFFERINGS PROGRAMS SUCH AS THE PROFESSIONAL DEVELOPMENT CONFERENCE, REGIONAL OFFICER TRAINING, ELEVATE PROGRAM, AND CLIFTONSTRENGTHS ASSESSMENT AS WELL AS EDUCATIONAL SESSIONS DURING THE GRAND ARCH COUNCIL ARE THE CORNERSTONE OF THE FRATERNITY'S EFFORTS, DURING 2018, THE ENDOWMENT FUND PROVIDED \$342,879 IN SUPPORT OF SUCH INITIATIVES. ADDITIONALLY THE NELSON LEADERSHIP INSTITUTE PROVIDED EDUCATIONAL PROGRAMMING THROUGH THE PIVOT EXPERIENCE AND THE WINEMAN MENTORING ADVANTAGE PROGRAM.

PROGRAM.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
TO ASSIST NEW MEMBERS OF PHI KAPPA PSI DEVELOP INTO STRONG LEADERS, THE	
ENDOWMENT FUND FUNDED THE FRATERNITY'S IMPLEMENTATION OF GALLUP'S	
CLIFTONSTRENGTHS, AN ONLINE ASSESSMENT THAT HELPS THE USER IDENTIFY	
THEIR NATURAL TALENTS. DEVELOPED THROUGH A DECADE OF RESEARCHING	
STRENGTHS OF SUCCESSFUL LEADERS, THE ASSESSMENT HELPS INDIVIDUALS	
IDENTIFY THEIR TOP FIVE OF THE 34 THEMES OR STRENGTHS DEFINED BY	
GALLUP. WITH OVER TWO MILLION INDIVIDUALS AND 600 SCHOOLS AND	
UNIVERSITIES IN NORTH AMERICA PARTICIPATING IN THIS ASSESSMENT, THE	
CLIFTONSTRENGTHS ASSESSMENT PROVIDES INDIVIDUALS WITH AN UNDERSTANDING	
OF THEIR OWN STRENGTHS AND HOW THESE STRENGTHS CAN BE BEST UTILIZED IN	
A VARIETY OF SITUATIONS IN THEIR OWN LIVES. THE UNDERLYING PHILOSOPHY	
IS NOT ABOUT IGNORING WEAKNESSES BUT INSTEAD ABOUT FOCUSING ON	
PARTICIPANTS' NATURAL TALENTS AND NOT ALLOWING WEAKNESSES TO PREVENT	
SUCCESS. BY LEARNING HOW STRENGTHS CAN BE HARNESSED, IT ALLOWS THOSE	
WHO PARTICIPATE IN THE ASSESSMENT TO FULFILL THEIR DEEPEST POTENTIAL.	
THE ENDOWMENT FUND ALSO SUPPORTED, FOR THE SECOND YEAR, THE	
PROFESSIONAL DEVELOPMENT CONFERENCE WHICH BROUGHT TOGETHER	
APPROXIMATELY 200 UNDERGRADUATES. THE PROGRAM, DEVELOPED FOR	
UPPERCLASSMEN, IS A UNIQUE OPPORTUNITY THAT ENHANCED PARTICIPANTS'	
SKILLS THROUGH INTENSE WORKSHOPS, NETWORKING OPPORTUNITIES, AND	
ONE-ON-ONE COACHING. THE CONFERENCE WAS BUILT AROUND SEVERAL	
PROFESSIONALLY IMPORTANT TOPICS INCLUDING SALARY AND BENEFIT	
NEGOTIATIONS, PROFESSIONAL NETWORKING, DRESS FOR SUCCESS, CAREER	
PREPARATION, BUSINESS ACUMEN, CONFLICT MANAGEMENT/DIFFICULT	
CONVERSATIONS, GRADUATE SCHOOL PREPARATION, FINANCIAL MANAGEMENT AND	_
STRESS MANAGEMENT/WORK-LIFE BALANCE.	

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
IN ORDER TO ASSIST PHI KAPPA PSI'S OFFICERS DEVELOP INTO STRONG	
LEADERS, THE ENDOWMENT FUND WAS PLEASED TO GRANT FUNDS FOR REGIONAL	
OFFICER TRAINING. THE PROGRAM WAS HOSTED IN EIGHT CITIES THROUGHOUT THE	
COUNTRY, CAPITALIZING ON THE GEOGRAPHIC PROXIMITY TO CHAPTERS TO DRIVE	
ATTENDANCE, WHICH RESULTED APPROXIMATELY 900 UNDERGRADUATES IN	
ATTENDANCE. DRAFTED BOTH INTERNALLY AND WITH THE ASSISTANCE OF EXTERNAL	
CONSULTS, THE PROGRAM CURRICULUM DRAWS UPON CHAPTER OFFICER POSITIONS	
AS A FRAMEWORK TO EXPOSE ATTENDEES TO SMALL AND LARGE GROUPS SESSIONS	
DESIGNED TO PROVIDE SKILLS AND KNOWLEDGE THAT ARE GENERALLY APPLICABLE	
TO ANY LEADERSHIP ROLE.	
ANSWERING THE CALL OF UNDERGRADUATES, ALUMNI AND CAMPUS COMMUNITIES,	
THE ENDOWMENT FUND HAS FUNDED THE FRATERNITY'S ELEVATE INITIATIVE. THIS	
INITIATIVE SERVES AS THE UMBRELLA FOR A COMPREHENSIVE SUITE OF	
PROGRAMMING THAT FOCUSES ON ENHANCING STUDENTS' UNDERSTANDING,	
EDUCATION AND AWARENESS OF MENTAL HEALTH ISSUES, NUTRITION, BODY IMAGE,	
BULLYING, HAZING AND HARASSMENT, ALCOHOL AND DRUG MISUSE, GENDER	
RELATIONS, AND SEXUAL MISCONDUCT (INCLUDING SEXUAL ASSAULT, ABUSE AND	
HARASSMENT). SPECIFIC PROGRAMS WITHIN THE ELEVATE INITIATIVE INCLUDE	
ALCOHOL SKILLS TRAINING PROGRAM (ASTP), AWARENESS CAMPAIGNS (NATIONAL	
SUICIDE PREVENTION WEEK, MOVEMBER, ETC.), GREEKLIFEEDU AND SOCIAL	
STRENGTHS. ASTP IS A PROGRAM THAT EDUCATES PARTICIPANTS ON	
ALCOHOL-RELATED BEHAVIOR WHILE INCREASING THEIR INTEREST IN CRITICALLY	
EXAMINING THEIR DRINKING PATTERNS AND ENCOURAGING THEM TO IMPLEMENT	
SKILLS LEARNED DURING THE PROGRAM. IN DOING SO, PARTICIPANTS CAN	
MINIMIZE THE POTENTIAL NEGATIVE CONSEQUENCES THROUGH PREVENTION,	
REDUCED CONSUMPTION AND ABSTINENCE. THE GOALS OF THE PROGRAM INCLUDE	

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Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
DEEPENING PARTICIPANTS' UNDERSTANDING OF HOW ALCOHOL EFFECTS THE BODY,	
DEVELOPMENT OF STRATEGIES TO MANAGE ALCOHOL, IDENTIFICATION OF RISK,	
AWARENESS OF AVAILABLE RESOURCES AND COMMITMENT TO EDUCATION AND	
DIALOGUE ON THE TOPIC OF ALCOHOL USE. AWARENESS CAMPAIGNS ARE EFFORTS	
TO RAISE AWARENESS ON VARIOUS TOPICS INCLUDING SUICIDE PREVENTION AND	
MEN'S HEALTH (E.G. GENERAL WELLBEING, PROSTATE CANCER, TESTICULAR	
CANCER, SUICIDE PREVENTION/MENTAL HEALTH). THE AIM OF THE AWARENESS	
COMMUNICATIONS ARE TO INCREASE VISIBILITY TO THE TOPICS, ENCOURAGE	
DISCUSSIONS REGARDING THE TOPICS AND CREATE AN UNDERSTANDING OF THE	
IMPORTANCE OF REGULAR HEALTH CHECK-UPS AND OPPORTUNITIES TO ENGAGE IN	
PREVENTION-BASED CARE. GREEKLIFEEDU, AN ONLINE ALCOHOL, HAZING AND	
SEXUAL ASSAULT PREVENTION PROGRAM, IS DESIGNED AS A POPULATION-LEVEL	
PREVENTION PROGRAM. EACH NEW MEMBER OF THE FRATERNITY IS REQUIRED TO	
COMPLETE THE PROGRAM. THIS METHODOLOGY CREATES A LEARNING EXPERIENCE	
THAT MOTIVATES BEHAVIOR CHANGE, RESETS UNREALISTIC EXPECTATIONS ABOUT	
THE EFFECTS OF ONE'S DECISIONS AND LINKS CHOICES TO ACADEMIC AND	
PERSONAL SUCCESS. SOCIAL STRENGTHS, A PROGRAM CREATED BY PREVENTION	
CULTURE, FOCUSES ON SEXUAL VIOLENCE PREVENTION AND HEALTHY	
RELATIONSHIPS THROUGH THE LENS OF DISCUSSING WHAT IT MEANS TO BE A MAN	
AND THE KIND OF MEN MEMBERS ASPIRE TO BE. SPECIFICALLY, THE PROGRAM	
FOCUSES ON FOUR DIMENSIONS OF STRENGTH TO DISCUSS THE ROLE EACH MAN CAN	
PLAY IN PREVENTION AND CREATION OF SAFE AND HEALTHY RELATIONSHIPS.	
CHAPTER-FOCUSED PROGRAMMING SUCH AS CHAPTER LEADERSHIP RETREATS AND THE	
EXCELLENCE IN ADVISING GRANT PROGRAM WERE THE OPPORTUNITY FOR THE	
ENDOWMENT FUND TO SUPPORT LOCALLY TAILORED LEADERSHIP EXPERIENCES.	
THESE INITIATIVES CAPITALIZE ON THE TALENT, WISDOM AND EXPERIENCE OF	
FACILITATORS (LOCAL AND NATIONAL) TO TEACH YOUNG LEADERS SUCCESSFUL	

	THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
PRINCIPLES OF LEADER	SHIP. THE AGENDAS INCLUDE WORKSHOPS AND SESSIONS	
THAT EXPLORE METHODS	IN EFFECTIVE COMMUNICATION, TEAM-BUILDING,	
DISCIPLINE, FINANCIA	L ADMINISTRATION, MOTIVATION, ETHICS-BASED DECISION	
MAKING, AND MORE AL	L WITHIN THE MASTER FRAMEWORK OF PHI PSI'S FOUNDING	
VALUES.		
THE ENDOWMENT FUND S	EEKS, THROUGH THE NELSON LEADERSHIP INSTITUTE, TO	
ENRICH THE FRATERNAL	EXPERIENCE FOR TODAY'S UNDERGRADUATES BY PROVIDING	
LEADERSHIP EXPERIENC	ES SUCH AS PIVOT, A FIVE-DAY IMMERSIVE JOURNEY	
BUILT ON LEARNING TH	E SMALL CHANGES LEADERS DO THAT MAKE MAXIMUM	
IMPACT. THE PROGRAM	CONSISTED OF TWO SESSIONS, DURING WHICH	
PARTICIPANTS WERE ME	NTALLY AND PHYSICALLY CHALLENGED. THE UNIQUENESS OF	
THE EXPERIENCE LIES	IN LEVERAGING A SIGNIFICANT ALUMNI PRESENCE, PIVOT	
PARTICIPANTS BECOME	MORE EFFECTIVE WITH IMPLEMENTING OF A CLEAR VISION	
AND MAP OF THEIR OWN	LEADERSHIP DEVELOPMENT PATH, EXPLORE THE	
CAPABILITIES AND BEL	IEFS THAT UNDERPIN SERVANT LEADERSHIP AND SERVICE	
TO OTHERS, EXPERIENC	E DAILY PHYSICAL CHALLENGES WHILE CHARTING A COURSE	
FOR HEALTHY LIVING A	ND GAIN THE CONFIDENCE TO STEP INTO A MENTORING	
COMMUNITY.		
THE ENDOWMENT FUND I	S COMMITTED TO NOT ONLY LEADERSHIP/MEMBER	
DEVELOPMENT PROGRAMS	BUT ALSO THE ACADEMIC SUCCESS OF TODAY'S	
COLLEGIANS. FOR FISC	AL YEAR 2018, EXPENSES ATTRIBUTABLE TO FELLOWSHIPS	
AND SCHOLARSHIPS TOT	ALED \$416,256. THROUGH THE GRANTING OF SCHOLARSHIP	
MONIES, THE ENDOWMEN	T FUND REGULARLY AWARDS PHI PSIS WHO EXCEL IN AREAS	
OF ACADEMICS, CHAPTE	R LEADERSHIP, AND CAMPUS INVOLVEMENT. THE MEN	
CHOSEN DISPLAY OUTST	ANDING ACADEMIC ACHIEVEMENT AND EXCELLENCE IN	
SERVICE TO PHI PSI,	THEIR CAMPUSES AND COMMUNITIES, AS WELL AS ACTIVE	Schodulo O /Form 990 or 990 E7\ /2019

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
MEMBERSHIP IN VARSITY ATHLETICS, UNIVERSITY-WIDE ORGANIZATIONS,	
COMMUNITY GROUPS, AND PHILANTHROPIES. THEY ARE OFTEN INVOLVED IN	
STUDENT GOVERNMENT AND HONOR SOCIETIES AND SERVE AS YOUTH MENTORS,	
COMMUNITY VOLUNTEERS, AND CAMPUS LEADERS. THESE AWARDS CONTINUE TO	
UNDERSCORE THE ENDOWMENT FUND'S BELIEF THAT SUCCESS WITHIN THE	
FRATERNITY AND LIFE FIRST BEGINS IN THE CLASSROOM.	
FORM 990, PART III, LINE 4A	
THE ENDOWMENT FUND ALSO APPRECIATES THAT ONE'S PHYSICAL SURROUNDINGS	
HAVE A DRAMATIC IMPACT ON ACADEMIC PERFORMANCE AND THAT THE APPROPRIATE	
ENVIRONMENT CAN ASSIST IN PRODUCING SUPERIOR COLLEGE GRADUATES. THE	
ORGANIZATION'S CHAPTER HOUSING FUND, CHAPTER HOUSE OPERATING FUND,	
CHAPTER LEADERSHIP FUND AND CHAPTER SCHOLARSHIP FUND PROGRAMS ARE	
CONTINUALLY RECOGNIZED INTERFRATERNALLY AS REVOLUTIONARY AND ARE MET	
WITH GREAT FANFARE BY ALUMNI MEMBERS. THESE DISTINCTLY DIFFERENT FUNDS	
ASSIST GROUPS BY OFFERING FUNDING FOR MERIT AND NEED BASED AWARDS AND	
FELLOWSHIPS, THE MONIES NECESSARY FOR REPAIRS, UPGRADES OR EVEN THE	
PURCHASE OF NEW HOUSING, AND ALSO FOR THE OPERATION OF OUR CHAPTER	
FACILITIES.	
HOUSING IS AN IMPORTANT FOCUS AS SAFE, HEALTHY AND AN APPROPRIATE	_
ACADEMIC ENVIRONMENT IS PARAMOUNT TO ONE'S SCHOLASTIC PURSUITS. IN A	
CAPITAL CAMPAIGN, THERE IS THE NEED TO USE MONIES FOR MANY OTHER	
PURPOSES (FUNDRAISING, ARCHITECT/ENGINEERING, PERMITS, CONSTRUCTION,	
ETC.). AS SUCH, THE ENDOWMENT FUND MAINTAINED/ESTABLISHED HOUSING FUNDS	
FOR 20 HOUSE CORPORATIONS THAT WERE INVOLVED IN CAPITAL CAMPAIGNS	
DURING 2018. THESE FUNDS, ALONG WITH CHAPTER HOUSE OPERATING FUNDS, OF	
WHICH THE ENDOWMENT FUND MAINTAINED NINE, SUPPORT CAPITAL BUILDING	

Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
PROJECTS AND SERVE AS A RECEPTACLE FOR MONIES, WHICH ARE TO BE	
DISBURSED TO THOSE RESPECTIVE GROUPS FOR APPROPRIATE GRANTS FOR THE	
CONSTRUCTION, RENOVATION AND OPERATION OF HOUSING FACILITIES. ACCORDING	
TO THE IRS, THE ENDOWMENT FUND IS ABLE TO MAKE GRANTS FROM THESE FUNDS	
TO HOUSE CORPORATIONS FOR THE CONSTRUCTION/RENOVATION AND OPERATION	
EQUAL TO THE EDUCATIONAL PERCENTAGE OF THE FACILITY'S SPACE. IN 2018,	
THE ENDOWMENT FUND PROVIDED \$574,306 IN CHAPTER-SPECIFIC GRANTS TO	
CHAPTER HOUSE CORPORATIONS AS A COMPONENT OF CHAPTER CAPITAL CAMPAIGNS	
AND GENERAL FACILITY OPERATIONS. CHAPTER SCHOLARSHIP FUNDS ALSO SERVED	
AS A LENDING SOURCE FOR 11 HOUSE CORPORATIONS IN 2018.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT CPA FIRM, GREENWALT	
CPAS, INC., AND PRESENTED TO STAFF. STAFF REVIEWS THE DRAFT AND OFFERS	
CORRECTIONS AND EDITS PRIOR TO A SECOND DRAFT BEING REVIEWED BY THE	
ENDOWMENT FUND'S AUDIT COMMITTEE. AFTER ANY CORRECTIONS ARE MADE ON BEHALF	
OF THE AUDIT COMMITTEE, A FINAL VERSION IS PROVIDED TO THE ENDOWMENT FUND	
TRUSTEES FOR THEIR REVIEW AND COMMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ENDOWMENT FUND PROVIDES ALL PARTIES (STAFF, TRUSTEES, ETC.) YEARLY WITH	
A WRITTEN COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.	
INDIVIDUALS ARE REQUIRED TO EXECUTE A COPY WHICH IS THEN REVIEWED BY STAFF	
AND THE AUDIT COMMITTEE. ANY INTERESTS THAT ARISE FROM COMPLETION OF THE	
FORM OR THAT SUBSEQUENTLY ARE BROUGHT TO THE ATTENTION OF STAFF OR A	
TRUSTEE ARE ADDRESSED BY THE AUDIT COMMITTEE.	

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Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE ENDOWMENT FUND'S CHIEF EXECUTIVE OFFICER IS DETERMINED)
AND APPROVED BY THE ORGANIZATION'S TRUSTEES BASED UPON A REVIEW OF	
ESTABLISHED OBJECTIVES AND ANALYSIS OF LOCAL AND NATIONAL SALARY	
SURVEYS/DATA.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
IN, IL, AL, AR, CA, CT, CO, FL, GA, HI, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA	
RI,SC,TN,UT,VA,WV,WI,DC	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DECREASE IN CASH VALUE OF LIFE INSURANCE -1,576,083.	
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -21,867.	
CHANGE IN VALUE OF GIFT ANNUITY -2,367.	
TOTAL TO FORM 990, PART XI, LINE 9 -1,600,317.	
EODM 000 DADE VII LINE 20	
FORM 990, PART XII, LINE 2C THE ORGANIZATION'S BOARD OF TRUSTEES IS RESPONSIBLE FOR SELECTING AN	
AUDIT COMMITTEE FROM AMONGST ITS MEMBERSHIP. THIS COMMITTEE IS CHARGED	
WITH OVERSIGHT OF THE AUDIT AND REVIEW OF THE AUDITED FINANCIAL	
STATEMENTS. A DRAFT OF THE AUDITED FINANCIAL STATEMENTS IS PROVIDED TO	
THE STAFF WHO INITIALLY REVIEWS THE STATEMENTS. UPON ACCEPTANCE BY	
STAFF, THE AUDIT COMMITTEE REVIEWS AN UPDATED DRAFT BEFORE PRESENTING	
IT TO THE TRUSTEES FOR FINAL REVIEW AND APPROVAL. SIMILARLY, THE AUDIT	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY	Employer identification number 36-6130655
COMMITTEE, WITH INPUT FROM STAFF, IS RESPONSIBLE FOR SELECTION OF	THE
FIRM COMPLETING THE ORGANIZATION'S ANNUAL AUDIT.	

SCHEDULE R (Form 990)

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.

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

THE ENDOWMENT FUND OF THE PHI KAPPA PSI

FRATERNITY

Employer identification number 36-6130655

OMB No. 1545-0047

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
PROPERTY PRESERVATION, LLC - 20-2489863					ENDOWMENT FUND OF THE
5395 EMERSON WAY	OWN AND OPERATE REAL ESTATE				PHI KAPPA PSI
INDIANAPOLIS, IN 46226	HOLDINGS	INDIANA	0.	242.	FRATERNITY
ONEONTA-MAPLE, LLC - 73-1724501					
5395 EMERSON WAY	OWN AND OPERATE REAL ESTATE				PROPERTY PRESERVATION,
INDIANAPOLIS, IN 46226	HOLDINGS	INDIANA	-9,845.	177,626.	LLC
HAMMER STREET PROPERTIES, LLC - 26-2804420					
5395 EMERSON WAY	OWN AND OPERATE REAL ESTATE				PROPERTY PRESERVATION,
INDIANAPOLIS, IN 46226	HOLDINGS	INDIANA	-2,868.	423,549.	LLC
PKP MCMAHAN FINANCE ENGINE, LLC - 36-6130655	PAY INSURANCE PREMIUMS ON				ENDOWMENT FUND OF THE
5395 EMERSON WAY	BEHALF OF THE ENDOWMENT				PHI KAPPA PSI
INDIANAPOLIS, IN 46226	FUND	INDIANA	-606,313.	6,250,925.	FRATERNITY

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 Part II 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	ection entity		i12(b)(13) colled ity?
				501(c)(3))		Yes	No
PHI KAPPA PSI FRATERNITY, INC 36-2362161 5395 EMERSON WAY	-						
	FRATERNAL ORGANIZATION	INDIANA	501(C)7	N/A	N/A		х

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

Schedule R (Form 990) 2018

FRATERNITY 36-6130655

Part I C	Continuation of Identification of Disregarded Entities
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(a) Name, address, and EIN 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				
NELSON LEADERSHIP INSTITUTE, LLC - 36-6130655, 5395 EMERSON WAY, INDIANAPOLIS, IN 46226	LEADERSHIP TRAINING AND EDUCATION	INDIANA	2,038.		ENDOWMENT FUND OF THE PHI KAPPA PSI FRATERNITY				

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 o	ne or more related
Partill	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	entity:	
		,						Yes	No

FRATERNITY

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	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?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		х
'	Dividends from related organization(s) Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
ï	Exchange of assets with related organization(s)	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	Х	
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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) PHI KAPPA PSI FRATERNITY, INC.	В	342,880.	CASH TRANSFER
(2) PHI KAPPA PSI FRATERNITY, INC.	J	104,462.	CASH TRANSFER
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2018 FRATERNITY 36-6130655

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

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